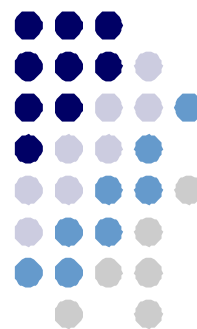

COLLABORATIVE NURSING PRACTICE IN ALBERTA



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I. INTRODUCTION

Throughout history, nurses have worked together to provide quality care and have actively sought the responsibility for self-regulation of that care through legislative authority. There are three groups of professional nurses in Alberta: Registered Psychiatric Nurses (RPNs), Licensed Practical Nurses (LPNs) and Registered Nurses (RNs) who are responsible to their respective professional nursing regulatory bodies.

The three professional nursing regulatory bodies, the Alberta Association of Registered Nurses (AARN), the College of Licensed Practical Nurses (CLPNA) and the Registered Psychiatric Nurses Association of Alberta (RPNAA) are accountable to the public for the provision of safe, ethical, competent nursing care through authority granted in provincial legislation. This includes initial and ongoing registration, continuing competence, practice support, and discipline of their members. Each regulatory body is responsible for the development of codes of ethics, standards of practice, and the approval of nursing education programs. As well, each regulatory body has the authority to define the scope of practice of their respective members.

Scopes of practice continue to evolve over time, due to changes in the health care environment and the health care delivery system. It is essential that there is cooperation and collaboration between and among professional nurses, the nursing regulatory bodies, government, employers and educational institutions in order to provide guidance to nurses and ensure public safety. Regulatory bodies, in collaboration with our members, will advocate for the development of public policy that fosters health-promotion and wellness.

II. PURPOSE

This paper has been developed by the three professional regulatory bodies for nursing in Alberta to provide information to their members, employers, colleagues and the public regarding the roles and responsibilities of nurses. It will describe collaborative practice, the responsibilities of nurses as professionals and the responsibilities of each of the professional nursing roles. If everyone involved clearly understands the roles and responsibilities of all members of the nursing team, appropriate decisions can be made regarding the best utilization of nursing resources.

III. NURSING KNOWLEDGE

The foundational knowledge base of RNs, RPNs and LPNs is different as a result of differences in basic nursing education. All categories study from the same body of nursing knowledge. RNs and RPNs (whose education has a mental health focus) study for a longer period of time allowing for greater depth and breadth of foundational knowledge in the following areas: clinical practice; decision-making; critical thinking; leadership; research utilization; and resource management. The LPN program is shorter in length with a more focused foundational knowledge of clinical practice, decision-making and critical thinking,

While each group has its own legislation and education, the following registration/licensure requirements apply to all equally:

- Completion of a nursing education program approved by the regulatory body;
- Successful passing of a licensure/registration examination;
- Licensure/registration with the appropriate regulatory body to practice nursing; and
- Maintenance of competence through continuous learning and experience.

IV. COLLABORATIVE PRACTICE

The professional nursing regulatory bodies representing Licensed Practical Nurses, Registered Psychiatric Nurses and Registered Nurses are committed to fostering the development of a collaborative working environment for nursing team members. This is based on the value of working together, mutual respect and an enhanced working environment for the benefit of our clients and the health care system. We are committed to establishing and maintaining open and ongoing communication between the professional regulatory bodies and among nurses and other caregivers. We envision the same principles and values being incorporated into our working relationship with other members of the multidisciplinary health care team. In today's ever-changing health care environment, health care providers must work together to increase the ability to deliver safe and effective care that is accessible and cost-effective. Collaboration is needed between the public, clients, nursing regulatory bodies, employers and government in order to ensure the public's need for safe, accessible, affordable health care is met and to maximize utilization of nurses.

For this collaboration in the provision of nursing care to be effective, everyone involved must be knowledgeable about the needs of clients, the practice environment, the way care is provided and the roles and responsibilities of each nurse.

Responsibilities in Collaborative Practice

Nursing Responsibilities

Nursing Practice

1. Nursing practice is the application of knowledge, skills, judgement, behaviours, and attitudes and cannot be reduced solely to a list of tasks.
2. As professionals, nurses are responsible and accountable for their own practice and are expected to follow the standards and guidelines of the regulatory body established through the scope of practice, code of ethics, standards of practice and applicable legislation.
3. The Nurse's priority in providing care is the health and well being of the client. Nurses are responsible to their clients for their actions through a legal duty to care.
4. Nurses work collaboratively and cooperatively with clients, families, each other and other care providers in order to provide safe, competent, ethical care which will benefit clients.

