POLICY AND PRACTICE CONSULTANTS AT CARNA PROVIDE CONFIDENTIAL CONSULTATIONS

Development may be needed to guide practice or to advocate for change. While the overall number of calls has decreased, the issues brought forward to the policy and practice consultants have greater complexity than in previous years. The issues identified have multiple layers and may be those of individual practitioner(s), those within the practice setting or are larger systems issues. There are practice settings where multiple stakeholders have responsibility and accountability for decision making; in some instances, solutions to issues are multifaceted and require a variety of strategies to address specific concerns over a period of time.

As can be seen in the table below, the categories with the highest number of consultations are scope of practice, followed by legal/ethical, safety and then nursing practice standards. The highest numbers of consultations over the past three years have been consistently associated with these particular categories. Throughout the 2012 practice year, the overall number of consultations specifically related to safety increased while the numbers related to scope of practice and legal/ethical decreased.

SUMMARY OF INDIVIDUAL CONSULTATIONS

Scope of Practice

 Competency Profile

CARNAP members continue to be concerned about describing the unique contributions of registered nurses and enacting their scope of practice in the place of employment. A number of consultation requests focused on clarifying differences between the RN scope of practice and that of graduate nurses (GN), nurse practitioners (NP) and other health professionals. Registered nurses also inquired about how they might use their knowledge, skill and judgment in specific practice settings. In these instances, resources such as the Nursing Intervention Classification.

NUMBER OF CONSULTATIONS BY PRACTICE YEAR

<table>
<thead>
<tr>
<th>Consultation issue category</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Practice</td>
<td>201(20%)</td>
<td>194(18%)</td>
<td>269(29%)</td>
</tr>
<tr>
<td>Legal/Ethical</td>
<td>238(24%)</td>
<td>291(27%)</td>
<td>196(21%)</td>
</tr>
<tr>
<td>Safety</td>
<td>111(11%)</td>
<td>90(8%)</td>
<td>158(17%)</td>
</tr>
<tr>
<td>Nursing Practice Standards</td>
<td>218(22%)</td>
<td>185(17%)</td>
<td>155(17%)</td>
</tr>
<tr>
<td>Transitions/Independent Practice</td>
<td>13(1%)</td>
<td>64(6%)</td>
<td>40(4%)</td>
</tr>
<tr>
<td>Relationships</td>
<td>18(2%)</td>
<td>15(1%)</td>
<td>41(4%)</td>
</tr>
<tr>
<td>Information/Networking</td>
<td>96(10%)</td>
<td>132(12%)</td>
<td>33(4%)</td>
</tr>
<tr>
<td>Graduate Nurse</td>
<td>13(1%)</td>
<td>12(1%)</td>
<td>17(2%)</td>
</tr>
<tr>
<td>Internationally-Educated Nurses</td>
<td>17(2%)</td>
<td>6(1%)</td>
<td>4(&lt;1%)</td>
</tr>
<tr>
<td>Education</td>
<td>12(1%)</td>
<td>15(1%)</td>
<td>3(&lt;1%)</td>
</tr>
<tr>
<td>Health Care Reform</td>
<td>43(4%)</td>
<td>63(6%)</td>
<td>-</td>
</tr>
<tr>
<td>Pandemic</td>
<td>30(3%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>1,010</td>
<td>1,067</td>
<td>916*</td>
</tr>
</tbody>
</table>

* NOTE: CARNAP received 1,097 requests but was unable to contact 181 requestors for consultation.
of Practice for Registered Nurses, Scope of Practice for Nurse Practitioners, Entry to Practice Competencies for the Registered Nurses Profession and Nurse Practitioner Competencies were utilized to address questions and concerns.

The Alberta government has set the transformation of health services as a priority with an emphasis on primary care. There were a number of calls specific to the role of the RN in a Primary Care Network and chronic disease management. As the move toward inter-professional practice evolves, it is important for RNs to understand the scope of practice of other professions in order to collaborate and work together effectively. Registered nurses have the knowledge and skills to take a leadership role in the decision making process and provision of health services.

Integration of Interventions
Another recurring theme within this issue category was whether a particular intervention could or should be integrated within the RN scope of practice in a specific practice setting. Registered nurses are examining their scope of practice to determine if they are authorized and/or if it is appropriate to engage in specific interventions. Some examples of interventions that were discussed are: administering Botox and other dermal fillers, prescribing medications, adjusting medication dosages, and interpreting laboratory data. It is important to note that Botox is a Schedule 1 drug and the administration of this drug by RNs requires that a client be seen by a physician or other authorized prescriber who would then provide a client specific order for the drug.

Graduate Nurses
Several questions related to GN and what interventions the GN can perform. There were specific calls related to the GN taking on the charge nurse role and being alone on a unit or in a facility with support provided by telephone. GNs are entry-level practitioners and their level of practice autonomy and proficiency develops best with collaboration, mentoring and support from registered nurse colleagues, managers and other health-care team members. A GN on the temporary register should not be assigned as the nurse in charge or left alone in a practice setting as the only nurse unless they have the necessary clinical experience and competencies to take on this role and responsibility. Other questions related to the scope of practice of GNs were more general in nature and were examined using the document Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities.

