

2024

Considerations for Determining Assignment of Care



CONSIDERATIONS FOR DETERMINING ASSIGNMENT OF CARE

Supporting Document

June 2024



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The College of Registered Nurses of Newfoundland and Labrador (CRNNL) and the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL) have the legislative authority to set the scope of practice for RNs and LPNs in the province of NL. Nurses¹ are accountable to practice independently and in collaboration with the health care team while understanding and respecting other team members' scope of practice and contribution in the delivery of safe, competent, and ethical care. Nurses use their knowledge and understanding of the client, the scope of practice of various nursing disciplines, and the environment in which client care is provided to determine assignment of care.

The purpose of this supporting document is to provide direction for decision-making related to the assignment of care considerations for RNs and LPNs who work collaboratively to meet the client's health care needs. Excerpts from CRNNL and CLPNL documents related to Assignment of Care and Scope of Practice Framework have been used throughout this supporting document. For more information, refer to current versions of these documents on CRNNL and CLPNL websites.

Assignment of Care

Assignment of care is the process of assigning the accountability and responsibility for meeting client(s) care requirements for a specific period of time to a nurse who has the knowledge, skill, and judgement to provide that care; and the care is within their individual scope of practice. It is a knowledge-based process of matching the most appropriate nurse with the appropriate client, based on the assessment of client needs. RNs and LPNs are both prepared through entry-level competencies for the leadership role involved in determining assignment of care. The nurse must determine who is the right health care provider for the client, in the right place, at the right time, and for the right reason. To do this, the nurse must reflect on the following three considerations:

- Client
- Nurse
- Environment

When considered in combination, these three elements will help determine whether it is appropriate for an individual nurse to be assigned to the client. These considerations are explained throughout this supporting document.

The nurse responsible for the assignment of care is not responsible for the care being provided by other nursing professionals under that assignment. Each health care professional is responsible for practising within their own scope of practice and individual competence and for documenting the care they provide. If the client has care needs that are not within the individual scope or competence of the assigned nurse, it is the responsibility and accountability of the assigned nurse to communicate that to the person creating the assignment.

¹ In this document, the term nurse includes LPNs and RNs.

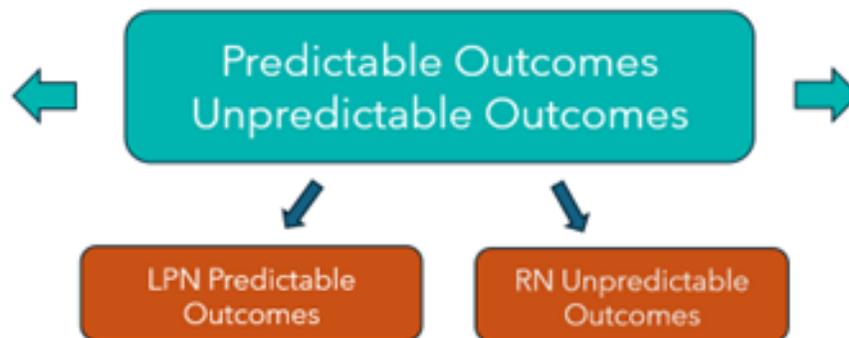


Client

When determining the assignment of care, the nurse must consider the client care needs (e.g., acuity, complexity, and variability of the client's condition or situation, the client's plan of care, and predictability of the outcome of care).

Nurses are accountable practitioners who can provide care to clients across the lifespan. There are no limitations on the complexity of clients assigned to RNs. However, LPNs have limitations on the type of client they can be independently assigned to depending on the client's complexity of care, plan of care, and predictability of the client.

Assignment of Care within a Team of RNs and LPNs



Assignment of care requires an evaluation, and may at times require an adjustment, or re-assignment as necessary, when there are changes in client acuity, complexity, or predictability.

Predictable Outcomes of Care. This is a client who:

- has care needs that are well defined
- has an established plan of care
- has care outcomes or changes that can be anticipated
- has a health condition that has an established path

Clients with predictable outcomes can be assigned to LPNs and RNs.

