2012-2013 Summary of CARNA Practice Consultations

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Carna policy and practice consultants provide confidential consultation 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 consultation followed by members of the public, employers, administration, other health-care professionals, government and others.

Carna recognizes that rapid changes take place in the economic, political and socio-demographic environments that impact Alberta’s health-care system. The annual review of practice consultations helps Carna identify issues that affect nursing practice within this changing environment.

### Consultation issue category 2010 practice year 2011 practice year 2012 practice year 2013 practice year

<table>
<thead>
<tr>
<th>Consultation issue category</th>
<th>2010 practice year</th>
<th>2011 practice year</th>
<th>2012 practice year</th>
<th>2013 practice year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Practice</td>
<td>201 (20%)</td>
<td>194 (18%)</td>
<td>269 (29%)</td>
<td>404 (30%)</td>
</tr>
<tr>
<td>Legal/Ethical</td>
<td>238 (24%)</td>
<td>291 (27%)</td>
<td>196 (21%)</td>
<td>289 (21%)</td>
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<tr>
<td>Nursing Practice Standards</td>
<td>218 (22%)</td>
<td>185 (17%)</td>
<td>155 (17%)</td>
<td>224 (16%)</td>
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<tr>
<td>Information/Networking</td>
<td>96 (10%)</td>
<td>132 (12%)</td>
<td>33 (4%)</td>
<td>147 (11%)</td>
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<tr>
<td>Safety</td>
<td>111 (11%)</td>
<td>90 (8%)</td>
<td>158 (17%)</td>
<td>126 (9%)</td>
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<tr>
<td>Health Care Reform</td>
<td>43 (4%)</td>
<td>63 (6%)</td>
<td>-</td>
<td>77 (6%)</td>
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<tr>
<td>Relationships</td>
<td>18 (2%)</td>
<td>15 (1%)</td>
<td>41 (4%)</td>
<td>42 (3%)</td>
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<tr>
<td>Transitions/Independent Practice</td>
<td>13 (1%)</td>
<td>64 (6%)</td>
<td>40 (4%)</td>
<td>21 (2%)</td>
</tr>
<tr>
<td>Education</td>
<td>12 (1%)</td>
<td>15 (1%)</td>
<td>3 (&lt;1%)</td>
<td>21 (2%)</td>
</tr>
<tr>
<td>Public Health Issues</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6 (&lt;1%)</td>
</tr>
<tr>
<td>Graduate Nurse</td>
<td>13 (1%)</td>
<td>12 (1%)</td>
<td>17 (2%)</td>
<td>-</td>
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<tr>
<td>Internationally-Educated Nurses</td>
<td>17 (2%)</td>
<td>6 (1%)</td>
<td>4 (&lt;1%)</td>
<td>-</td>
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<tr>
<td>Pandemic</td>
<td>30 (3%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Total consultations</td>
<td>1,010</td>
<td>1,067</td>
<td>916</td>
<td>1,362</td>
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<tr>
<td>Unable to respond*</td>
<td>186</td>
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</tbody>
</table>

¹ Regulated members include: registered nurses (RN) graduate nurses (GN), certified graduate nurses (CGN), nurse practitioners (NP) and graduate nurse practitioners (GNP).
* Requests received but attempts to follow-up were unsuccessful.
It was evident in many of the consultations that issues in the health-care system affected the circumstances of a practice setting issue and the health-care environment.

We believe that sharing information on the trends and issues that have been identified in the review of practice consultations can lead to proactive discussion about the changes that are needed in the health-care system to support RNs and NPs in providing safe, competent and ethical nursing care. It can also identify the gaps where policy development may be needed to guide practice.

Communicating these trends publicly provides an opportunity to advocate for nursing leadership that encourages professional excellence and influences the development of evidence-informed health policy.

Highlights from the 2012-2013 annual review of consultations include:

- The highest number of consultations over the last four years has been related to scope of practice, legal/ethical and nursing practice standards.
- The category with the highest number of consultations was scope of practice, followed by legal/ethical, nursing practice standards, information/networking, and safety.
- The number of consultations for all categories except the safety category has increased.
- Overall the number of consultations has increased.

The issues discussed with the policy and practice consultants were complex and involved multiple factors influencing practice. In some instances, solutions to issues were multi-faceted, required collaboration with others and required a variety of strategies over a period of time to address the issues identified during the consultation.

**SCOPE OF PRACTICE**

Scope of practice issues evolve as the practice settings and roles for nursing practice are pushed by technology and health-system demands.

The majority of calls in this category were related to questions about whether they could or should integrate a new restricted activity intervention into the RN scope of practice in a specific practice setting. Specific examples included questions about:

- RNs administering Botox as a cosmetic procedure in a medical spa or physician office in the absence of an authorized prescriber;
- whether an RN practising in a primary care network could perform a pap test;
- Peg tube reinsertion for a client in home care or a long-term care setting;
- foot care;
- performing a bladder scan;
- splinting a fracture;
- using ultrasound technology to check placement of a PICC line;
- ear syringing; and
- sharp wound debridement.

