

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 10/15/2012	NUMBER: C-23.2 PAGE 1 of 3
	Reviewed: 07/13	
	Replaces: 11/11	
	Formulated: 8/11/01	
SUPERVISING MEDICAL ASSISTANTS PERFORMING TASKS DELEGATED BY PHYSICIANS		

Purpose: To provide guidelines for staff regarding delegation of medical acts by a licensed physician to Medical Assistants (MA) under the supervision of a licensed Registered Nurse. To assure the delivery of safe, sound healthcare services in a cost-effective manner using MAs and by implementing measures to ensure competency in the performance of the MAs duties under the proper supervision.

Policy: Patient care is carried out under the physician’s delegation and the proper supervision of a licensed Registered Nurse using the “Five Rights of Delegation”.

Definitions:

UAP - Any unlicensed personnel, regardless of title, to whom medical tasks are delegated.

Medical Assistant - An unlicensed health care provider, who is monetarily compensated to provide certain health related tasks and functions in a complementary or assistive role to the RN in providing direct patient care or carrying out common nursing functions. The medical assistant also provides diversified administrative, clerical, and technical assistance.

Medical Delegation - The act of medical delegation is to authorize the performance of a medical activity or task to another person while retaining accountability for the outcome.

Supervision - Authoritative procedural guidance by a qualified person or the accomplishment of a function or activity with initial direction and periodic inspection of the actual act of accomplishing the function or activity. The provision of guidance or direction, evaluating and follow-up by the licensed Registered Nurse for accomplishment of a medical task delegated to UAP.

Immediate Supervision - The supervisor is actually observing the task or activity as it is performed.

Direct Supervision - The supervisor is on the premises but not necessarily immediately physically present where the task or activity is being performed.

Indirect Supervision - The supervisor is not on the premises but is accessible by two-way communication and able to respond to an inquiry when made, and is readily available for consultation.

Authority:

The Medical Practice Act, Texas Occupations Code, Chapter 157.001, describes the delegation of medical acts by a licensed physician in the State of Texas as:

1. A person licensed to practice medicine shall have the authority to delegate to any qualified and properly trained person or persons acting under the physician’s supervision any medical act which a reasonable and prudent physician would find is within the scope of sound medical judgement to delegate if, in the opinion of the delegating physician, the act can be properly and safely performed by the person to whom the medical act is delegated and the act is performed in

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- its customary manner, not in violation of any other statute, and the person does not hold himself out to the public as being authorized to practice medicine.
2. The delegating physician shall remain responsible for the medical acts of the person performing the delegated medical acts.

The Board of Nursing -Rules, Title 22 Texas Administrative Code § 224.10 “Supervising Unlicensed Personnel Performing Tasks Delegated by Other Practitioners (physician)” describes the Registered Nurse (RN)’s role as follows:

- (a) The following applies to the Registered Nurse who practices in a collegial relationship with another licensed practitioner (physician) who has delegated tasks to an unlicensed person over whom the RN has supervisory responsibilities. The RN’s accountability to the Texas Board of Nursing, with respect to its taking disciplinary action against the RN’s license, is met if the RN:
 1. verifies the training of the unlicensed person;
 2. verifies that the unlicensed person can properly and adequately perform the delegated task without jeopardizing the client’s welfare; and
 3. adequately supervises the unlicensed person.
 4. if the RN cannot verify the unlicensed person’s capability to perform the delegated task, the RN must communicate this fact to the physician who delegated the task.

The Five Rights of Delegation:

Right Task - One that is delegable for a specific patient

Right Circumstances - Appropriate patient setting, available resources, and other relevant factors considered

Right Person - Right person is delegating the right task to the right person to be performed on the right person(s)

Right Direction/Communication - Clear, concise description of the task including its objective, limits and expectations

Right Supervision - Appropriate monitoring, evaluation, intervention, as needed, and feedback.

Procedure:

- I. Each facility shall determine the number of medical assistants to be utilized to optimize clinic operations. Such personnel shall operate under the delegated authority of a physician and under the supervision of a licensed Registered Nurse or higher level healthcare provider when performing patient care activities. The number of MA’s supervised by an RN at any given time shall not exceed a ratio of 4 MA’s/1 RN. Clerical and other non-direct patient care activities may be performed under the supervision of the unit health authority (TTUHSC)/management team (UTMB) or his/her designee.
- II. Each facility or facility cluster using certified medical assistants will appoint a Training Review Committee to consist of at least the unit health authority (TTUHSC)/management team (UTMB) or his/her designee.

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- A. The Training Review Committee shall sign the Competency Based Orientation Tool verifying that the medical assistant is qualified to perform all assigned tasks. In determining that an individual is qualified, the committee shall *at a minimum*:
 - 1. review the individual's education, training, and experience as well as any applicable certifications or permits.
 - 2. verify the individual's completion of the orientation process and receive comments from preceptor's and/or supervisors
 - 3. validate competency of all assigned tasks utilizing an approved, standardized competency tool (Attachment A).
 - 4. ***Additionally, the competency tools for medical assistants may not be altered. Procedures which are not included in the competency tool may not be delegated.***
 - B. The Training Review Committee will insure proper supervision of certified medical assistants performing patient care activities. Initial performance of any assigned patient care task by an MA shall be under the **immediate** supervision of a licensed Registered Nurse or higher level healthcare provider qualified to perform the task.
- III. Annual evidence of competency shall be documented in writing during each MA's annual performance evaluation and maintained in the personnel files by the unit health authority (TTUHSC)/management team (UTMB) or his/her designee. (Attachment B).
- IV. The following mechanisms will be instituted for the utilization of MAs:
- 1. Competency based training
 - 2. Specific job descriptions for MA's
 - 3. Policies/procedures
 - 4. Annual competency training/verification
 - 5. Monitoring program
 - 6. Training program for staff on delegation
- V. Any revisions to the Competency Based Assessment tool(s) will be submitted to the Joint Nursing Committee for review and approval prior to implementation.

Reference: Medical Practice Act, Texas Occupations Code, Chapter 151 et seq
 Texas Nursing Practice Act, Occupations Code Chapter 301 et seq
 Texas Board of Nursing for the State of Texas Rules and Regulations 22 TAC Part 11