CARNA policy and practice consultants provide confidential consultations to a variety of individuals and groups regarding issues that directly or indirectly affect the delivery of safe, competent and ethical nursing care. Regulated members1 of CARNA are the primary users of practice consultations. Other callers include employers, administrators, other health-care professionals, government employees and members of the public.

The annual review of practice consultations helps us identify issues that affect registered nurse and nurse practitioner practice within a changing health-care environment. This review also identifies trends and issues, as well as gaps where policy development may be needed to guide practice or to advocate for change. Gaps that were identified this year were related to medication management and assignment of care.

Questions about scope of practice

RN scope of practice issues change as the practice setting and roles for nursing practice evolve. In this past year, nurses in different settings called with a variety of scope of practice questions. The majority of calls in this category were about whether or not a particular intervention was within the RN scope of practice or if the intervention could or should be integrated into the RN scope of practice. Some examples of these interventions were:

- conscious sedation
- immunizations
- debridement and wound care
- pap tests
- administration of Botox

1 Regulated members include: registered nurses (RN), graduate nurses (GN), certified graduate nurses (CGN), nurse practitioners (NP) and graduate nurse practitioners (GNP).
Policy and practice consultants helped with the individual or group to determine if this was an intervention that the RN was authorized, competent and educated to provide. The discussion included the context of the situation and issues related to reducing barriers, identifying best practices and policy supports. The CARNAC document Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities (2005) was used to help determine if a particular intervention or activity should become part of an RN’s practice.

There were several questions regarding when the regulations that will authorize RNs to prescribe and order diagnostic tests within a specific practice area would come into effect. CARNAC continues to work with Alberta Health in changing the Registered Nurses Profession Regulation to authorize RN prescribing.

There were a number of consultations related to the development of roles and responsibilities of RNs in a Primary Care Network (PCN). RNs employed in PCNs were supported in exploring opportunities within the interprofessional team and for the development of programs within the clinic where the RN was the case manager or lead (e.g. chronic disease management).

RN’s continue to be concerned about describing their unique contributions within their place of employment. In response to these inquiries, the following resources were used to explain and describe the competency profile of an RN:

- Nursing Intervention Classification (2013)
- Entry to Practice Competencies for the Registered Nurses Profession (2013)
- Scope of Practice for Registered Nurses (2011)

CARNAC has started discussions with RNs across the province to seek the insights, perspectives and ideas of CARNAC members on how to describe RN practice in Alberta.

Please watch your email for updates on how this discussion is progressing.

Scope of practice questions from nurse practitioners (NP)

Scope of practice questions from NPs were primarily related to prescribing controlled drugs and substances (CDS). The CARNAC requirements needed prior to NPs prescribing CDS can be found on our NP CDS webpage at nurses.ab.ca/cds/module.

Other examples of interventions that were discussed included:

- performing capacity assessments
- ordering radiology
- completing forms such as WCB, driver’s medical and power of attorney

CARNAC continues to work with members and stakeholders to remove barriers to the NP scope of practice.

Questions about graduate nurses (GN)

There were a number of questions related to the role and responsibilities of the GN. A number of consultations focused on clarifying whether the GN needed supervision and whether there were any restrictions to the restricted activities a GN could perform. Supervision of the GN is not required in legislation and the GN is authorized to perform all restricted activities that an RN can perform if they are competent and it is relevant to the practice setting. The CARNAC interpretive document The Graduate Nurse: Scope of Practice (2009) was used to provide information to increase understanding of the scope of practice of graduate nurses and provide guidance for GNs, RNs and managers in practice settings where GNs are employed. All employers should verify that GNs have a practice permit and confirm if there are any conditions on their permit.

Questions about physician assistants (PA)

There were some questions about the role and responsibilities of the PA. PAs are unregulated workers who work under the supervision of physicians and provide direct patient care. Any medication order from a PA must be authorized by the supervising physician before it is implemented by the nurse.

