Purpose

To provide guidance when making scope of practice decisions for Registered Nurses (RN's) and Registered Practical Nurses (RPN's), employed at Muskoka Algonquin Healthcare (MAHC).

Scope

The policy pertains to all staff members and credentialed staff at Muskoka Algonquin Healthcare (MAHC).

Policy Statement

Nursing is a profession that is focused on collaborative relationships that promote the best possible outcomes for the patients.

Determining care-provider assignments and which nurse (RN or RPN) is best suited for each patient is determined based on MAHC policies and procedures, in conjunction with the College of Nurses of Ontario (CNO) 3 key concepts outlined below:

1. Authority (legislated scope of practice, including controlled acts and authorizing mechanisms);
2. Context (practice environment or setting supports the activity and has the resources to support safe client care);
3. Competence (nurses must have the individual knowledge, skill and judgement)

It is an expectation, following the CNO standards that:

- Nurses shall ensure they have the competence (knowledge, skills and judgement) required
- Nurses shall be accountable for their decisions, actions and consequences of those actions and for obtaining and maintaining competence throughout their careers.
- Nurses shall be accountable for ensuring that they understand their role expectation and seek clarification as necessary.
- Nurses shall effectively communicate while collaborating and consulting with others when faced with situations beyond their knowledge, skill and judgment.

Definitions

Autonomous Practice: the ability to carry out nursing duties independently.

Collaboration: Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. An ongoing process that requires effective communication between the members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process.

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Competence is the knowledge, skill and judgment required to perform an activity safely within a nurse's role and practice setting. Nursing competence also includes leadership, decision-making and critical-thinking skills.

Competencies: Statements describing the expected performance or behaviour that reflects the professional attributes required in a given nursing role, situation or practice setting.

Procedure

Daily shift assignments are created considering many factors and using tools such as hospital policy and procedure, legislation, the CNO's 3 key concepts and workload. A primary assignment includes assessment, planning, implementation, evaluation and documentation of care. A primary assignment also includes communication with other members of the care team (i.e., physicians) regarding primarily assigned patients. Within their assignments, each nurse (RN and RPN) provides autonomous patient care, except when a patient situation or requirement is beyond that nurse's ability. Collaboration is encouraged between nursing staff as allies within the healthcare team.

Determining which nurse (RN/RPN): is required for each patient – involves collaboration decision making in considering the key concepts three Key Concepts:
1. **Authority:** Nurses are expected to demonstrate the following nursing accountabilities in relation to authority:
    a) Know and work in compliance with legislation- including:
        i. Ensuring appropriate authority is in place in the form of direct orders or directives
        ii. Following orders that are clear, complete and appropriate
        iii. Ensuring delegation (in addition to an order) is permitted and in place before preforming a controlled act that is not authorized under the Nursing Act, 1991
    b) Document orders and activities performed as outlined in the Documentation standard (CNO, 2019).
    c) Obtain informed consent as outlined in the consent practice guideline

2. **Context:** Nurses are expected to demonstrate the following accountabilities in relation to context:
    a) Ensure practice setting policies permit and support nurses to perform an activity
    b) Assess and advocate for the necessary resources to support the performance of an activity and manage outcomes
    c) Support the development of a practice environment that enhances collaboration and leads to improved client outcomes
    d) Consider any environmental risks that could impact the ability to safely perform an activity
    e) Consult and advocate to the employer for clear employer policies and procedures
    f) Collaborate and communicate with other health care team members for safe and effective client care and as needed, escalate to an appropriate health care provider

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g) Refrain from any activity that is not appropriate or safe for clients in the practice setting or under workplace policies

h) Comply with all safety requirements, (ie. Infection, prevention and control) using best available evidence to inform practice.

