



# Interpretation of the **RN** Scope of Practice

February 10, 2015

## Acknowledgements

The Saskatchewan Registered Nurses' Association (SRNA) thanks the registered nursing regulatory bodies across Canada for sharing their scope of practice, standards, competencies, and other documents with us. The SRNA thanks the members and the various health care partners for their valuable input into the development of this document.

The following document replaces the SRNA *Practice of Nursing: RN Assignment & Delegation*, 2004, and *The RN Scope of Practice*, 2004.

© 2015, Saskatchewan Registered Nurses' Association

Saskatchewan Registered Nurses Association

2066 Retallack Street

Regina, SK S4T 7X5

Phone: (306) 359-4200 (Regina)

Toll Free: 1-800-667-9945

Fax: (306) 359-0257

## Table of Contents

Introduction .....	1
The Role of the RN.....	1
Domains of RN Practice .....	2
Authority to Practice .....	3
Legislation.....	3
Scope of Practice.....	4
Key Components of RN Scope of Practice .....	4
RN Responsibilities in Assessment, Assignment, Delegation, and Supervision.....	7
Standards and Competencies.....	10
Code of Ethics.....	11
Evolving RN Scope of Practice.....	11
Specialty Practices.....	11
RN with Additional Authorized Practice.....	11
Delegation from a Physician to RN .....	12
The Registered Nurse (Nurse Practitioner) [RN(NP)].....	12
Accountability .....	13
Key Terms .....	14
Terms Related to Clients .....	14
Terms Related to RN Practice .....	15
References .....	16
Appendix A: Resource Tools for: Interpretation of the RN Scope of Practice .....	18

The Saskatchewan Registered Nurses' Association (SRNA) is the profession-led regulatory body for Graduate Nurses (GN)s, Registered Nurses (RN)s, Registered Nurse(s) with additional authorized practice (RNs with additional authorized practice), Registered Nurse (Graduate Nurse Practitioner)s [RN(GNP)]s, and Registered Nurse (Nurse Practitioner)s [RN(NP)]s. *The Registered Nurses Act, 1988* defines the SRNA's mandate to set the standards of education, competencies and the scope of practice for the profession, and for registering nurses. The SRNA is further responsible for, amongst others, setting standards for continuing competence, professional conduct, the provision of a code of ethics, and the approval of registered nurse education programs.

## **Introduction**

This document clarifies the broad scope of practice of registered nursing and thereby sets the professional responsibilities of RNs in order to allow them to fully function within this broad scope of practice in the public interest. RNs are responsible to practice in accordance with *The RN Act*, the current SRNA Bylaws, standards of practice, the Canadian Nurses Association (CNA) Code of Ethics, and other practice documents published by the SRNA. RN responsibilities for assignment and delegation are now included in this document.

## **The Role of the RN**

RNs are self-regulated health care professionals who work autonomously and in collaboration with others. RNs enable individuals, families, groups, communities and populations to achieve their optimal level of health. RNs coordinate health care, deliver direct care services, and support clients in their self-care decisions and actions in situations of health, illness, injury and disability in all stages of life. In a variety of settings, RNs contribute to the health care system through their work in direct care delivery, education, administration, research and policy development in a wide variety of settings (subsection 2(k) and subsection 24(3), *The RN Act*).

RNs undertake comprehensive assessments to determine client care needs, and will use their in-depth knowledge base, critical thinking and decision-making skills to attend to both obvious and subtle cues, to note minimally discernible patterns in data, and to interpret and synthesize client health information. This allows them to safely care directly for the client, or to assign or delegate care to the most appropriate caregiver based on their assessments. Through surveillance, RNs are able to recognize complications before they become serious and promptly intervene to reduce deterioration and harm to the client. RNs make a significant and positive contribution to client outcomes, health team functioning and the health care system as a whole. Each

client requires a RN coordinating the provision of their care needs and working collaboratively within the multidisciplinary team.

The scope of RN practice includes the following components that are the responsibility and accountability of all RNs:

- RNs obtain the broadest foundational nursing knowledge in clinical practice, decision-making, critical thinking, leadership, education, policy development, research utilization, and resource management.
- RNs use their clinical judgment, critical thinking, and leadership abilities to make evidence-informed decisions in all domains of practice, and to advocate for quality improvement in various settings and systems.
- RNs provide care for stable to complex clients. RNs have the competencies to coordinate care for all levels of complexity and client types, including individual clients, families, groups, communities, and populations.
- If the client condition begins to change, the RN possesses the knowledge, skill, and judgment to recognize, anticipate, assess, and manage the change.
- RNs perform and coordinate nursing care in a holistic manner.
- RNs direct and/or supervise nursing care services, at the point of care, at all times in health care settings. RNs have an advanced ability to understand and apply evidence and best-practices in a variety of areas and situations.
- As coordinators of care, RNs are team leaders in their practice environments. They perform assessments and create care plans, provide care, make decisions about assignment and delegation to other care providers, and communicate with other care providers as they oversee and evaluate the ongoing care of clients.

### **Domains of RN Practice**

The central focus of RN practice is the health, well-being and care of the client at the point of care. RNs practicing in other domains (education, administration, research and policy development) provide support for RNs providing direct care to clients. All RNs, regardless of their primary domain of practice, are held accountable to the current *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses*.

## Authority to Practice

A RN is authorized to practice registered nursing by provincial legislation (*The RN Act*), bylaws, standards and policies of the regulatory body, and individual competence. Employer policies support the authority and practice of registered nurses. However, no employer or agency directive (policy, procedure, or guidelines) relieves the RN of professional accountability.