5. Nurses practice within their own individual level of competence. They seek additional information and/or guidance when aspects of the care required are beyond their current skill level or competence.
6. Nurses recognize that within the nursing team there are areas of overlap in competencies and roles and that scopes of practice evolve over time in response to changing health care needs. In some care situations, all members of the nursing team may possess the necessary knowledge, skills and judgement to provide that care, in other situations the knowledge, skills and judgement required may be unique to one provider. Under the Health Professions Act, each regulatory body will identify authorized restricted activities that their members may perform (reference each regulatory bodies' Health Professions Act regulations).
7. Nurses also have a responsibility to their employers and are expected to follow the employer's policies and procedures.
8. There are a variety of care delivery models in which nursing care can be provided to ensure appropriate use of nursing resources. These models may include RNs, LPNs, RPNs and unregulated health care workers.
9. Assignment of restricted activities to unregulated workers should follow the joint AARN, CLPNA, RPNAA document "Decision-Making Standards for Supervision of Health Care Aides: Restricted Activities and Activities of Daily Living."
10. Professional nursing regulatory bodies are responsible through legislation to define and interpret scopes of practice for their members, to approve nursing education programs, establish codes of ethics and standards of practice, and intervene when practice does not meet the standards.

Advocacy

11. Nurses advocate for practice environments that have the human, physical, and financial resources necessary for the provision and improvement of safe, competent, ethical, cost effective and cost efficient care.
12. Nurses are expected to advocate for the client by recognizing, responding to and reporting unsafe or inappropriate client care or circumstances and knowing when and how to involve others in the provision of care or response to the unsafe situations.

Professional Development

13. Nurses have a responsibility to be competent and to maintain their competence. Nurses are responsible for accessing continuing education and experiences that promote life-long learning. Nurses must have the competence to practice nursing and are expected to know the limits of their competence. They are expected to function within their approved scope of practice and within applicable legislation.

14. Nurses have a responsibility to maintain and increase their knowledge, skill and abilities to provide safe, competent, ethical care to their clients. This is accomplished through a commitment to life-long learning. To complement experience, nurses are expected to build on their basic education through strategies such as self-directed study, nursing rounds, journal reading, inservice education, conferences and workshops and/or by obtaining additional education credentials or certification.

Shared Responsibilities

Quality Practice Environments

Employers and nurses both play important leadership roles in creating and maintaining practice environments that foster excellence in nursing practice through:

- Quality patient care
- A culture that respects and values nurses
- Collaborative and interdisciplinary approaches to client care
- Shared decision making
- Participation by employees in the development and implementation of strategic plans
- Maximizing the knowledge, skills and abilities of all nurses
- Implementation of evidence-based best practice.

RN, LPN, RPN Utilization

When making decisions about RN, RPN and LPN utilization, there are three key factors to consider:

- The Client – overall care requirements and client type. The overall client care requirements are influenced by the complexity of care needs; the predictability of outcomes; and the risks of negative outcomes in response to care provided.
- The Nurse – competencies, and care provider characteristics including education, experience, and expertise to meet cognitive and technical skills requirements.
- The Environment – available supports and care delivery model. The consideration of environment includes availability of and access to resources, including support for nurses, policies, procedures, medical directives and protocols to guide decision-making.

The following chart describes the client, nurse and environmental factors to consider when making decisions about RN/RPN/LPN staff utilization. The factors described under LPN practice specify when LPNs can practice autonomously while the factors described RN/RPN practice describe situations where an RN or RPN should be involved and/or providing nursing care.

LPN Practice	Decision Factors	RN/RPN Practice
	<i>Client Factors</i>	
<ul style="list-style-type: none"> • care needs well-defined and established • health condition well controlled or managed • little fluctuation in condition over time 	Complexity of Client Care Needs (includes bio-psychosocial, cultural, emotional and health learning needs)	<ul style="list-style-type: none"> • care needs not well-defined/established or changing • health condition not well-controlled or managed • requires close, frequent monitoring and reassessment • fluctuating condition
<ul style="list-style-type: none"> • predictable changes in health condition 	Predictability	<ul style="list-style-type: none"> • unpredictable changes in health condition
<ul style="list-style-type: none"> • predictable, localized, and manageable responses • signs and symptoms are obvious 	Risk of Negative Outcomes in Response to Care	<ul style="list-style-type: none"> • unpredictable, systemic or wide-ranging responses • signs and symptoms subtle and difficult to detect • effect may be immediate systemic and/or create an urgent or emergent situation
	<i>Nurse Factors Practice Expectations</i>	
<ul style="list-style-type: none"> • individuals, families and groups 	Client	<ul style="list-style-type: none"> • individuals, families, groups, communities and populations

