



**TOOLS FOR  
RESOLVING PROFESSIONAL  
PRACTICE ISSUES**

*“Competent, Caring, Knowledge-based nursing  
for the people of Saskatchewan.”*

September 2008

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### Acknowledgement

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## Tools for Resolving Professional Practice Issues

Registered nurses\* (RNs), face diverse and complex issues that have an impact on nursing practice. At the same time, the RN is held accountable and responsible for making decisions that are consistent with safe and appropriate nursing practice. The following process can be used as a resource by RNs in all settings to help identify and resolve issues that affect professional practice. In addition, another useful and easy to use resource for improving health care situations is the *Quality Improvement Toolkit* (HQC & NPCD, 2005).

### What is a professional practice issue?

A professional practice issue is any problem or situation that:

- interferes with the RN's ability to practise consistent with the *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses* (2007), other relevant standards and guidelines and/or workplace policies and procedures;
- has or could put clients or staff members at risk: and
- is beyond the ability of an individual registered nurse to resolve.

### What are RN and employer responsibilities in the workplace?

RNs are accountable to:

- clients for any actions or non-actions;
- the public, by maintaining standards and competencies of nursing practice as set out by the Saskatchewan Registered Nurses' Association (SRNA) and using appropriate routes of communication to inform the employer when unable to meet those standards: and
- the employer by working within the agency policies and procedures guided by SRNA standards.

Employers are responsible for ensuring that:

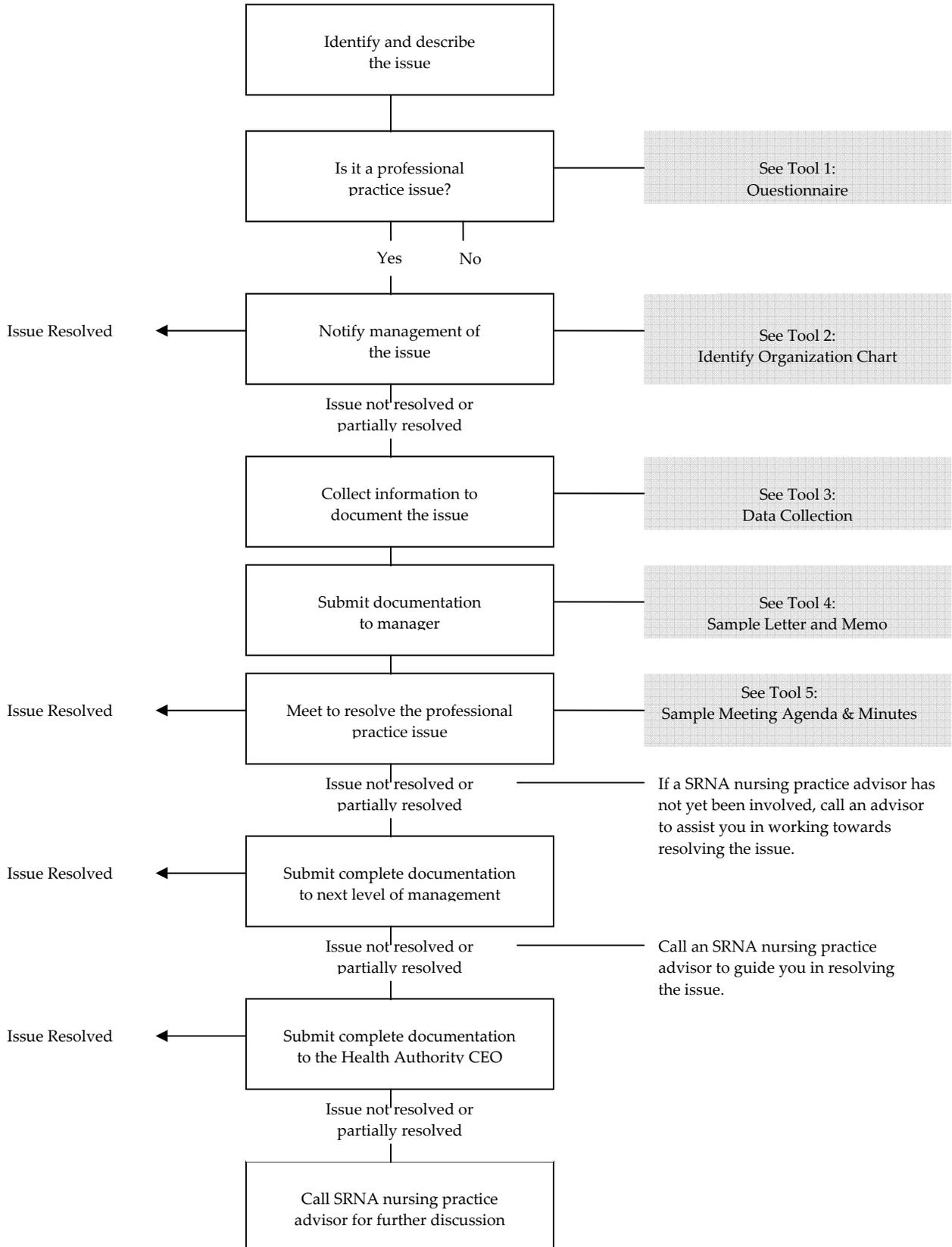
- action is taken to examine situations and resolve issues that have been brought to their attention;
- there are sufficient number of competent RN staff;
- there is an appropriate staff mix (combination and number of regulated and unregulated persons providing direct and indirect care to clients): and
- there are adequate resources and support services to enable RNs to meet the *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses*