It is important to note that Botox is a Schedule 1 drug and the administration of this drug by a RN requires that a client be seen by a physician or other authorized prescriber who would then provide a client-specific order for the drug.

Some other examples of interventions that were discussed were questions about when the regulation that will authorize RNs to prescribe in defined practice settings would come into effect and interpreting laboratory data. Other calls were context- and practice-setting specific. For example, how they could become competent when moving into a different practice setting and learning how to perform a new intervention that is common in the new setting.

CARNAs continue to be concerned about describing the unique contributions of registered nurses and enacting the full scope of practice in their place of employment. They also want to minimize the focus on the overlap on the scope of practice with other health professionals.

In these kinds of questions about scope of practice, resources such as *Nursing Intervention Classification (2013)* and the *Entry to Practice Competencies for the Registered Nurses Profession (2013)* along with the document *Scope of Practice for Registered Nurses (2011)* were used to explain and describe the competency profile of a registered nurse.

A number of consultations focused on clarifying the role and responsibilities of the graduate nurse (GN) and whether the GN could be in the charge role; the length of time required for orientation before the GN could work independently of their mentor; and questions about whether there were any restrictions to the restricted activities a GN could perform.

The CARNAs interpretive document *The Graduate Nurse: Scope of Practice (2009)* provides information to increase understanding of the scope of practice of graduate nurses and provide guidance for GNs and for RNs in practice settings where GNs are employed. This interpretive document also provides information for managers, administrators, other health-care providers, employers and stakeholders within the health-care system.

Scope of practice questions from nurse practitioners were primarily related to prescribing controlled drugs and substances and the requirements of CARNAs prior to authorizing NPs to prescribe these medications.

**LEGAL/ETHICAL**

**Documentation**

Clear and objective documentation is ultimately good risk management and the most frequent legal issue identified in the 2013 practice year was about documentation. Regardless of the format used to document, the client care record is a formal, legal document that details a client’s health care and progress.

Documentation concerns included questions about policy for backup of electronic records; application of documentation policies for a paper health-care record and the challenges of applying these same policies to the point of care electronic health record; lack of clear direction on how to co-sign...
medications in the electronic health record; whether to document the name of another staff member in the patient record; questions about policy for the use of abbreviations; and documenting a late entry and the overall concern about the lack of time to document care. A smaller number of consultations related to student documentation and co-signature of documentation by a student with a preceptor or a RN also assigned to the client.

The CARNA document Documentation Standards for Regulated Members (2013) outlines the professional regulatory requirements that will assist members in producing clear, accurate and comprehensive accounts of client care within any practice setting. Members were also encouraged to consult other relevant resources available from the Canadian Nurses Protective Society (CNPS) at www.cnps.ca.

The increased number of unregulated workers in our health system raised questions about who documents on the patient record. It is the responsibility of all providers to ensure that changing clinical conditions or emerging problems are promptly reported and documented. Often the first step in addressing a concern about who and what is documented in the patient record is to clearly identify what the issue is and then alert the manager about the concerns.

Professional Boundaries

There were several consultations related to the RN’s responsibility for maintaining therapeutic boundaries and included issues such as providing nursing interventions to friends or family members, questions related to conflict of interest, accepting gifts from patients and whether having a social relationship with a patient outside of the practice setting was acceptable.

The CARNA document Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship (2011) provides information and guidance about appropriate professional boundaries for nurse-client relationships. The guidelines also apply to registered nurses 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 and ethical nursing care. The obligation to maintain healthy professional boundaries lies with every registered nurse, not with the client.

The values of the CNA Code of Ethics for Registered Nurses (2008) were also an important resource used to explore concerns and provide guidance. The Code of Ethics outlines nurses’ ethical responsibilities and guides them in their reflection of practice decision-making.

Protecting/Disclosing Health Information

RNPs want to ensure that health information is protected and disclosed in accordance with legal and ethical requirements, while balancing this with reasonable steps to ensure that client records are accessible for continuity of care for clients.

In this review, questions regarding the RN responsibility to protect the confidentiality of health information in a variety of settings continued to be asked consistent with the trend identified in previous annual reviews of consultations. There were concerns with how information was shared, how much information was to be shared, questions about security with texting and use of email in sharing health information, clients asking to read their own health-care record and the length of time required for retention of records.

The CARNA document Privacy and Management of Health Information: Standards for CARNA’s Regulated Members (2011) builds upon the Practice Standards for Regulated Members and the CNA Code of Ethics for Registered Nurses to identify standards for maintaining privacy and confidentiality as well as the management of electronic records, including their information, protection, privacy and security.