3. **Competence:** Nurses are expected to demonstrate the following nursing accountabilities in relation to competence:

    a) Demonstrate the knowledge skill and judgement to perform an activity safely and effectively, including:

        i. Understanding the client's overall condition and needs

        ii. Understanding the purpose of the intervention

        iii. Understanding the indications and contraindications

        iv. Assessing the risks and benefits

        v. Demonstrating Cognitive and technical competence to perform the activity

        vi. Managing potential outcomes and modifying actions as appropriate

    b) Determine if the client's condition warrants the activity

    c) Perform an activity that is based on the best interests of the client and induces the clients wishes

    d) Consult or transfer care to another care provider when necessary for safe client care

    e) Refrain from performing any activity when not competent to perform and as needed escalate to an appropriate health care provider

    f) Self-reflect, identify learning needs, and continuously seek out and integrate learning to improve their knowledge, skill and judgement in relation to their practice

    g) Participate in CNO's Quality Assurance Program

    h) Nurses are expected to communicate with their employer if they require additional learning or professional development to provide safe client care

See Appendix 1 for Scope of Practice Decision Framework to assist in decision making in the patient care setting.

Cross Reference

- Blood Product Administration
- Transcribing Physician Orders: RNs and RPNs and Ward Clerks
- Venous Access Devices: Central Venous Access Devices
- Wound Assessment and Management
- Adult Diabetes Education Program – Insulin Adjustment
- Deceased Patients
- Chest Tube Insertion and Maintenance
- Patient Controlled Analgesia (PCA) – Intravenous & Subcutaneous Medication Administration
- Continuous Epidurals
- Obstetrics Continuous Epidural Infusion
- Telemetry Monitoring

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- Nurse Medication Administration Using Electronic Medication Administration Record (EMAR)
- Intravenous scope document on pharmacy SharePoint site
- Clinical competencies entry level and advanced
- Controlled acts authorized to nursing and delegation of other controlled acts to nurses
- Patient Controlled Analgesia (PCA) – Intravenous & Subcutaneous Medication Administration

Notes

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References / Relevant Legislation

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Appendices

Appendix 1- MAHC Scope of Practice Guidance and Decision Framework (RN/RPN)
Appendix 2 – Document Consultation & Approval Tracking Record

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Appendix 1 – MAHC Scope of Practice Guidance and Decision Framework (RN/RPN)

Consider your knowledge skill and judgement in response to caring for a patient. Use this decision framework in conjunction with the 3 key Concepts (outlined in the policy and the CNO guideline 'Scope of Practice') to evaluate your Competence in caring for the patient in question.
Other factors to evaluate in helping make your decision:

1. Do you have the Knowledge, skill and judgement to care for the patient, OR perform the activity or skill in question?
2. Consider in relation to the specific patient, their diagnosis, specific goals, and code status (vital sign frequency, bleeding, level of consciousness)
3. Nurses should also consider MAHC policies to guide their decisions; see below Specific Nursing Skills which guide nursing scope of practice as per MAHC policy:

Medication Administration
- RNs and RPNs may administer medications with a prescribing professional's order or under medical directive.
- RPNs must NOT administer intravenous medications that require titration (i.e.: Heparin, Insulin, Inotropes)
- RPNs must NOT administer hazardous drugs intravenously
- See MAHC Intravenous Administration Scope Document, available on all nursing units and on SharePoint>Pharmacy Department for further clarification of intravenous drug administration restrictions by nursing designations and MAHC policy 'Nurse Medication Administration Using Electronic Medication Administration Record (EMAR)'.

CADD/PCA Pumps/ Epidurals
- RPNs may manage the administration of narcotics via a pain pump (CADD/PCA) by subcutaneous route only. Refer to MAHC Policy 'Patient Controlled Analgesia (PCA) – Intravenous & Subcutaneous Medication Administration'
- RPN's can manage and assess patients with epidurals that are otherwise within their scope of practice. The actual epidural assessment and management is by RNs only. Refer to MAHC policies 'Continuous Epidurals' and 'Obstetrics Continuous Epidural Infusion'

Central Venous Access Devices (CVADs)
- RNs and RPNs provide care and maintenance for CVADs including assessment, flushing, dressing change and medication administration.
- RPNs must not:
  - Remove any CVAD
  - Perform cathflo/alteplace administration for occlusion management of CVADs
  - • Refer to MAHC policy 'Central Venous Access Devices: Central Venous Access Devices'

Tracheostomy Care

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- RPNs may care for patients with well-established tracheostomies only that are otherwise within their scope of practice.
- Trach care and deep suctioning to be performed by RNs only.