Legal/ethical questions

There were a large number of questions this practice year regarding liability. RNs in volunteer positions or independent practice (such as contract work or self-employed) asked if they needed extra professional liability protection. The Canadian Nurses Protective Society (CNPS) offers legal advice, risk management services, legal assistance and professional liability protection related to nursing practice to eligible registered nurses and nurse practitioners. All currently practising CARNAC members have access to CNPS liability protection and services. For further information please visit the CNPS website at www.cnps.ca or contact them at 1.800.267.3390.

Several members wanted clarity on their professional responsibility or liability in a particular role or position within their practice setting such as a supervisor, coordinator or charge position, and many wanted to know if they were responsible for the care provided by others. Each professional is personally accountable and responsible for their own decisions and care provided.

Proper documentation still a concern

Questions about documentation included concerns about:

- responsibilities in reporting poor or inconsistent documentation
- responsibilities in the documentation of collaborative team meetings
- the lack of clear direction on how to correct documentation errors
- the lack of clear direction on how to cosign in the electronic health record
lack of policy for the use of abbreviations
security and appropriateness of using email to send orders
the lack of time to document care

The CARN A document *Documentation Standards for Regulated Members* (2013) outlines the professional regulatory requirements for nurses that will assist them in producing clear, accurate and comprehensive accounts of client care within any practice setting. Members were also encouraged to consult other relevant resources such as those available from CNPS.

**Concerns about the appropriate use of confidential health information**

RN s and NP s want to ensure that health information is protected and disclosed in accordance with legal and ethical requirements, while ensuring that client records are accessible for continuity of care for clients. Questions regarding the responsibility to protect the confidentiality of health information in a variety of settings continued. This is consistent with the trend identified in other annual reviews. Some of these concerns included:

- how should health information be shared with the police
- access to a client’s own health information
- how much information can be shared
- security with texting, emailing, videotaping and use of social media
- collection, use and disclosure of health information in non-health care environments

The CARN A document *Privacy and Management of Health Information: Standards for CARN A’s Regulated Members* (2011) identifies standards for maintaining privacy and confidentiality as well as the management of information in records and the management of electronic records, including the protection, privacy and security of electronic records. Additional resources were also referred to such as consultation with CNPS and consultation with the Office of the Information and Privacy Commissioner of Alberta (oipc.ab.ca).

**Questions about professional boundaries**

There were several consultations related to the RN’s responsibility for maintaining therapeutic boundaries that included issues such as:

- providing nursing interventions to friends or family members
- conflicts of interest
- accepting gifts from clients
- having a social relationship with a client outside of the practice setting

The CARN A document *Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship* (2011) provides information and guidance about appropriate professional boundaries for a nurse-client relationship. The guidelines also apply to RNs in teaching relationships with students, working with research participants, managing staff and in working relationships with co-workers. The potential for harmful boundary incidents is decreased when there is good understanding of the issues involved. The ability to establish and maintain therapeutic boundaries with clients is an essential component of safe, competent, ethical nursing care. The obligation to maintain healthy professional boundaries lies with every RN, not with the client.

**When do I have to provide care?**

There were several calls regarding the duty to provide care for clients:

- of all genders
- to a client with disruptive or aggressive behaviours
- in a pandemic or contagious disease

The values and ethical responsibilities outlined in the CNA *Code of Ethics for Registered Nurses* (2008) was an important resource used to explore concerns and provide guidance in situations when personal values or beliefs collide with those of others or the context of the situation where nursing care is to be provided. The *Code of Ethics* outlines nurses’ ethical responsibilities and guides them in their reflection of practice decision-making.

**Questions about Nursing Practice Standards**

The *Practice Standards for Regulated Members* (2013) outlines expectations and responsibilities and is foundational in supporting nurses in their practice, giving them a framework to ask questions in a proactive way and identify concerns and issues, make decisions and implement solutions in their practice setting. The practice standards represent criteria against which the practice of all regulated members will be measured by CARN A, the public, clients, employers, colleagues and themselves. The two main groups of questions in this category were about medication management and assignment of care.