Legal/Ethical Documentation
As in the previous year, questions related to documentation represent the most frequent legal issue identified throughout the 2012 practice year. Concerns ranged from documentation policy development to challenges with transitioning from paper to electronic records, inconsistency in method of documentation utilized, charting on behalf of another care provider, and the lack of time to document care. These concerns were addressed using the principles for quality documentation described in the CARNA document Documentation Guidelines for Registered Nurses. Members were also encouraged to consult other relevant resources available from the Canadian Nurses Protective Society (CNPS) at: www.cnps.ca.

Professional Boundaries
Several concerns related to the RN responsibility of maintaining professional boundaries and included issues such as providing nursing interventions to friends or family members and questions related to providing nursing services to clients on scheduled days off. The CARNA document Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship was used to address these situations. The values of the CNA Code of Ethics for Registered Nurses were also important resources used to explore concerns and provide guidance.

Another frequent legal and ethical issue related to volunteering nursing services. Legal risks associated with volunteering nursing services were explored with RNs seeking practice advice. Volunteering as a camp nurse continues to be an area in which members have questions; the document Camp Nursing: Guidelines for registered nurses was a resource utilized in providing guidance in this area of practice.

Protecting/Disclosing Health Information
Issues related to the collection, use and disclosure of health information are challenging and complex and consistently emerge in consultation reviews. In September 2011, Provincial Council approved the CARNA document Privacy and Management of Health Information: Standards for CARNA’s Regulated Members. These new standards were developed in response to amendments made to Alberta’s Health Information Act (HIA) which came into force in September 2011 and apply to CARNA regulated members. The standards provide direction to CARNA members in relation to the collection, use and disclosure of health information.

Throughout the 2012 practice year, members practising in a variety of settings posed questions regarding the RN responsibility to protect the confidentiality of health information. In these instances, the Nursing Practice Standards and the Code of Ethics were used to explore concerns from an ethical perspective. Members were also directed to a variety of additional resources such as consultation with CNPS and consultation with the Office of the Information and Privacy Commissioner of Alberta www.oipc.ab.ca/pages/home/default.aspx when considering legal implications of disclosing health information.

Other legal/ethical questions raised by members included: the potential need for additional liability protection, liability risks associated with the performance of particular nursing interventions, risks associated with the supervision of unregulated workers, use of the title of RN, fitness to practice, managing unprofessional conduct and informed consent.
Safety
The number of consultations in this category has notably increased from previous years. Safety concerns included lack of sufficient orientation, shortages of staff, staff mix and unsafe practitioners. Concerns were raised about a client’s health-care needs in the context of the right care provider, at the right time, for the right service, in specific practice environments. These types of concerns were similar to those identified in previous reviews.

Nursing Practice Standards
Common issues identified in this area included: appropriate assignment of care, working extra hours, fitness to practice, supervision of undergraduate nursing employees (UNE) and health-care aides (HCA), and aspects of safe medication practices. Some issues related to safe medication practices included the implementation of medication protocols in the management of chronic illnesses, medication reconciliation, medication dispensing and communication related to medication orders. Policy and practice consultants provided guidance and direction to members to address these issues by applying the principles and standards outlined in CARNA documents.

The Nursing Practice Standards are foundational in supporting nurses in their practice, giving them a framework to ask questions in a proactive way and identify concerns, issues and solutions in their practice setting. In responding to the identified concerns, additional CARNA documents such as Working Extra Hours: Guidelines for Registered Nurses on Fitness to Practice and the Provision of Safe, Competent, Ethical Nursing Care, Medication Administration Guidelines for Registered Nurses and Decision Making Standards for Nurses in the Supervision of Health Care Aides were used to assist in problem solving and the development of practical approaches to address concerns.

Information/Networking
Questions arising in this issue category related to a variety of topics such as career counseling, hours of work and salaries, definition of medical terms, continuing education courses, certification requirements, special interest groups and human resource policies. Policy and practice consultants provided specific information and recommended members link with other resources specific to their individual request.

SUMMARY OF GROUP CONSULTATIONS
In addition to individual practice consultations, policy and practice consultants conducted numerous group consultations and facilitated discussions in response to complex issues that arose within practice settings. Between August 1, 2011 and November 30, 2012 policy and practice consultants facilitated 22 group consultations involving 468 participants across Alberta. The main topics of discussion were documentation, RN scope of practice and competency profile in specific practice settings, medication best practices, HPA restricted activities framework and professional responsibility and accountability. Additionally, there were nine education sessions with 304 participants. The main topics for the education sessions were documentation, medication best practices and RN scope of practice and competency profile.

All documents referenced in this article are available at no charge on the CARNA website at www.nurses.ab.ca. Click on CARNA documents under the Resources tab.

RESOURCE LIST
- College and Association of Registered Nurses of Alberta. (2011g). Working extra hours: Guidelines for registered nurses on fitness to practise and the provision of safe, competent, ethical nursing care. Edmonton, AB: Author.