Predictable Outcomes of Care with a Change in Complexity. This is a client who:

- was predictable but the client's condition has changed, and the outcomes are not as anticipated, changed, or new
- is not achieving intended outcomes
- has a variable or less predictable status



If the client assigned to the LPN has changes to their care needs where assessment findings are not as anticipated and they are no longer following a predictable pattern according to the plan of care, collaboration must occur between the LPN and RN to determine the direction of care. Conversely, the LPN is responsible to communicate to the RN if and when changes occur and where re-evaluation of the assignment may be required.

As client complexity increases (e.g., client care needs become less defined, with higher complexity, and higher risk of negative outcomes), the need for communication, consultation, and collaboration between the LPN and RN (or NP or physician) increases. This does not necessarily mean the entire care of the client is transferred to the RN; however, there may be a component of care that is, and the RN must collaborate with the LPN as each individual practitioner is accountable for the portion of care they provide. The RN and LPN, within the collaborative relationship, will determine whether all care or portions of the care will be transferred to the RN. Collaboration is an ongoing process that requires effective communication and is based on trust and respect. Nurses document their own involvement in the client's care within the client's health record. In practice settings where there are no RNs, LPNs consult with an NP/Physician.

Unpredictable Outcomes of Care. This is a client who:

- has health care needs that are not well defined or constantly changing
- has care outcomes and changes that are not able to be anticipated
- has interventions that may have unpredictable outcomes and risks

RNs are assigned to clients who have unpredictable outcomes of care; however, LPNs can participate in certain elements of the client's care needs even when the client is assigned to the RN. For example, if an LPN is competent to administer IV medications, the LPN can help the RN and provide that component of the care. The LPN follows all the correct channels for this care, documents their involvement, and communicates to the RN that the care is complete and reports any unusual findings.

Nurse

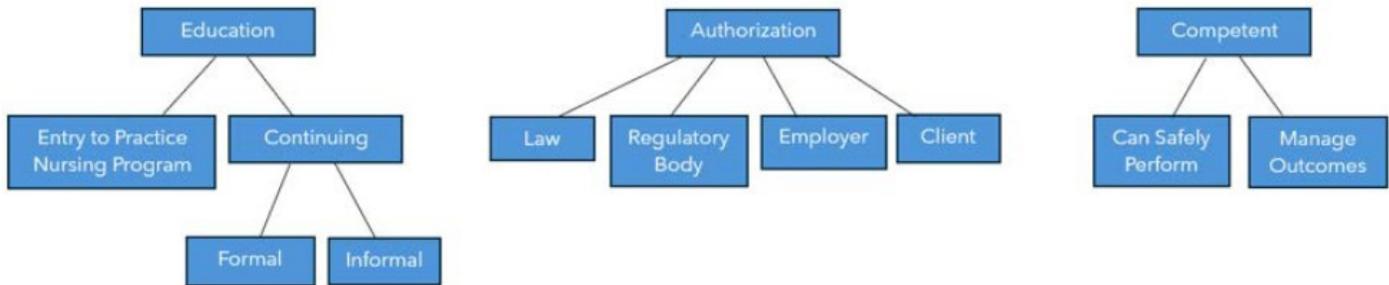
The individual scope of practice and the individual competence of the RN and LPN must also be considered during assignment of care.

The nurse creating the assignment of care reflects upon the staff available and uses the Scope of Practice Framework to determine who is the most appropriate health care provider to care for the client at that time and in that particular practice setting. The nurse accepting the client assignment reflects on the Scope of Practice Framework to determine whether they are educated, authorized, and competent to carry out the client assignment while managing the outcomes of care.

The care to be provided must fall within the individual scope of practice and competence (knowledge, skills, judgment) of the nurse, and the nurse must be able to manage the outcomes of the care they provide. Individual competence may have been acquired through entry-to-practice education, continuing education, and/or practice experience.



Scope of Practice Framework



For more information related to Scope of Practice, refer to current versions of the Scope of Practice Framework documents on the CRNNL and CLPNNL websites.