## Legislation

As a profession-led regulatory body, the SRNA has the legislated responsibility from *The RN Act*, to regulate the practice of registered nursing in the public interest. Registered nursing's legitimacy comes from the legal definition of registered nursing and the competent, ethical application of sound evidence-informed knowledge, skill, and judgment according to the bylaws, standards, codes and practice documents of the SRNA.

*The RN Act* provides for protection of the following titles: nurse, graduate nurse and registered nurse. In the interest of public accountability, RNs should identify themselves using the title 'registered nurse' or 'RN' rather than 'nurse'. Subsection 24(1) of *The RN Act* states that only RNs shall engage in the practice of registered nursing, and subsection 2(k) of *The RN Act* clearly defines the scope of registered nursing practice. Each and every RN is accountable to practice within this definition.

Subsection 2(k) of *The RN Act* defines the practice of registered nursing as:

*the performance or co-ordination of health care services including but not limited to:*

(i) *observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and*

(ii) *the counselling, teaching, supervision, administration and research that is required to implement or complement health care services;*

*for the purpose of promoting, maintaining or restoring health, preventing illness and alleviating suffering where the performance or co-ordination of those services requires:*

(iii) *the knowledge, skill or judgment of a person who qualifies for registration pursuant to section 19 or 20\*\*;*

(iv) *specialized knowledge of nursing theory other than that mentioned in subclause (iii);*

(v) *skill or judgment acquired through nursing practice other than that mentioned in subclause (iii); or*

- (vi) *other knowledge of biological, physical, behavioural, psychological and sociological sciences that is relevant to the knowledge, skill or judgment described in subclause (iii), (iv) or (v).*

(\*\*Section 19 or 20 refers to the qualifications and criteria for registration as either a RN or GN, respectively).

Even though RNs may possess overlapping skills with other health care providers, the scope of practice defined in Subsection 2(k) of *The RN Act* and the basic registered nursing education makes them distinct from those of other health care professionals. Other care providers within the multidisciplinary team contribute to the care of the client. Decision-making about the appropriate category of nursing care provider must be assigned by the RN at the point of care, based on client care needs and sound, current evidence.

### **Scope of Practice**

The RN scope of practice refers to the range of services or activities that RNs are authorized and educated to perform as set out in legislation, bylaws, standards, practice documents, and policy positions of the SRNA (adapted from CNA, 2007). The SRNA is responsible for interpreting legislation into a scope of registered nursing practice, and plays a key role in helping its members become more informed about their own and others' professional roles in the health system. In any domain of registered nursing practice, the scope of RN practice cannot be wholly delegated to another health care provider, nor reduced to a list of tasks. Critical thinking and accurate interpretation of complex information from a variety of sources, including client data, environmental factors, test results, and nursing assessment indicators, are essential to the clinical decision-making required for safe and effective client care. Monitoring of client progress and evaluation of care involves astute observation and critical thinking, decisive action and resourceful problem solving regardless of the setting in which the care is provided.

### **Key Components of RN Scope of Practice**

**Education:** RNs are educated to provide safe, ethical and competent care at the entry level when they graduate from an approved educational program, and successfully complete a national licensure examination (CNA, 2007). Since 2000, the baccalaureate degree in nursing has been the required basic level of education for those entering the RN profession in Saskatchewan. In Saskatchewan, all past and present approved education programs have prepared graduates for the opportunity to successfully

complete a national licensure exam. All RNs have successfully completed the national exam and are held to the standards of practice as determined by the SRNA.

RN education:

- provides depth and breadth of knowledge and skills through theory and practicum in registered nursing and related disciplines. This enables RNs to take on multiple responsibilities and perform in a variety of registered nursing roles to meet complex client care needs in constantly evolving practice environments (SRNA, 2012);
- provides both the depth and breadth of knowledge, and the ability to integrate the knowledge into all domains of registered nursing practice;
- prepares RNs to exercise clinical judgement and anticipate care needs through a holistic assessment focusing on prevention, identification of subtle changes and intervening before a crisis occurs;
- prepares RNs to intervene and manage when clients are experiencing a crisis; and
- prepares RNs to collaborate with clients, family members, and other members of the health care team. Their leadership skills allow them to take responsibility for promoting health care team effectiveness (CNA, 2007).

**Dynamic nature:** The practice of registered nursing is not static. It is dynamic and responsive to changing health needs, knowledge and systems (ICN, 2013). The ongoing clarification and understanding of the RN scope of practice and the resulting roles and responsibilities are essential for safe and effective care.

**Criteria:** A legally-defined scope of practice promotes safe, ethical, quality care that responds to the needs of the public. Key criteria for the determination of the scope of practice include: accountability, educational preparation, competencies and practice standards, quality assurance and improvement, risk assessment, evidence-informed practice, setting and culture, legal liability and insurance, and regulation (CMA, CNA, & CPA, 2003).

**Leadership and professionalism:** Leadership is fundamental to registered nursing in all domains and is essential in ensuring quality client outcomes. RNs use transformational leadership practices including building relationships and trust, creating an empowering work environment, creating a culture that supports knowledge development and integration, leading and sustaining change, and balancing values and priorities in order to promote healthy outcomes for the RN, the client, the organization and the health care system as a whole (RNAO, 2006b). Leadership is integral to every practice setting and is



critical to client care, health promotion, policy development and health care reform (Kilty, 2005, as cited in RNAO, 2006b).

Leadership is reflected by RNs at the point of care who utilize their knowledge and clinical expertise to question the status quo, challenge processes and question directives. When RNs effectively communicate client assessments, articulate outcomes of the assessments which concern them, or present client perspectives to other members of the health care team, they are inspiring a collaborative approach to client care. When registered nurses clarify information for clients and their families, they are promoting a greater understanding of their illness and ensuring clients are empowered to make informed decisions about their care (Patrick et al., 2011, as quoted in RNAO, 2013).