One example of the direction provided in this document is that client records must remain accessible for a period of 10 years following the date of last service. For minors, the record must be accessible for a period of 10 years or two years past the patient’s age of majority, whichever is longer.

A variety of additional resources were also referred to such as consultation with the Canadian Nurses Protective Society and consultation with the Office of the Information and Privacy Commissioner of Alberta when considering legal implications of disclosing health information. CARNA has also developed a self-directed learning resource called Privacy Education Modules that is posted on our website at www.nurses.ab.ca/privacy.

Other

Throughout the 2013 practice year, other legal/ethical questions raised were:
- the need for additional liability protection;
- liability risks associated with the performance of particular, and in some instances high-risk, nursing interventions;
- use of the title of RN and NP;
- informed consent; and
- questions about performance management process.

NURSING PRACTICE STANDARDS

The Practice Standards for Regulated Members (2013) 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. The practice standards represent criteria against which the practice of all regulated members will be measured by CARNA, the public, clients, employers, colleagues and themselves.

Medication Management

Medication practice questions merged with questions about scope of practice, responsibility and accountability, and safety.
Regardless of the starting point for the consultation, ultimately the advice given was grounded in the CARN A medication guidelines and the instruction in this document on the various components of safe and effective medication management in the practice setting.

The concerns related to medication practices included: co-signing for medications, verbal orders, transcribing a medication order, phoning in prescriptions, administering medications poured by someone else, addressing break-through pain and prn range dose medication orders, the implementation of protocols that included either over-the-counter medications or Schedule 1 medications, providing repeat prescriptions and nurses recommending the use of over-the-counter medications to clients.

The number and variety of questions and concerns related to medication practices verified that the review of the Medication Administration Guidelines (2007) that was already in progress was timely and relevant. Nurses needed and wanted guidance and answers from CARN A to their questions on medication practices. The revised document was approved by Provincial Council in January 2014 and the title was changed to Medication Guidelines to be more inclusive of all aspects of medication management. Revisions to the document included:

- providing clarity to the section on range dose;
- providing explicit information about over-the-counter medications;
- a guideline regarding implementation of a protocol that includes a Schedule 1 medication;
- adding guidance on using two-identifiers to identify the client prior to medication administration; and
- adding sections related to current best medication practices on medication reconciliation, infection control practices and prevention.

Also noted were a number of questions about responsibility and accountability when being a volunteer. Several consultations were related to public health issues with questions being asked about flu immunization in a pharmacy setting as well as general flu immunization program questions.

As physician assistant pilot projects were introduced and implemented late in the 2013 year, a small number of consultations were received where questions were related to practising with a physician assistant and the role and responsibilities of the different health-care providers. CARN A posted a question and answer information sheet about physician assistants on our website to provide answers, direction and clarity around accountability for nurses in this situation.

**INFORMATION/NETWORKING**

Questions arising in this category related to a variety of topics with the largest number of consultations being questions about the registration process that were subsequently referred within the CARN A office. Other consultation questions included: requirements for CPR in the workplace, hours of work and salaries, continuing education courses and certification requirements.

**Safety**

Safety concerns related to staffing included shortages of staff, changes to staff mix and unsafe practitioners. Concerns were raised specifically in regards to decreasing the overall staffing number, changing the staff mix to a greater number of non-regulated staff, and 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.

Another concern related to safety was a lack of resources. Nurses shared that they had to leave patients unattended, no room was available to isolate a patient who was infectious, employer policies were out-of-date and there was lack of availability of physicians to attend clients.

Other concerns were reassignment of nurses to a different practice setting due to shortage of staff and disruptive behaviour of staff. Several of the concerns related to medication management and medication errors that had not been reported and not using the seven rights of medication administration; changing a treatment plan without consultation; medication administration by unregulated health-care providers; and not observing a patient taking their medication.

There were a few consultations about fitness to practice. Some of the concerns that were identified in the review of consultations were poor judgment, lack of critical thinking, inability to prioritize care, problematic substance use and working with a disability. Fitness to practice is defined as all the qualities and capabilities of an individual relevant to his or her capacity to practise as a registered nurse, including but not limited to, freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs his or her ability to practice nursing (CNA, 2008). The same coping skills we teach clients are relevant in our own lives and it is important to identify if you need help.

In responding to the identified concerns, the CARN A 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.

General concerns about safety included questions about how to submit a complaint to CARN A when concerned about the practice of a nurse; concern about the poor performance of a RN or NP under supervision; not following through with orders; lack of responsibility and accountability in the care (or lack thereof) that was provided; and concerns with the practice of other health-care providers.

**GROUP CONSULTATIONS**

In addition to the consultations listed above, more than 500 individuals across Alberta participated in 19 group consultations or discussions facilitated by CARN A policy and practice consultants in response to complex issues that arose within practice settings. **RN**