

Review of Policy and Practice Consultations 2008–2009

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CARNA policy and practice consultants perform individual and group consultations with members and others.

Individual consultations are reviewed annually to identify trends and issues for registered nurses (RNs) and to identify gaps where policy development may be needed to guide practice or to advocate for change.

The number of completed consultations for the 2009 practice year decreased by nine percent compared to the previous year. Questions and issues in the legal/ethical and the scope of practice categories have both slightly increased while the percentage of consultations in the nursing practice standards category decreased. These categories have remained in the top three for the last three years.

The CARNA practice year runs from October 1–September 30.

Consultation issue category	2007 Practice Year	2008 Practice Year	2009 Practice Year
Nursing Practice Standards	280 (28%)	313 (32%)	241 (27%)
Legal/Ethical	224 (22%)	175 (18%)	191 (21%)
Scope of Practice	167 (16%)	169 (17%)	175 (20%)
Information Networking	106 (10%)	98 (10%)	101 (11%)
Safety	105 (10%)	102 (10%)	88 (10%)
Health care Reform	56 (6%)	40 (4%)	36 (4%)
Transitions/Independent Practice	33 (3%)	21 (2%)	22 (3%)
Relationships	25 (2%)	26 (3%)	12 (1%)
Education	21 (2%)	27 (3%)	15 (2%)
Internationally-Educated Nurses	N/A	7 (0.7%)	10 (1%)
Total	1,017	978	891*

* This number reflects completed consultations. A total of 1,201 calls were received between Oct. 1, 2008 and Sept. 30, 2009. Of this number, 310 received a return phone call or email from a policy and practice consultant but the caller did not follow up.

Nursing practice standards

Medication practices

Many consultations related to aspects of safe medication practices, such as implementation of medication protocols. The development of medical protocols should involve a variety of practitioners such as prescribing physicians, nursing staff and pharmacists. Medical protocols:

- apply to a range of clients who meet certain conditions or criteria
- are evidence-based and pre-approved by the appropriate medical and nursing authority within an agency
- are supported by agency and nursing policy
- should be reviewed on a regular basis to ensure that they continue to reflect best practice knowledge
- must identify the specific condition(s) and circumstance(s) that must be present before being implemented

- must often require an order from an authorized prescriber to initiate

RNs must use their professional judgment to determine if a client meets the criteria for implementation of the protocol based on the parameters outlined in a medical protocol.

Members are encouraged to read the CARNA document *Medication Administration: Guidelines for Registered Nurses* for guidance to support the provision of safe and effective medication administration.

Volunteer nursing services

Whether employed or in a volunteer capacity, RNs providing nursing services must meet the expectations outlined in the nursing practice standards and provide nursing care that would be expected of a reasonable prudent RN. RNs are answerable for their practice and for the decisions they make.

Some consultations involved questions about volunteering nursing services, such as whether an RN could give an injection to a family member or friend. It is important for an RN to remember that providing nursing services is not only performing an intervention, such as administering a medication through injection, but providing nursing services using the nursing process. When asked to volunteer nursing services in this kind of situation, RNs have no access to health history, no information on the treatment plan and no access to a documentation system to record the nursing care that has been provided. RNs must also consider the importance of the context of care. They must decide whether the relationship is a therapeutic one or if the relationship is a social connection and therefore not appropriate to the provision of nursing care. Professional boundaries separate therapeutic behaviour of the registered nurse from any behaviour which, well intentioned or not, could lessen the benefit of care to the person.

Members are encouraged to read the CARNA document *Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship* for guidance on ethical limits, boundary violations and resources to help with questions about professional boundaries.

Camp nursing

Questions related to the role of a camp nurse were also raised. In the role of camp nurse, the RN needs to be prepared for a challenging, demanding and multidimensional role, promoting the mental, emotional, physical and spiritual well-being of campers and staff. A camp nurse is not only a clinician, but also an educator and a counsellor who must be prepared to practise safely and autonomously and be ready to assume a leadership role in the camp setting. Management skills, community health preparation, a broad-based general educational background and emphasis on prevention and health promotion are integral attributes RNs bring to the camp setting.

Members are encouraged to review the CARNA document *Camp Nursing: Guidelines for Registered Nurses*. This document provides principles to guide RN practice in a camp setting.

Documentation

Poor or inadequate documentation of care; documentation in the electronic health record; and documentation expectations of RNs are examples of issues brought forward by members. Documentation:

- communicates health information about the client
- provides information for continuity of care
- demonstrates RN accountability for the care provided

In the 2009 practice year (Oct. 1, 2008–Sept. 30, 2009) consultants participated in 52 group consultations with 1,180 participants (primarily CARNA members). Group consultation topics included, but were not limited to, scope of practice, the RN competency profile, RN responsibility and accountability and legal risks.

- provides data for quality assurance
- facilitates the ability for approved research studies to be conducted on the collected data

Accurate documentation can be used to resolve questions or concerns about the provision of care; demonstrate that nursing care was reasonable, prudent and met the standards; articulate what care was given and why it was given; support an RN in a legal situation where the nursing care provided may be questioned. Documenting as close to the assessment/event as possible is best practice.

Multiple documentation systems have emerged in recent years in response to changes in health-care delivery and communication technology. The same principles for quality documentation apply whether documentation is completed in the paper health-care record or in the electronic health record. RNs need to familiarize themselves with the required method of documentation for their organization.