### How can these tools help resolve professional practice issues?

The tools on the following pages can help the RN confirm, communicate, document and resolve professional practice issues. They can assist in protecting clients from harm and ensuring that clients receive safe and appropriate care. The SRNA nursing practice advisors can assist at any time to help clarify the steps in this process.

\* "Registered Nurses" refers to the graduate nurse, registered nurse and registered nurse-nurse practitioner.

## Process for Resolving Professional Practice Issues



## Tool 1: Questionnaire

**Do you have a professional practice issue?** State the issue:

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If you answer “Yes” to one or more of the following questions, you may have a professional practice issue and should proceed to discuss the situation with your manager. Working collaboratively with others in your practice environment can help strengthen issue identification and resolution. It may be an issue that can be addressed with the assistance of your manager, Occupational Health and Safety Committee, professional association, or union.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is patient safety compromised because of heavy workloads?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is patient safety compromised because of lack of staff?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is patient safety compromised because staff does not have adequate orientation, education or experience to deal with the situation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the nursing staff mix (combination and the number of regulated and unregulated persons providing direct and indirect care to clients) make it difficult for you to meet the <i>SRNA Standards and Foundation Competencies for the Practice of Registered Nurses (2007)</i> ?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the issue interfere with your ability to practise competently?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the issue present a risk to clients?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a lack of written policies or guidelines to provide direction for nursing practice?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the problem make it difficult or impossible to practise according to policies or procedures, care plans, the <i>SRNA Standards and Foundation Competencies for the Practice of Registered Nurses (2007)</i> , or the Canadian Nurses Association <i>Code of Ethics for Registered Nurses</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there conflict among professionals?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a communication problem?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a lack of supplies or equipment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do other RNs have similar concerns?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the issue occur frequently?  |

## Tool 2: Identify Organization Chart

Understanding the organization chart of the agency in which you work will help ensure that your documentation is directed towards the right person. Fill in the appropriate names and use this chart to track who has been notified about the professional practice issue.

Date Notified:	Team Leader: Charge Nurse: * Supervisor:
Date Notified:	Unit Manager:
Date Notified:	Director of Nursing: Director of Care: Chief Nursing Officer:
Date Notified:	Vice President of Program Area: Administrator:
Date Notified:	Health Authority CEO:
Date Notified:	SRNA Practice Advisor:

\* In addition to notifying the charge nurse or supervisor about the professional practice issue, the manager of the ward or unit needs to be alerted.

## Tool 3: Data Collection

Agency and Unit Involved \_\_\_\_\_

Date \_\_\_\_\_

Name and professional designation of staff working at the time the professional practice issue occurred.