Professionalism requires that RNs in all roles demonstrate the following attributes: knowledge, spirit of inquiry, accountability, autonomy, advocacy, innovation and vision, collegiality and collaboration, and ethics and values (RNAO, 2007).

**Overlapping skills:** Registered nursing practice has developed both a distinct and a shared body of knowledge and practice. However, each regulated profession has its own unique scope of practice. While there may be activities performed by other care providers, performance of activities or tasks must never be confused with application of knowledge. It is the knowledge of the profession that forms the foundation of the scope of practice.

- It is essential for RNs to clearly understand their relationship, role and responsibilities with other health care providers and to seek clarification if the relationship is unclear. This is best achieved with good communication and clear lines of authority. It is notable that with shared activities, there are shared accountabilities for the safe performance of the activity, e.g., the RN carries out an activity based on an authorized health provider's order but the decision to order the treatment or function resides with the authorized care provider, such as the physician or RN(NP). RNs are expected to use their knowledge, skill and judgment, and question client care orders when further clarity is required. The principles of shared activities and accountabilities can also be applied when working with other care providers.

**Collaboration:** The process of working together to build consensus on common goals, approaches and outcomes. It requires an understanding of one's own and others' roles, mutual respect among participants, commitment to common goals, shared decision-making, effective communication relationships and accountability for both the goals and team members (RNAO, 2006).

**Coordination of care:** Involves the identification and organization of the health care needs of the client. It includes assessment, assignment, care planning, supervision, ongoing monitoring, decision-making, and evaluation of care, using the nursing process, with the overarching goal of positive client outcomes. It includes client advocacy, educating, discharge planning and acting on the behalf of clients, in the context of involving others and ensuring that client needs are met by the appropriate members of the health care team (White et al., 2008).

## **RN Responsibilities in Assessment, Assignment, Delegation, and Supervision**

**Assessment** includes data collection and the interpretation, analysis, synthesis and evaluation of data. Data collection encompasses gathering information on client status using assessment skills such as observation, interview, history taking, and in direct care environments with individual clients, physical assessment.

*The RN Act* is specific—the nursing process comprised of assessment of the client, development of the nursing care plan, care plan implementation and evaluation of the nursing care provided, is part of the coordination of care and therefore the responsibility of RNs. The RN is responsible and accountable for all of these components.

RNs incorporate critical inquiry and therapeutic interpersonal skills to conduct an organized and comprehensive assessment that emphasizes client input and the determinants of health. The depth and breadth of foundational knowledge possessed by RNs in clinical practice, decision-making, critical thinking, leadership, education, policy development, research utilization, and resource management, prepares them to hold the overall accountability and responsibility for client assessment.

**Initial assessment** is the first step in the nursing process. It provides the basis for safe and appropriate client care. This is the responsibility of the RN. The purpose of the initial client assessment is to ascertain the client's acuity, complexity and variability and utilize this information to determine assignment of client care to an appropriate care provider.

At the discretion and clinical judgment of the RN, depending on the client acuity and context, the initial assessment can be accomplished by any or all of the following: assessment by the RN, written report, verbal report, or other means where the RN obtains information about the client in order to begin a plan of care, and to assign care to another care provider if appropriate. Ongoing accurate and timely two way communication is the responsibility of all team members. The RN must also use

proactive communication skills with members of the team to ensure the client's care needs are addressed.

**Assignment** is part of the coordination of care and is a decision that identifies the most appropriate care provider for the provision of a client's care. Assessment of the client must always precede assignment. Client stability and care needs must be determined before the RN can assign care to the most appropriate care provider. It is the professional responsibility of the RN to make deliberate and informed decisions about assigning care.

Assignment occurs when the required care falls within the scope of practice (i.e. LPN, RN, RPN) or the job description (i.e. UCP) of the care provider who accepts the assignment from the RN. Please see Appendix A: Resource Tools for: Interpretation of the RN Scope of Practice.

Principles of assignment include:

- Sound, evidence-informed knowledge and judgment guides the decision-making of RNs in the determination of appropriate staff and skill mix.
- The decision-making about a client's nursing care requires the RN's clinical judgment, critical thinking and analysis skills at the point of care. In the interest of client safety and positive client outcomes, the appropriate category of care provider must be assigned by the RN at the point of care, based on sound current evidence.
- RNs must know the scope of practice, level of competence, job description and skill of those to whom they are assigning client care. This is necessary for the RN to ensure those participating in the delivery of client care have the ability to obtain accurate information upon which to base the care plan and to provide safe, quality care. It is the RN's responsibility to decide how best to involve others in contributing to client care.

The RN at the point of care retains the overall accountability for the appropriate assignment and oversight of client care. This responsibility cannot be delegated. Each care provider is responsible for providing competent care to the client and remains accountable to closely communicate with the RN who has assigned the care.

**Delegation of nursing care** is the transfer of responsibility for a task when it is not part of the scope of practice or scope of employment of the care provider. The care provider performing the task is accountable for competently performing the delegated task. RNs delegate tasks to Unregulated Care Providers. The RN's advanced level of knowledge, skill and judgment is required for delegation to occur. That being said, only the task can

be delegated. It is not possible to delegate the required knowledge and judgment. The following delegation principles must be in place:

- Formal processes and policies must be in place to support the delegator (the one who does the delegating) and delegatee (the one who receives the delegation);
- At no time should the safety of the client be compromised by substituting less qualified workers to provide care and/or perform an intervention when the competencies and scope of the RN's knowledge, skill and judgment is required;
- A delegated task cannot be sub-delegated; and
- The delegating RN is accountable for appropriate delegation of tasks and for the overall assessment, care planning, intervention and care evaluation.