LPN Practice	Decision Factors	RN/RPN Practice
<ul style="list-style-type: none"> • transfers knowledge from similar situations through pattern recognition • makes decisions based on analysis of available information • makes decisions by accessing a known range of options to solve problems 	Direct Practice Decision-Making	<ul style="list-style-type: none"> • analyses and synthesizes wide range of information using variety of frameworks or theories • makes decisions after actively seeking information • makes decisions by drawing on a comprehensive range of options to interpret, analyze and solve problems • anticipates many possibilities and makes proactive decisions
<ul style="list-style-type: none"> • performs nursing interventions for which she/he can manage the client during and after the intervention or has access to resources • works in consultation with RN/RPN and others to meet care needs of more complex clients 	Direct Practice Implementation	<ul style="list-style-type: none"> • manages multiple nursing interventions simultaneously in rapidly changing situations • directs plan of care for highly complex clients
<ul style="list-style-type: none"> • consults with RN/RPN and other health team members about identified client needs 	Direct Practice Consultation	<ul style="list-style-type: none"> • consults with other health team members about broad range of client needs • acts as a resource to LPNs to meet client needs
<ul style="list-style-type: none"> • teaches and delivers elements of established health programs 	Direct Practice Other	<ul style="list-style-type: none"> • designs, coordinates and implements health programs, including teaching

LPN Practice	Decision Factors	RN/RPN Practice
<ul style="list-style-type: none"> • participates in data collection for research • uses research to inform practice, e.g., <i>Best Practice Guidelines</i> 	Research	<ul style="list-style-type: none"> • critically evaluates theoretical and research-based approaches for application to practice • appraises the value of evidence, incorporates research into practice, develops research questions and participates on research teams • integrates theoretical and research-based approaches to design care and implement change
<i>Environmental Factors</i>		
<ul style="list-style-type: none"> • clear and identified procedures, policies, program guidelines, protocols, plans of care, care pathways and assessment tools • high proportion of expert nurses, or low proportion of novice nurses • high proportion of nurses familiar with the environment 	Practice Supports	<ul style="list-style-type: none"> • unclear or unidentified procedures, policies, program guidelines, protocols, plans of care, care pathways and assessment tools • low proportion of expert nurses (or high proportion of novice nurses and unregulated staff) • low proportion of nurses familiar with the environment
<ul style="list-style-type: none"> • many consultation resources available to manage outcomes 	Consultation Resources	<ul style="list-style-type: none"> • few consultation resources available to manage outcomes
<ul style="list-style-type: none"> • low rate of client turnover • few unpredictable events 	Stability and Predictability of the Environment	<ul style="list-style-type: none"> • high rate of client turnover • many unpredictable events

Information in this table has been provided by the College of Nurses of Ontario.

V. PRACTICE STATEMENTS

The Health Professions Act includes a practice statement for each health care professional. The following are statements for the three nursing groups.

Registered Psychiatric Nurses

In their practice, psychiatric nurses apply nursing knowledge and skills and judgment and do one or more of the following:

- (a) work with individuals of all ages, families, groups and communities,
- (b) assess physical, mental, emotional and spiritual health needs,
- (c) develop diagnoses and plan, implement and evaluate nursing care, and
- (d) provide restricted activities authorized by the regulations.

Licensed Practical Nurses

In their practice, licensed practical nurses do one or more of the following:

- (a) apply nursing knowledge, skills and judgment to assess patients' needs,
- (b) provide nursing care for patients and families, and
- (c) provide restricted activities authorized by the regulations.

Registered Nurses

In their practice, registered nurses do one or more of the following:

- (a) based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgement to
 - (i) assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well-being.
 - (ii) assess, diagnose and provide treatment and interventions and make referrals,
 - (iii) prevent or treat injury and illness,
 - (iv) teach, counsel and advocate to enhance health and well-being,
 - (v) co-ordinate, supervise, monitor and evaluate the provision of health services,
 - (vi) teach nursing theory and practice,
 - (vii) manage, administer and allocate resources related to health services, and
 - (viii) engage in research related to health and the practice of nursing, and
- (b) provide restricted activities authorized by the regulations.

VI. REFERENCES

Appreciation is extended for permission to use parts of the following documents:

Association of Registered Nurses of Newfoundland, Council for Licensed Practical Nurses of Newfoundland. (1999). *Collaborative Nursing Practice – Guiding Principles*. Authors.

College of Nurses of Ontario (2002). *Profile of Practice Expectations for RNs and RPNs 2002*. Authors

College of Nurses of Ontario (2002). *Practice Expectations: A Guide for the Utilization of RNs and RPNs*. Author

Registered Psychiatric Nurses Association of Saskatchewan, Saskatchewan Association of Licensed Practical Nurses, Saskatchewan Registered Nurses Association. (2000). *Nursing in Collaborative Environments*. Authors.