**Medication management**

There were many consultations related to safe medication practices. Issues related to medication practices included:

- clarification of a complete medication order
- cosigning for medications
- client self-administration of medications in various settings
- transcribing a medication order
- administering sample medications
- addressing break-through pain and prn range dose medication orders
- phoning in prescriptions
- the implementation of protocols that included either over the counter medications and/or Schedule 1 medications
The advice and guidance given about medication practices was grounded in the CARNa document *Medication Guidelines* (2014). The number of questions and concerns related to medication practices verified that some revisions to the CARNa *Medication Guidelines* (2014) document were needed to provide further clarity. Feedback from members and stakeholders was collected on this document between December 2014 and February 2015.

NPs and RNs inquired if they are able to accept and distribute medication samples. The roles and responsibilities of the RN and NP in providing drug samples to clients, as well as the risks associated with dispensing drug samples, are provided in the *Medication Guidelines*. According to the *Canada Food and Drug Act* (1985), RNs and NPs are not authorized to accept medication samples from pharmaceutical companies. However, they can dispense medication samples provided they dispense in accordance with dispensing standards and practice setting policy.

### Assignment of care

Supervision and assignment of care questions included:

- Who can assign care to health-care aides?
- What types of interventions can be assigned?
- Who needs supervision, and what type of supervision is needed?
- Do RNs need to be supervised, and when?

Due to a number of factors such as staffing shortages, changes in acuity and an increased demand for services, assignment of care can be challenging. Assignment of care is an important part of the RN’s responsibilities. The documents *Decision-Making Standards for Nurses in the Supervision of Health-Care Aides* (2010) and *Assignment of Client Care: Guidelines for Registered Nurses* (2014) provide information and guidance in making decisions about assignment of care, role clarity and shared accountability. Using these standards and guidelines can help RNs effectively assign care within the interprofessional team in a variety of settings.

### Other frequent questions

There were questions related to a variety of topics with the largest number of consultations being questions about the registration process that were subsequently referred within the CARNa office. Other consultation questions included requirements for CPR in the workplace, hours of work and salaries, continuing education courses and certification requirements. Policy and practice consultants provided specific information and recommended members contact other suggested resources specific to the individual request.

### Safety of the health-care system

Questions regarding the safety of the health-care system or staffing levels related to:

- a lack of sufficient orientation
- outdated or a lack of employer policies
- heavy or high workloads
- shortages of staff
- changes to staff mix
- working with unsafe practitioners

Concerns were raised specifically in regards to decreasing the overall staffing number and changing the staff mix to a greater number of non-regulated staff. This included a perception that the focus had become one of doing the task rather than the knowledge and skill required to assess and make sound decisions. The document *Practice Standards for Regulated Members* (2013) was used to give guidance and direction to work towards solutions and implement a plan of action in their practice setting.

Consultations about fitness to practise included:

- poor judgment
- lack of critical thinking
- inability to prioritize care
- problematic substance use and working with a disability

The CARNa document *Working Extra Hours: Guidelines for Registered Nurses on Fitness to Practise and the Provision of Safe, Competent, Ethical Nursing Care* (2011) was used to assist in problem solving and the development of practical approaches to address concerns.

### Relationship issues in the workplace

There were many consultations about bullying or disruptive behaviour either from a colleague, a physician or from their manager. Policy and practice consultants provided specific information and recommended members contact other suggested resources specific to the individual request such as the *Managing Disruptive Behaviour in the Healthcare Workplace – Provincial framework and resource toolkit developed by the Health Quality Council of Alberta* (2013).

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. The main topics of these group discussions were RN scope of practice, medication best practices and professional responsibility and accountability.

### CARNa Policy and Practice Consultants:

Debra Allen, MN, RN  
Penny Davis, MN, RN  
Donna Harpell Hogg, MS, RN  
Pam Mangold, MN, RN  
Debbie Phillipchuk, MN, RN

**EMAIL:** practice@nurses.ab.ca  
**PHONE:** 1.800.252.9392