In addition to evaluation of the care, evaluation of the delegation must also occur. In considering the effectiveness of delegation, the RN addresses the following questions:

- Was the delegation appropriate?
- Was the task/function/activity performed correctly?
- Was the additional education received by the delegatee sufficient to support them in providing safe client care?
- Was the outcome optimal, satisfactory or unsatisfactory?
- Was communication timely and effective?
- Were there any problems or concerns; if so, how were they addressed?
- Is there a better way to meet the client need?
- Is there a need to adjust the overall plan of care, or should this approach be continued?
- Were there any "learning moments" for the delegatee and/or the RN?
- Was appropriate feedback provided to the delegatee regarding the performance of the delegation? (adapted from ANA & NCSBN, 2005)

**Supervision** requires ongoing communication and may be direct (being physically present to be immediately available while the activity is being performed) or indirect (providing direction through various means of written or verbal communications) (CNPS, 2012).

*The RN Act*, subsection 2(k), specifies that registered nursing practice includes the supervisory role of the RN in the implementation of health services. Key elements of supervision are: directing, assigning, delegating, guiding, and monitoring an individual's performance of an activity to influence its outcome.

Within the scope of registered nursing practice, RNs have an obligation to direct or supervise nursing care services, at the point of care, at all times in health care settings. The level and proximity of RN supervision is determined by the client's nursing care

needs and predictability of outcomes. When the client's nursing care needs are complex, the RN cannot delegate or assign the nursing care plan or the nursing assessment to another care provider, e.g., UCP (delegation) or LPN (assignment).

Sound evidence-informed knowledge and judgment guides the decision-making of RNs in the determination of appropriate staff and skill mix. In making decisions regarding a client's nursing care, RNs use clinical judgment, critical thinking and analysis skills at the point of care. In the interest of client safety and positive client outcomes, the appropriate category of nursing care provider must be assigned by the RN at the point of care, based on the client care needs and sound current evidence.

Other care providers contribute to the care of the client. The degree of RN supervision is determined by the client's nursing care needs and predictability of outcomes. When, in the opinion of the RN, client care would be jeopardized, the RN has the authority and professional responsibility to refuse to assign or delegate any part of the nursing care plan or nursing assessment.

### **Standards and Competencies**

The current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses* directs RNs in all domains of practice. The standards identify the desired and achievable level of practice against which actual performance can be measured, and is the minimal level of expected performance. The standards are: professional responsibility and accountability, knowledge-based practice, ethical practice, service to the public, and self-regulation.

Competencies are the demonstration of knowledge, skill and judgment, derived from registered nursing roles and functions within a specific context.

Standards and foundation competencies for registered nursing practice exist for:

- protection of the public;
- practice reference;
- approval of nursing education programs;
- registration and licensure requirements;
- administrative guidelines development;
- legal reference;
- public information; and
- continuing competence.

## **Code of Ethics**

The current *Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses* is the ethical standard by which RNs conduct their registered nursing practice in Saskatchewan.

## **Evolving RN Scope of Practice**

The scope of RN practice is broad and RNs practice in many different employment settings. To meet the health care needs of the public, RNs are evolving their practice and working in collaboration with other stakeholders to develop additional authorized practice, specialty practices, RN prescribing, and delegation from a physician to a RN.

The following SRNA initiatives have been developed to safely optimize the scope of practice of the RN and enhance client care. They are described more fully in other SRNA documents.

## **Specialty Practices**

RNs obtain a comprehensive entry level education (Section 19, *The RN Act*) to practice with foundational competencies to perform complex cognitive functions and highly technical skills.

A RN may be required to learn specialized competencies in order to provide the client care that is unique to a practice setting. These specialized competencies are beyond the foundational competencies that are obtained in an entry to practice RN education program. They enable the performance of specialty practices which include skills, treatments, or interventions within the scope of the general practice RN. Specialty practices require the use of either a Procedure or a RN Clinical Protocol.

The standards, as outlined in the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*, serve as the foundation for both RN practice and RN specialty practices. The current *Standards for RN Specialty Practices* sets out specific standards, responsibilities, and criteria that must be met in order for a RN to implement a specialty practice.

## **RN with Additional Authorized Practice**

RNs can contribute to solutions to issues, such as timely access to care, by appropriately expanding the RN scope of practice. RNs with additional education in select practice

areas, functioning within a health care team, can address the need for timely access to health care services, and contribute to a sustainable and effective primary health care system. The development of the role of the RN with additional authorized practice is part of the SRNA regulatory mandate to provide public safety by setting standards of professional conduct, competency and proficiency of registered nurses, and ensuring consistency in approved/recognized education in order to provide practitioners with the knowledge, skill and ability to provide services.

The scope of practice for the RN with additional authorized practice is broader than that of other RNs, since it includes the diagnosis and treatment of individuals with limited common medical disorders as identified in specific clinical decision tools. However, it is narrower than that of the RN(NP).

The current *Standards, Competencies and Clinical Decision Tools for the RN with Additional Authorized Practice* identifies the responsibilities, scope of practice and standards and competencies that are expected of the RN with additional authorized practice.

### **Delegation from a Physician to RN**

In prescribed circumstances, as outlined by the *Medical Professions Act* and the College of Physicians and Surgeons of Saskatchewan (CPSS) bylaws, a physician is able to delegate specific activities to a specific RN in a particular setting to perform an activity that is within the medical scope of practice.

The principles for this type of delegation are outlined in the current *Standards for RN Specialty Practices*.

### **The Registered Nurse (Nurse Practitioner) [RN(NP)]**

The RN(NP) scope of practice requires additional knowledge, skill and judgment achieved through an approved RN(NP) educational program.

