

Appendix A: Accountability and delegation case studies

Case Study 1

Anna, a general surgical ward nurse, has been redeployed to the critical care unit to assist with the coronavirus pandemic. The patient under her care has various types of drains and cannulas in situ. She cleans these using aseptic technique guidance having been previously assessed as competent to carry this out following training and education (ability).

The role forms part of her job description as a ward nurse (responsibility) and is also a requirement of her as a registered nurse on completion of training. The critical care nurse has delegated this activity (authority) to Anna in full knowledge of her level of competence and job description. The critical care nurse retains the professional responsibility of appropriate delegation and Anna is accountable for her actions.

Case Study 2

Carolyn, a HCA usually who is usually employed in recovery, is assisting with the task of proning (turning a patient to be nursed on their front) a patient as part of a team deployed to assist nurses in the critical care surge area. She notices that there is a wound on the patient's calf.

Although Carolyn is experienced and competent at standard dressings, she is unsure if or how wounds on the immobile, intubated (ventilated via a breathing tube) patient differs and knows that to treat this would be outside her sphere of competence. She is also aware that the wound has not yet been assessed by a registered nurse.

Carolyn, the HCA, reports the wound to the registered critical care nurse. The critical care nurse discusses wound care in ventilated patients with the non-critical care nurse in her team who agrees she is competent to dress the wound. She accepts accountability for the wound dressing task that has been delegated to her by the critical care nurse. The HCA and both registered nurses have all acted according to the protocols of the workplace and each can justify their actions. They have all demonstrated that they understand their own accountability, delegation and responsibilities towards that patient.

Case Study 3

Azizi, a nurse who works on a general medical ward, has been redeployed to the critical care unit to assist with the coronavirus pandemic. He is asked to adjust/administer IV vasopressor medication by the medical team. Azizi is aware this is outside his competency and ability and asks the supervisory nurse for support. This role does not form part of his job description as a ward nurse (responsibility). The critical care nurse would not delegate this activity (authority) to Azizi, given this is outside his competence and job description.

The critical care nurse retains the professional responsibility of appropriate delegation and Azizi is accountable for his actions. Azizi knows to escalate this action to his supervising nurse as he is unable to perform the task as it is outside of his scope of practice and not in the best interests of the patient.