

Delegation to Communication Health Assistants (CHAs)

DEFINITIONS

“**Delegation**” means the act of a registrant requiring an unregulated CHA to perform an allowable aspect of speech & hearing health services, to specific clients, in any practice setting.

“**Supervisor**” means the registrant who is responsible for the clinical supervision, oversight, assessment, guidance, and evaluation of outcomes related to a Communication Health Assistant (CHAs), but not necessarily the CHA’s administrative or operational supervisor.

NOTE: The word client is used in this document to represent all patients, clients, students, and residents who may be receiving speech and hearing services.

SCOPE

All Active Registrants of the College of Speech and Hearing Health Professionals of BC (CSHHPBC).

STANDARD

In accordance with the *Health Professions Act* and the CSHHPBC Bylaws, Active registrants can delegate aspects of speech and hearing services to Communication Health Assistant (CHAs). In some instances, there may be a restricted activity involved in the delegation. At no time can a registrant delegate any part of their clinical service that is prohibited by CSHHPBC, even if requested to do so by someone else. The performance of restricted activities pertaining to advanced certifications must never be delegated. Other aspects of advanced certificate practice may be eligible for delegation.

Registrants must ensure that they are not in contravention of any employer policies specific to delegation and must ensure that employer policies do not contravene the CSHHPBC standards and clinical decision support tools.

The outcomes of clinical care to a client is the responsibility of the registrant including any aspects of services which have been delegated to a CHA.

Registrants have a professional obligation to intervene if they become aware of any situation that involves unsafe or unethical care (e.g., if the CHA is unable to do the aspect of care safely or completes it in an unethical way). Interventions may include guidance, teaching and direction, clarification of the care plan and, if necessary, reporting to the appropriate authority. If intervention is unsuccessful, the registrant can cancel the delegation.

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Registrants must always be sure that CHA services are correctly identified and that the CHA titles and credentials are accurately reflected. (Communication Health Assistants Titles and Credentials POL-QA-10).

There are two components to the act of delegating aspects of clinical services:

1. deciding to delegate; and
2. the process of delegation

Registrants who engage in delegation are responsible and accountable for both the decision to delegate and the process of delegation.

A. Deciding to Delegate:

Client factors:

In deciding to delegate any speech & hearing health services, the registrant must consider the client factors including:

- Ascertaining whether the clinical activity being considered for delegation is allowable*;
- Determining if the client is medically stable;
- Determining that the client is willing to consent to CHA involvement in their care;
- Ensuring that the registrant who is doing the delegation has first hand knowledge of the client's speech and hearing health needs;
- Assessing the level of client risk at none or low with a low probability of occurrence
- Having mitigation strategies in place, which the CHA is familiar with, when there is a potential client risk; and
- Determining that the CHA involvement is of benefit to the client and the client's outcomes

**NOTE: For assistance in deciding whether a clinical activity can and should be delegated see APPENDIX A: CHA Decision Tree.*

Communication Health Assistant (CHA) factors:

The registrant must also consider CHA factors including:

- Assessing the CHAs level of competence for the activities being delegated;
- Ensuring an adequate level and type of supervision for the activities being delegated (*Levels of Supervision: Definitions and Application (POL-QA-06)*);

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- Ensuring that the CHA understands their role and responsibilities in the provision of care; and
- Make sure the CHA is willing to accept the delegation.

B. Delegation Process:

Once a registrant has decided to delegate, there are specific steps in the delegation process which must be completed. These include:

- Documenting client consent if it is not already documented in the client record (*Client Consent* (SOP-PRAC-06));
- Documenting what is being delegated, to whom and for which client;
- Maintaining a record (separate from client files) of the CHA competencies and assessment of those competencies;
- Evaluating the client outcomes as per the care plan and deciding if the delegation should continue, cease or be modified;
- Discussing with the CHA their responsibilities in accepting the delegation including: the parameters of the delegation, any required documentation by the CHA, expected client outcomes, elements of the supervision available, and what the CHA is expected to do if there are any problems or questions.

C. Special Considerations for Speech & Hearing Health Professionals in Delegation:

Some services offered by registrants may involve many clients (e.g. mass screening programs) which are 'client-related' and a CHA may be trained and competent to administer the screening to multiple clients under the direction of one or more registrants.

Specific programs in British Columbia (e.g. BC Early Hearing Program: Newborn screening) have specific CHA training and competency requirements and that training is provided through a central body with oversight by a designated registrant(s).

D. Legal Implications of Delegating to CHAs:

Registrants must be aware of the legal implications of utilizing CHAs including their:

- responsibility and accountability;
- transparent billing practices that reflects whether a service is provided by a registrant or a CHA;
- liability protection for CHAs where applicable.

Registrants should seek assistance or consultation from CSHHPBC regarding any aspect of delegation to CHAs.

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E. Violations of the CSHHPBC Standard on Delegation to CHAs:

Registrants may be asked about their delegation practices as part of the Quality Assurance & Professional Practice (QAPP) program. If there are unsubstantiated delegations or missing elements related to delegations, the registrant may be asked to remediate the deficiencies and if that is not completed the matter may be referred to the Inquiry Committee.

RELATED CSHHPBC DOCUMENTS

Client Consent (SOP-PRAC-06)

Communication Health Assistants: Titles and Credentials (POL-QA-10)

Documentation and Record Management (CPG-04)

Documentation and Record Management (SOP-PRAC-01)

Levels of Supervision: Definitions and Application (POL-QA-06)

Professional Accountability and Responsibility (SOP-PROF-05)

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APPENDIX A: CHA Delegation Decision Tree

Is the aspect of practice eligible for delegation?
If you are unsure check with CSHHPBC for eligible aspects of practice and restricted activities which can be delegated to CHAs



**DO NOT DELEGATE IF THE ASPECT(S)
OF PRACTICE ARE INELIGIBLE**



DECIDING TO DELEGATE

If the aspect of practice is eligible for delegation, you must:

1. Consider the client factors: medical stability, consent, registrant knowledge of client needs, benefit to client, risk to client and
2. Consider the CHA factors: training, competence, CHA acceptance of the delegation, supervision plan, understanding of roles and the delegation



DO NOT DELEGATE UNTIL YOU HAVE CONSIDERED ALL OF THE FACTORS



PROCESS OF DELEGATION

Once a decision to delegate has been made ensure that:

- Client consent is documented
- The actual delegation, to whom and for which client, is documented
- Your verification of CHA competence is documented
- An outcome evaluation plan is in place as per the care plan
- Pertinent discussions have taken place with the CHA
- Legal implications of delegation have been considered

A DELEGATION CAN BE TERMINATED AT ANY TIME BY THE CLIENT, THE REGISTRANT OR THE CHA