Members are encouraged to review the CARNA document *Documentation Guidelines for Registered Nurses* for guidance on producing clear, accurate and comprehensive accounts of client care.

Influenza immunization

From July to September, a recurrent theme emerged in the consultations. RNs had numerous questions about their responsibilities, accountabilities and best practices when asked to participate in an influenza immunization program. These kinds of questions were expected as a part of flu season. What was unanticipated was the number and types of questions related to the impending H1N1 pandemic. For example, questions received were regarding whether it was within the scope of practice of an RN to prescribe/dispense Tamiflu in an ambulatory care setting or in occupational health.

Many calls were received from RNs concerned about their personal risk if asked to provide care for those who might be infectious. They wanted to know more about their professional responsibility and accountability in a pandemic and if they could refuse to go to work.

In response, the article “Flu Immunization – RN Responsibilities” was written and included in the fall CARNA electronic newsletter. *Alberta RN* magazine also reprinted the *Ethical Consideration for Nurses in a Natural or Human-made Disaster, Communicable Disease, Outbreak or Pandemic* section of the Canadian Nurses Association’s *Code of Ethics for Registered Nurses* to provide direction and support to RNs. Both are available on the CARNA website.

CARNA policy and practice consultants provide confidential consultations to RNs and others who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical nursing care. To reach a consultant, call 780.451.0043/1.800.252.9392.

Legal/Ethical

Themes reflected in this category are very similar to previous reviews. Some of the concerns brought forward related to:

- maintaining professional boundaries
- protecting confidentiality
- informed consent
- the supervision of unregulated care providers

A small cluster of questions related to requisite skills and abilities and the provision of health services to culturally diverse groups. Requisite skills and abilities are the foundational skills and abilities required by nursing students to meet the entry-to-practice competencies, with or without accommodation. CARNA will be developing a document on requisite skills and abilities to inform potential nursing students, admission officers, nursing faculties, disability and equity officers and the public of the general demands and performance expectations of RNs in Alberta. Prospective students may find the information on requisite skills and abilities particularly useful in identifying

their fit with the requirements for nursing as a career choice and/or identifying their potential need for accommodation in becoming a member of the nursing profession.

Distress in the workplace

There was an increase in the number of calls related to the issues of distress in the workplace, unsafe staff mix and patient safety. These same themes were also evident in other consultations as part of the discussion that occurred.

In addition to the CARNA *Nursing Practice Standards*, there are a number of resources available to assist RNs to address these issues and reflect on legal and ethical concerns arising in their practice. These include the CNA *Code of Ethics for Registered Nurses*; the CARNA document *Ethical Decision-Making for Registered Nurses in Alberta: Guidelines and Recommendations*; and the Canadian Nurses Protective Society provides information, education, and financial and liability assistance.

Scope of practice

Consultations in this category related to clarifying the roles and responsibilities of RNs, graduate nurses, internationally-educated nurses and undergraduate nursing employees (UNEs).

Research findings indicate that clarifying and interpreting the practice of RNs provides an opportunity to support and enable safe, competent and ethical practice. Early in 2009, CARNA began offering educational sessions and disseminating information about the *Nursing Interventions Classification* system (NIC) to increase awareness among RNs of their competency profile. See page 16 for information on how you can access NIC.

Graduate nurse scope of practice

Questions about the graduate nurse's scope of practice have been a consistent theme in the review of consultations. A graduate nurse on the temporary register should not be assigned as the nurse in charge without the necessary clinical experience and competencies required for this role and responsibility. Nor should a graduate nurse be left alone in a practice setting without available RN support unless they have experience in the role of charge nurse or have been mentored or supervised by an RN before being placed in the role alone.

Graduate nurses are authorized to perform all restricted activities that RNs are authorized to perform. However, this does not mean that graduate nurses are

authorized to perform any restricted activity in any situation in any practice setting. Graduate nurses must limit themselves to performing those restricted activities they are competent to perform and that are relevant to their practice setting. CARNA or the employer may place limits on the independent performance of restricted activities and other interventions by graduate nurses until all registration requirements have been met. Employers should ensure adequate orientation and mentoring to support graduate nurses in providing safe and competent nursing care.

Because questions about the graduate nurse's scope of practice have been a consistent theme, a decision was previously made to develop an interpretive document that would help to promote understanding. In December 2009, *The Graduate Nurse: Scope of Practice* was published and it is now available on the CARNA website. This document aims to increase understanding of the scope of practice of graduate nurses and provide guidance in practice settings where graduate nurses are employed.

Restricted activities authorized for RNs

Consultations on this topic related to performing new interventions within a particular setting such as ordering chest X-rays, suturing and applying casts in an ER. With the further development of primary care networks, and the role of the clinic or office nurse being redefined and employers continuing to be challenged by staff shortages there is opportunity to explore new ways to utilize RNs in the provision of health services.

Members are encouraged to read the CARNA document *Health Professions Act: Standards for the Performance of Restricted Activities* for direction on the RN legislated scope of practice and guidance on integration of new interventions. RN

DID YOU KNOW?

The title **graduate nurse** and the abbreviation **GN** is a protected title and can only be used by a graduate of an approved or recognized entry-level nursing education program or an internationally-educated nurse applicant who is eligible for a temporary practice permit to begin employment as a graduate nurse.