RN(NP)s are integral members of the health care team who provide and coordinate initial, continuing and comprehensive advanced nursing services in rural, remote and urban areas of the province. The spectrum of health care services that RN(NP)s provide encompasses: health promotion and maintenance of wellness; illness and injury prevention; health condition; and health care management of common acute and chronic illnesses, including ordering diagnostic investigations and prescribing treatments which include medications.

In addition to meeting the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*, the RN(NP) must also meet the current *Registered Nurse (Nurse Practitioner) RN(NP) Standards & Core Competencies*.

## **Accountability**

Accountability is defined as the obligation to accept responsibility or to answer for (explain) one's actions to achieve desired outcomes. Accountability resides in a role and can never be delegated away.

Collective bargaining agreements, position descriptions and/or employer policies or initiatives cannot and should not compromise the RN's professional **accountability** to provide competent registered nursing care. Employers have an obligation to the public to understand and support the scope of practice of RNs. RN educators, RN researchers, RN and non-nurse administrators, and RN and non-RN policy makers are accountable to the public and the profession to ensure that decisions about a client's registered nursing care are ethical, evidence-informed and ensure client safety.

RNs in all practice settings and domains must practice registered nursing in a manner consistent with their professional responsibilities. The RN is accountable to the client, the profession, the public, and the employer.

### **Accountability to the Client**

The primary professional obligation of the RN is to the client. The client has the right to rely on the breadth and depth of knowledge, skill or judgment of the RN at the point of care. RNs have an obligation to intervene on the client's behalf when they have knowledge that a client's safety is in jeopardy, including reporting to the appropriate authority. Registered nursing care and client safety must not be compromised and thus, requires appropriate decision-making, action and/or delegation. RNs are accountable to be competent in the provision of registered nursing care. RNs should not perform any nursing care for which they do not feel competent. Professional liability protection is provided by the Canadian Nurses Protective Society (CNPS) upon licensure in Saskatchewan.

### **Accountability to the Profession**

All RNs are accountable for functioning in accordance with *The RN Act*, SRNA Bylaws, standards, and code of ethics. Employer policy cannot supersede the RN's professional responsibility and accountability for his/her actions. RNs are accountable for



maintaining competency in practice. When RNs move to a new area of practice, they are accountable for assessing their level of competence in the new context of practice. If individual RNs believe they do not possess the required competencies, they have a responsibility to obtain these competencies.

### **Accountability to the Public**

The RN is accountable for functioning in accordance with federal and provincial legislation. Examples of relevant legislation and regulations include the *Health Information Protection Act ("HIPA")*, and the *Saskatchewan Gunshot and Stab Wounds Mandatory Reporting Act*.

Identification and an explanation of the registered nursing role are essential aspects of a RN's professional accountability. To have trust and confidence in health care providers, the public needs to know who their caregiver is and what role they have in the provision of health care. All SRNA licensed members, whether they are clinicians, educators, researchers or administrators, are required by their standards and competencies, and code of ethics to identify themselves by their name and designation.

### **Accountability to the Employer**

RNs are accountable to the employer for working within their position descriptions and policies, as applicable. RNs are responsible for working with employers in the promotion, maintenance and evaluation of competent registered nursing care, ensuring RNs can meet their standards and competencies.

## **Key Terms**

### **Terms Related to Clients**

**Acuity:** degree of severity of a client's condition and/or situation (CNA, 2012).

**Complexity:** degree to which a client's condition and/or situation is characterized by a range of variables (e.g. multiple medical diagnoses, impaired decision-making, challenging family dynamics) (CNA, 2012).

**Predictability:** degree to which outcomes can be reasonably expected to follow an anticipated path with respect to timing and nature (CNA, 2012).

**Stability:** degree to which a client's health status can be anticipated and the plan of care readily established and the degree to which it is managed with interventions that have predictable outcomes (CNA, 2012).

**Variability:** degree to which a client's condition or situation changes or is likely to change. Considerations include predictability, stability, and patterns of change (CNA, 2012).

### **Terms Related to RN Practice**

**Point of Care:** Where the RN is knowledgeable of the individual client's needs based on ongoing nursing assessment and is responsible for the overall care of the client.

**Regulated Care Providers:** The scope of practice for regulated health care providers is identified in provincial legislation and interpreted by regulatory bodies. The provincial legislation is translated into action through minimum requirements for practice and identification of base level competencies by regulatory bodies (for RNs in Saskatchewan, this is identified in the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*). Educational institutions deliver approved educational programs that meet the standards and competencies determined by the regulatory body, in accordance with the applicable legislation. Regulated health care providers are responsible for practising within their own level of competence and are responsible for their own practice. When there is a requirement for a health care provider to perform a task that is outside a determined scope of practice, RNs must apply the SRNA delegation framework to ensure client safety.

**Unregulated Care Providers:** Unregulated Care Providers (UCPs) do not have a regulatory body or a legally defined scope of practice. UCPs do not have mandatory education or regulatory practice standards. *The RN Act* acknowledges and limits the role of UCPs for provision of care in subsection 24(2)(c) auxiliary nursing care and (e) home care.