\_\_\_\_\_

<p><b>When?</b> Date: _____  Time: _____</p>	<p><b>What happened?</b> (Describe concern)</p>	<p><b>What were the circumstances?</b> (e.g., What else was happening on the floor/ward/health unit?)</p>	<p><b>What action was taken?</b> (e.g., What did the RN do to safeguard the client? Who was notified?)</p>	<p><b>What are the SRNA Standard(s) &amp; Competencies associated with the issue?</b> e.g., <b>Standard 1</b> Professional Responsibility and Accountability, <b>Competency #10</b> Advocates and intervenes as needed, to ensure client safety.</p> <p>Standards and Competencies link: <a href="http://www.srna.org/nurse_resources/standards_competencies.php">www.srna.org/nurse_resources/standards_competencies.php</a></p>
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Given to \_\_\_\_\_

Date response received \_\_\_\_\_

Date \_\_\_\_\_

Response received from \_\_\_\_\_

Response was \_\_\_\_\_

\_\_\_\_\_  
Signature of RN

Information on this data collection tool is confidential. Do not identify clients by name.

Keep a copy of this data collection tool for your records

## Tool 4: Sample Letter and Memo

### Sample Letter to Address Professional Practice Issue

1234 Main Ave.  
Regina, SK  
S9N 6X5

March 28, XXXX

Mrs. Betty Smith, RN  
Manager, Emergency Department  
Community Hospital  
Community, SK  
S4H 7B9

Dear Mrs. Smith:

I wish to report the following professional practice issue. During the last two weeks, three clients/patients have been admitted to the Emergency Department following abdominal surgery. These incidents occurred:

March 13, XXXX at 1900 hrs.  
March 18, XXXX at 1700 hrs.  
March 25, XXXX at 2100 hrs.

In each case, the post-surgical clients/patients required 1:1 nursing care by a registered nurse. This left two registered nurses to triage incoming clients/patients and provide nursing care for the remaining 15 clients/patients.

On each of the three occasions, I was on duty as the senior registered nurse. Each time, different RNs were working the department with me.

In reviewing the SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses (2007)*, there are four competencies that relate to these incidents:

#### **Competency 35**

*Collects information on client status using, assessment skills such as observation, interview, history taking, interpretation of data, and where applicable, physical assessment, including inspection, palpation, auscultation and percussion.*

On March 13, I was not able to assess my clients/patients on an ongoing basis. As a result I felt I was not providing adequate care and the clients/patients were potentially at risk.

#### **Competency 44**

*Negotiates priorities of care with clients where appropriate.*

As a result of not having adequate time to assess and collect data systematically, I was unable to meet this Competency during any of the shifts that have been specified above.

**Competency 98**

*Takes needed action to protect client from unsafe nursing care.*

On each occasion listed above I contacted the supervisor requesting an additional, experienced registered nurse due to the increased client/patient acuity in the emergency department. On all three occasions, recent graduates were sent to help out. These new nurses needed supervision and therefore were unable to provide care for their clients/patients independently.

**Competency 63**

*Utilizes the results of outcome evaluation to modify and individualize client care in collaboration with clients and other members of the health care team.*

On March 18, I was only able to initially assess five of the eight clients/patients assigned to me and I did not have the time to reassess or provide treatments in a timely manner. I was not able to do any patient teaching.

One client/patient who is well known to our area was admitted to the department. The patient, Mr. A. D. has a chronic health problem which results in severe abdominal pain during periods of flare-up. His family physician had examined him and left orders for blood work and analgesia. There were nine other patients in the department. I admitted another patient before returning to administer analgesia to Mr. A. D. At this time, his blood pressure was very low and he was exhibiting symptoms of shock. He subsequently required emergency surgery for a perforation.

On each of these occasions, the post-operative patient reduced the beds available for emergency patients and depleted the nursing staff available to provide nursing care for emergency admissions. On each occasion, a new, inexperienced nursing staff member was sent to the department.

According to hospital policy and our usual practice has been to transfer post-surgical patients to a surgical ward for post-operative management rather than admit them to emergency.

In view of the recurrent nature of this problem, I am requesting investigation of these situations with a view to preventing similar occurrences in the future.