Environment

Along with the client and nurse considerations, the environment in which client care is provided is another important consideration when assigning care. Nurses must determine if their practice environment supports the performance of competencies in meeting the client care needs. The nurse must reflect on the context of practice so that care can be provided safely. Considerations of the environment include, but are not limited to:

- the availability of resources to support the nurse in providing care, such as job descriptions, policies, procedures, protocols, or directives to guide decision making
- the availability of other professionals for consultation, collaboration, mentorship, supervision, or support
- the availability of necessary equipment
- the evaluation of the possible environmental risks that could impact the ability to safely perform the competency

The client, nurse, and environment are interrelated factors that must be considered as a whole when determining, accepting, and carrying out assignment of care. Furthermore, nurses must practice within their individual scope of practice and competence when meeting client care needs.



Appendix A

Case Study Example

The following case study reviews the elements of Assignment of Care and is intended to help nurses apply client, nurse, and environment considerations when making decisions related to assigning the right nurse with the right client at the right time.

Case Study: Part One

The LPN is working on an acute care unit along with other LPNs and RNs. There is a charge RN present who has created the assignment of care. The LPN is assigned to four clients on the unit. The LPN is about to perform medication administration for one of their clients. Upon entering the room, the LPN notices that the client is lethargic, which is a change in that client's condition.

What does the LPN do next?

- The LPN performs a nursing assessment to gather more information.
- The assessment determines that the client is able to respond to verbal stimuli and has a blood pressure of 90/62. The LPN notes that the client is having difficulty staying awake and states they feel extremely tired. These are abnormal findings within the client's plan of care.

Based on the nursing assessment of the client, what does the LPN do next?

- As these assessment findings are outside of the client's anticipated plan of care, the LPN is required to use effective communication and inform the charge RN. Increased communication is required between the LPN and the RN because there is a change in the client's condition.

What happens next?

- The RN and LPN communicate and collaborate on next steps. The RN or LPN notifies the physician or nurse practitioner (NP) regarding the status of the client and obtains orders to hold medications, insert an angiocatheter, and start IV fluids. It is within the professional scope of practice of the LPN to contact the NP/physician to notify them of assessment findings and obtain orders.

Can the LPN continue with this client assignment?

- It depends. In this scenario, the client's care needs do not fall outside the individual scope of practice of the LPN. As part of entry level competencies, the LPN can conduct the nursing assessment and, with an order from an authorized prescriber, provide interventions such as IV initiation, IV fluid administration, medication administration, and/or medication holds. Therefore, they do not have to transfer the assignment of care to the RN at this point. The LPN maintains accountability for this client and documents the care they provide, including the consultation with the RN.

What accountability does the RN have for this client?

- The RN is accountable to follow up with the LPN on the status of the client. The RN documents their communication with the LPN and any care they provide to the client.



Case Study: Part Two

The LPN completes the interventions, as ordered. The client's blood pressure is now 72/46, the urine output has significantly decreased, the heart rate is now irregular, and the client no longer responds to verbal stimuli.

What does the LPN do?

- The LPN informs the RN, and they collaborate on next steps. This includes following up with the physician or NP to provide an update on the client's status and obtain further orders. Again, both the RN and LPN would document their own care activities. The client now has outcomes that are unpredictable; therefore, the LPN transfers the client assignment to the RN.

Now that the RN is accountable for the client assignment, can the LPN still participate in the client's care needs?

- The LPN can still help the RN and provide care for the client within their individual scope of practice and both nurses document the care they provide.

Key Points:

- In a collaborative health care team, communication and collaboration is key.
- RNs and LPNs are expected to collaborate and use effective communication in the best interest of the client.
- RNs and LPNs are accountable for the care they provide and to document that care.
- Both the CRNNL and the CLPNNL have a method for employers to add competencies to the RN or LPN scope of practice.
- Each nurse should have an understanding of the Scope of Practice Framework and reflect on their education, authorization, and competence in order to determine if they are the most appropriate health care provider for the client.
- While reflecting on individual scope of practice is important, each nurse must also consider the client and the environment in which the care is being provided to determine if they are the most appropriate health care provider for the client.

In summary, some key considerations to reflect upon in relation to assigning client care include:

- What are my client needs?
- Am I educated?
- Am I authorized?
- Am I competent?
- Where is practice taking place?
- Am I the right nurse with the individual competence to safely manage outcomes of care?



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