## References

- American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN). (N.D.). *Joint statement on delegation*. Retrieved from [https://www.ncsbn.org/Delegation\\_joint\\_statement\\_NCSBN-ANA.pdf](https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf)
- Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association. (2003). *Joint position statement: Scopes of practice*. Ottawa: Authors.
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa: Author.
- Canadian Nurses Association. (2007). *Framework for the practice of registered nurses in Canada*. Ottawa: Author.
- Canadian Nurses Association. (2012). *Staff mix: Decision-making framework for quality nursing care*. Ottawa: Author.
- Canadian Nurses Protective Society. (February 2012). *InfoLAW: Supervision*. Ottawa: Author.
- College of Registered Nurses of British Columbia. (2005). *Practice standard: Assignment between nurses*. Vancouver: Author.
- College of Registered Nurses of British Columbia. (2012). *Professional standards for registered nurses and nurse practitioners*. Vancouver: Author.
- International Council of Nurses. (2013). *Position statement: Scope of nursing practice*. Geneva: Author.
- Registered Nurses Association of Ontario. (2006a). *Healthy work environments best practice guideline: Developing and sustaining nursing leadership*. Toronto: Author.
- Registered Nurses Association of Ontario. (2006b). *Healthy work environments best practice guideline: Collaborative practice among nursing teams*. Toronto: Author.
- Registered Nurses Association of Ontario. (2007). *Healthy work environments best practice guideline: Professionalism in nursing*. Toronto: Author.
- Registered Nurses Association of Ontario. (2013). *Best practice guidelines: Developing & sustaining nursing leadership best practice guideline (2<sup>nd</sup> ed.)*. Toronto: Author.

Saskatchewan Registered Nurses' Association. (2013). *Standards and foundation competencies for the practice of registered nurses, Effective December 1, 2013*. Regina, SK: Author.

Saskatchewan Registered Nurses' Association. (2012). *What is a registered nurse?* Regina, SK: Author.

White, D., Oelke, N.D., Besner, J., Doran, D., McGillis Hall, L., & Giovannetti, P. (2008). Nursing scope of practice: Descriptions and challenges. *Nursing Leadership*, 21 (1), 44-57.

# Appendix A

## Resource tools for: Interpretation of the **RN** Scope of Practice

## Environmental Supports

*The RN Act* establishes the SRNA as the professional regulatory body for RNs and defines the scope of practice for RNs. No employer policy can contravene the legislated accountability of the RN. Environmental supports are required for appropriate client care assignments.

### **There must be:**

- Sufficient skilled registered nursing staff, other health care providers and support staff;
- Visible registered nursing leadership at senior administrative and local clinical service levels;
- Adequate policies, equipment and other system resources to ensure a safe practice environment for clients and staff; and
- Access to necessary technology, data and evidence to support the provision of evidence-informed care/best practice guidelines.

### **Overall system supports include:**

- **Organizational Design:** Agency policies, staffing patterns, provider roles and responsibilities, assignment and supervision policies must be consistent with prudent risk management, which includes: evidence-informed practice, legislated scopes of practice, client needs, intended health outcomes, nursing practice standards and competencies of the health care provider and other resources to enable the delivery of care.
- **RN Accountability:** The RN is accountable for the decision to assign patient care or delegate components of care. The individual accepting the care assignment is responsible for carrying out the activity in a safe, competent manner and for seeking consultation and guidance of a RN, as needed. The RN at the point of care makes the patient assignment decisions.
- **Evidence-informed Practice:** Nursing practice must be based on the systematic application of the best available evidence (observation, fact or organized body of information) to the evaluation of options and decision-making in clinical management and policy settings. Evidence in nursing practice is derived from the application of the nursing process (assessment, identification of care needs, planning the appropriate interventions, evaluation and readjustments of care) while integrating current research, client preferences and ethics. In the delivery of interventions, decisions about supervision and avenues of communication must be determined by the RN at the point of care.
- **RN Supervision:** The level of supervision is a critical factor in determining the

assignment of specific care for specific clients. The more complex and unpredictable the environment, the greater the need for RN care. RNs are the most qualified care provider to provide the full range of potential care requirements, assess changes, re-establish priorities, and recognize the need for additional resources as needed.

### **Resource Tools for Assignment and/or Delegation**

The following are resource tools to assist the RN in the assignment and/or delegation in the clinical practice environment. These resources may also be used by employers in the creation of nursing policy.

#### **A. General Issues for Consideration in Decision-Making**

In deciding whether or not to assign or delegate, there are eight areas that should be considered in light of safe client care:

##### **1. Client choice**

##### **2. Level of client stability and predictability**

- The greater the complexity and unpredictability, the greater the need for RN care.

##### **3. Scope of practice and competencies of each care provider**

##### **4. Potential for harm**

- What are the supports for the health care provider performing the task?

##### **5. Frequency of occurrence**

- Does the provider perform the skill often enough to maintain competence?

##### **6. Level of decision-making**

- Are there critical points to consider during the performance of the task?

##### **7. Scope of employment**

- Did the employer describe this task appropriately within the agency job description?
- Is this supported by employer policy?
- What is the reason there have been limits to what the care provider can or cannot do?

## **8. Ability for self care**

- Can the client perform the skill or direct the care?

## **B. The Five Rights**

The Five Rights of Delegation (ANA & NCSBN, 2005) can be used as a mental checklist to assist nurses from multiple roles to clarify the critical elements of the decision-making process.

Nursing service administrators (all levels of executive/management registered nurses) and RNs each have accountability in assuring that the delegation process is implemented safely and effectively to produce positive health outcomes.

Nursing service administrators and the nursing team must work collaboratively and cooperatively to protect the public and maintain the integrity of the nursing care delivery system.

A RN at the point of care must consider The Five Rights during the entire delegation process:

### **1. Right Task**

- Appropriate activities for consideration in delegation decisions are identified in the scope of practice of the other licensed health professional, or of the Unregulated Care Provider (UCP) job descriptions/role delineation.
- Organizational policies, procedures and standards describe expectations of and limits to activities.
- Appropriate delegation activities are identified for specific client(s).
- Appropriate activities are identified for specific delegates.