I look forward to receiving a response from you by April 7, XXXX.

Sincerely,

*John Doe*

John Doe, RN

Staff Nurse  
Community Hospital  
Emergency Department

**Sample Memo to Address Professional Practice Issues**

TO: Mrs. Margaret Estes, RN  
Director of Resident Care

FROM: Jane Doe, RN  
Staff Nurse

DATE: March 25, XXXX

SUBJECT: Professional Practice Issue

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This memo is a follow-up to our discussions regarding my concerns related to insufficient staffing and the inability to provide our residents with safe, competent nursing care. During the last two weeks, three residents have fallen in our facility.

These incidents occurred:

March 13, XXXX at 1900 hrs.  
March 18, XXXX at 1700 hrs.  
March 25, XXXX at 2100 hrs

In each case, because the other RN called in ill, there was only one registered nurse to provide professional nursing care for the residents in the facility. This left one registered nurse to provide nursing care for the 90 residents and to provide supervision for the resident care aides.

On each of the three occasions, I was the only registered nurse on duty.

In reviewing the SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses (2007)*, there are several Competencies that relate to these incidents.

**Competency 84**

*Collaborates with all members of the health care team to facilitate:*

*a) assignment and monitoring of appropriate workloads:*

*b) delegation to and monitoring of performance of delegated registered nursing activities.*

On March 13, I had to administer the 1600, 2000 and 2200 hrs. medications to the 90 residents by myself. This took a total of 4 ½ hrs. There were 18 treatments to do plus answering the phone and dealing with unexpected events in the facility. I was not able to

complete the required treatments and I was unable to assess any of the residents. As a result I provided minimum supervision for the continuing care assistant staff. I believe this was unsafe.

**Competency 35**

*Collects information on client status using, assessment skills such as observation, interview, history taking, interpretation of data, and where applicable, physical assessment, including inspection, palpation, auscultation and percussion.*

During this shift (March 18), Mrs. P. L. was found lying on the floor in the main corridor. She was very confused so we did not know initially if she actually had a fall or just decided to lie down. As a result of not having adequate time to assess and collect data systematically, I was unable to perform a thorough nursing assessment on her during this shift.

Another resident (Mrs. P.B.) received her insulin one hour late because I was assessing a resident with possible pneumonia for transfer to acute care. Mrs. P.B.'s blood sugar was elevated before she received her insulin.

On March 25, a resident (Mr. M. T.) fell. I wasn't informed for over half an hour and I barely had time to do a nursing assessment. Because of this assessment and the need to transfer this resident to acute care, I was not able to start my 2200 meds until 2300.

The only contact I had with the other residents on the unit was to administer their medications.

**Competency 18**

*Recognizes, reports and takes action in a timely manner, in unsafe situations when client/staff safety and/or well-being is potentially or actually compromised.*

On each occasion I discussed my concern with you before you went off duty. Each time you indicated that there was "nothing more that can be done."

In view of the recurrent nature of this problem, I am requesting investigation of these situations with a view to prevent similar occurrences in the future.

I look forward to receiving a response from you by March 31, XXXX.

*Jane Doe* (Signature)

## Tool 5: Meeting to Resolve Professional Practice Issues

The goal of sending documentation to your manager is to provide data so the issue can be examined and a solution developed to resolve the issue. To accomplish this, communication needs to happen between you and your manager, either by verbal feedback from your manager or through a meeting with the manager and other relevant individuals. Regardless, it is important to document the feedback from the manager.

If a meeting is held, both the agenda and minutes are part of the documentation of the process:

- decide who will chair the meeting;
- outline the agenda;
- appoint a minute taker: and
- minutes should include the date of the meeting, names of the attendees, the issue discussed, actions to resolve the issue, who is responsible for the agreed action, when it will be completed.

Date	Issue	Action to resolve issue	Responsibility for taking action (names)	Date actions will be completed

At the meeting a follow up that includes what Outcome/ Evaluation occurred needs to be determined and documented.

## REFERENCES

- Canadian Nurses Association (CNA). (2008). *Code of ethics for registered nurses*. Ottawa: Author.
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