Telemetry
- RPNs are not responsible for the interpretation of telemetry readings however it remains the expectation that all nurses are aware of the implication of what the readings have on the patient and their health. RPNs may care for patients on telemetry that are otherwise within their scope of practice. Refer to MAHC policy '*Telemetry Monitoring*'

Wound Care
- All wounds stage 2 or greater require physician notification and wound care orders.
- Any increase in size, drainage or deterioration in wound status may warrant wound care evaluation from a wound care team member. Refer to MAHC policy '*Wound Assessment and Management*'.

Chest Tubes
- RPN's can manage and assess patients with chest tubes that are otherwise within their scope of practice.
- Chest tube assessment, care and management (of chest tube) is done by RNs only.
- Nurses may not remove or instill through chest tubes. Refer to MAHC policy '*Chest Tube Insertion and Maintenance*'

Pronouncement of Death
- All nurses may pronounce death when death is expected, and a prescribing professionals order is present. Refer to the MAHC policy '*Deceased Patients*' found on DMS.

All nurses are expected to consult with others when any situation is beyond their competence. A nurse is not accountable for the actions and decisions of other care providers. Do not account for actions you did not complete yourself.

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Document Consultation & Approval Tracking Record

Document Title: RN/RPN Scope of Practice

Document Status:
- ☐ New
- ☒ Revision of Existing
- ☐ Reviewed, no edits required

Document Type:
- ☒ Policy/Procedure
- ☐ Protocol/Guideline
- ☐ Standard Operating Procedure
- ☐ Medical Directive
- ☐ Order Set
- ☐ Other: _____

- ☐ Clinical Pathway
- ☐ Order Set
- ☐ Standard of Care
- ☐ Rules & Regulations
- ☐ Form

Development Team (list the names and designations of those involved in the development/review of the document)**:**

Name	Designation
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Scope of Document:
☐ Department specific   ☐ Two or more departments/services   ☒ Corporate/Hospital-wide

Groups Impacted by Document:
- ☒ Nursing
- ☐ Credentialed Staff
- ☐ Clerical/Support Staff

- ☐ Administration
- ☐ All Staff/Credentialed Staff

- ☐ Allied Health (specify):
- ☐ Support Staff (specify):
- ☐ Other (specify):

Consultation Phase (list below the stakeholders/committees that will provide feedback and input into the document prior to submission to the Signing Authority for final approval):

Stakeholder/Committee	Date Consulted	Feedback/Comments	Development Team Response
Nursing Professional Development Advisory Council	June 6, 2023	Approved	
Nursing managers and Clinical Leaders	August 21, 2023	Changes suggested to wording	Feedback incorporated

Education & Communication Plan: (select all that apply)

Tool(s) / Method(s)	Timeline for Completion	Lead Responsible
☒ Huddles/Staff meetings	**October 2023**	**Nursing managers and Nursing Clinical Educators**
☐ Education Blitzes		
☐ Learning Management System (LMS) Module		
☐ Posters		
☐ Electronic Mail		
☐ Communication Binder		
☒ Department Meetings	**October 2023**	**Nursing Managers**
☐ Frequently Asked Questions (FAQ)		
☐ Memo		
☐ MAHC Matters		
☒ Other: Town Hall	**September 5ᵗʰ and 7ᵗʰ 2023**	**Melissa Bilodeau**

Comments: _____

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2. Key Words: *(Indicate if there are any additional key words or common words used by staff to reference the document that should be added beyond what is currently in the purpose or policy statements.)* RPN Scope, Scope of practice, RPN, RN scope of practice, delegation
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6. Review Period: *(Indicate is the review period is less than three year. All documents must be reviewed at least every three years.)* 3 years

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