### **2. Right Circumstances**

- Assess the health status of the client, analyze the data and identify collective nursing care needs, priorities and necessary resources.
- Provide appropriate staffing and skill mix, identify clear lines of authority and reporting, and provide sufficient equipment and supplies to meet the nursing care needs.
- Provide appropriate preparation in management techniques to deliver and delegate care.
- Assess health status of individual client(s), analyze the data and identify client specific goals and nursing care needs.
- Match the complexity of the activity and stability of the client with the other



licensed health professional and/or UCP competency and with the level of supervision available.

- Provide for appropriate monitoring and guiding for the combination of client, activity and care provider.

### **3. Right Person**

- Establish unique organizational standards consistent with applicable law and rules which identify educational and training requirements and competency measurements of each licensed nursing category and UCP.
- Incorporate competence standards into institutional policies; assess delegatee's performance; perform evaluations based upon standards and take steps to remedy failure to meet standards, including reporting nurses who fail to meet standards to appropriate regulatory body.
- Instruct and/or assess, verify and identify the delegatee's competency on an individual and client specific basis.
- Implement own professional development activities based on assessed needs; assess performance; perform evaluations based upon standards and take steps to remedy failure to meet standards.

### **4. Right Direction/Communication**

- Communicate acceptable activities, nursing care provider competencies and qualifications and the supervision plan through a description of a nursing service delivery model, standards of care, role descriptions and policies/procedures.
- Communicate delegation decisions on a specific client and specific basis. The detail and method (oral and/or written) may vary with the circumstances.
- Situation specific communication includes:
  - specific data to be collected and method and timelines for reporting;
  - specific activities to be performed and any client specific instruction and limitation; and
  - the expected results or potential complications and timelines for communicating such information.

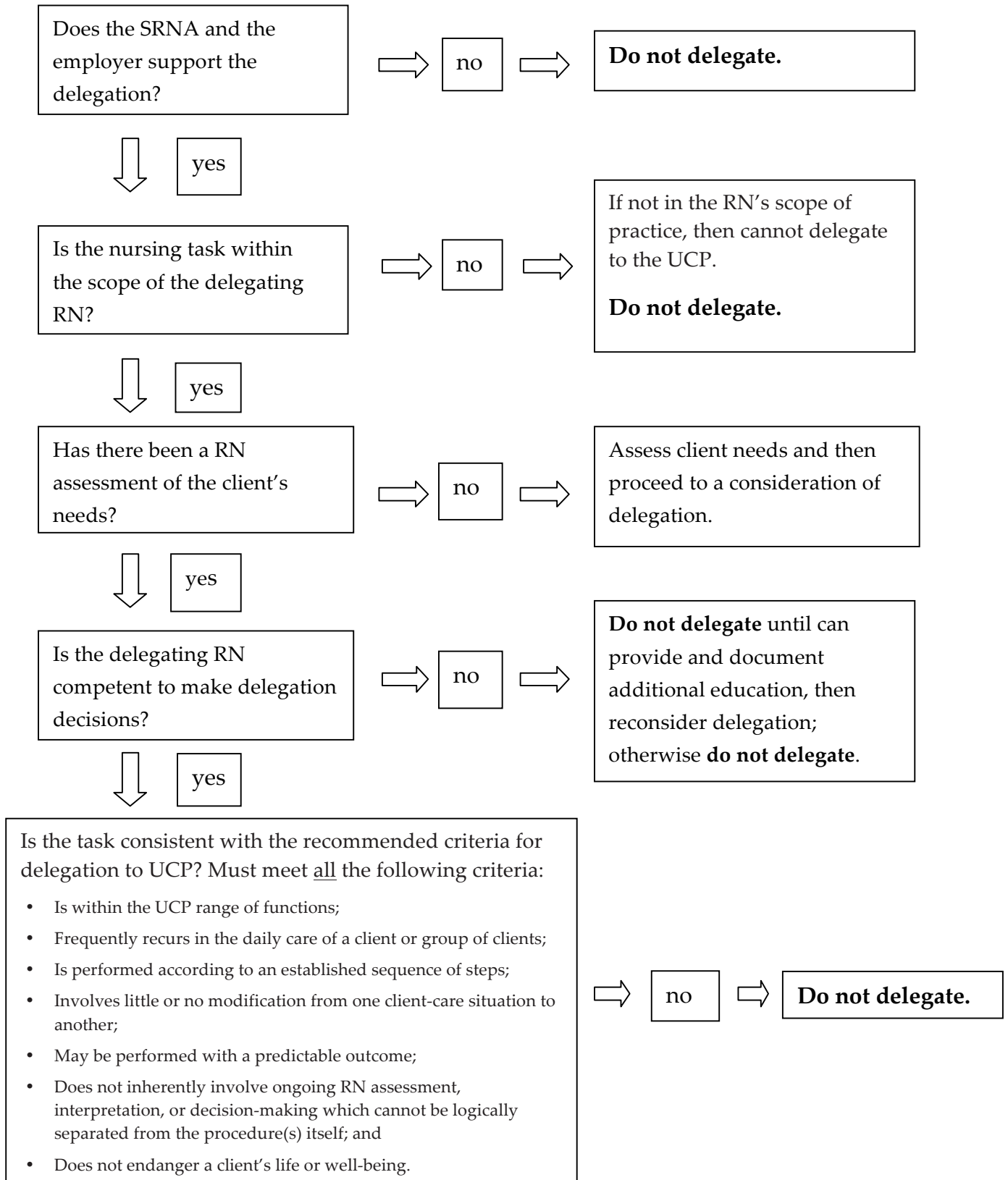
### **5. Right Supervision/Evaluation**

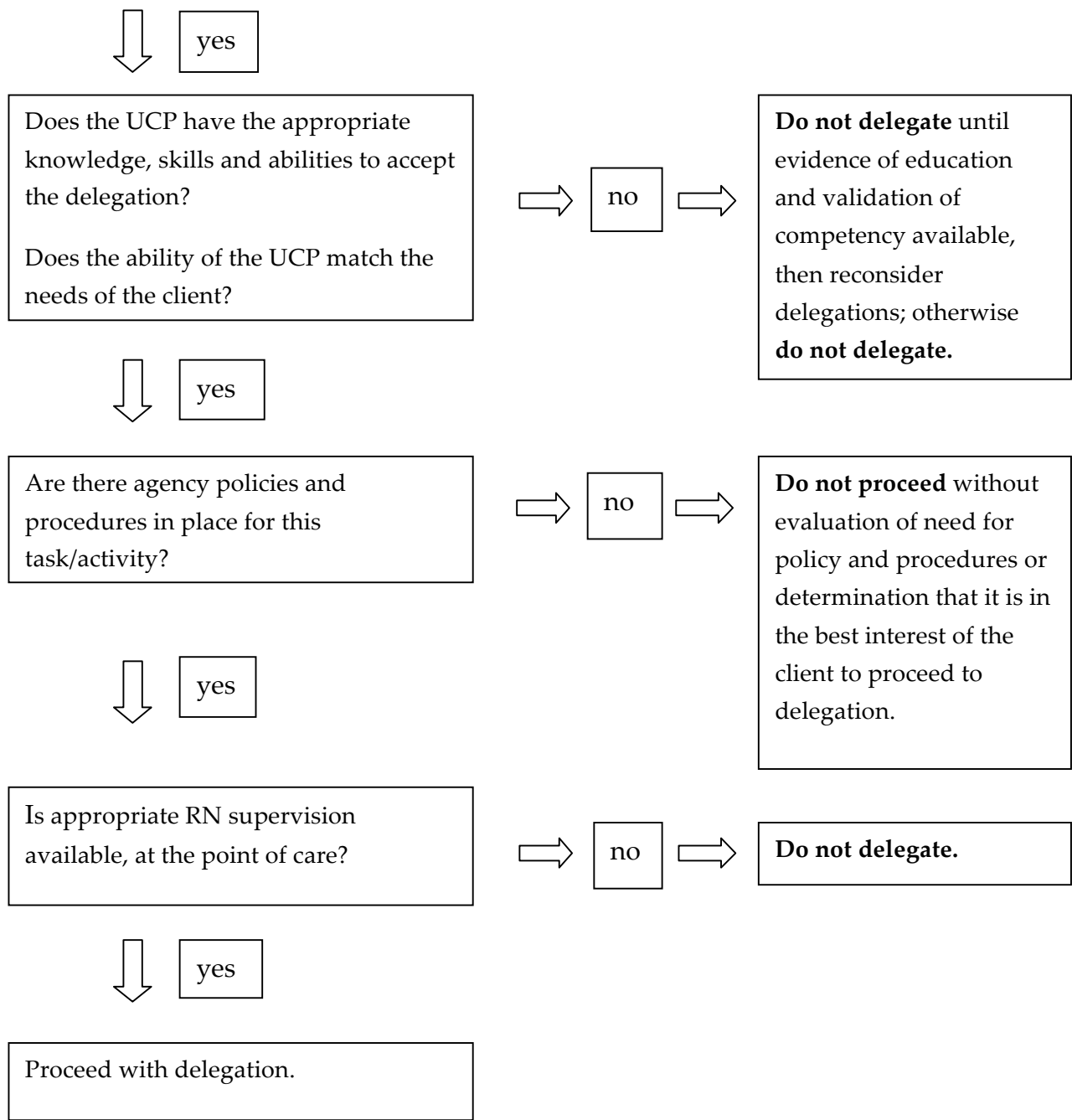
- Appropriate supervision (indirect or direct) must be provided by the delegating RN at the point of care. The competencies and qualifications of the nursing care provider, the nature of the tasks that have been delegated and the stability/predictability of client condition must be considered.

- Assure adequate human resources including sufficient time for supervision to assure that nursing care is adequate and meets the needs of the client.
- Identify the RN responsible for supervision by position, title and role delineation.
- Supervise performance of specific nursing activities.
- Provide directions and clear expectations of how the activity is to be performed:
  - monitor performance;
  - obtain and provide feedback;
  - intervene if necessary; and
  - ensure proper documentation.
- Evaluate outcomes of client care and use information to develop quality assurance and to contribute to risk management plans.
- Evaluate the entire delegation process:
  - evaluate the client; and
  - evaluate the performance of the activity.

### C. Decision Tree for Delegation to Unregulated Care Providers (UCPs)

(adapted from ANA & NCBSN, 2005)





## Summary

Decision-making about how to best match the needs of the client with the appropriate care provider is complex. While the SRNA supports maximizing the scope of practice of each nursing care provider, client safety and client outcomes are paramount. Having the most appropriate care provider in the most appropriate context within an appropriate time frame is essential.

RNs are central to decision-making to ensure safe, quality nursing care outcomes. RNs determine what constitutes safe nursing care. The need to ensure positive client outcomes through an evidence-based approach is vital. Nursing practice is knowledge-based, not task-based. It is the responsibility of the RN to determine how and when components of care will be assigned or delegated. The act of assignment and delegation is an effective, complex process. Because one can, does not mean one should perform a task or provide the required nursing care.

## References

- American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN). (N.D.). *Joint statement on delegation*. Retrieved from [https://www.ncsbn.org/Delegation\\_joint\\_statement\\_NCSBN-ANA.pdf](https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf)
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa, ON: Author.
- Canadian Nurses Association. (2012). *Staff mix: Decision-making framework for quality nursing care*. Ottawa: Author.
- College of Nurses of Ontario. (1997). *Determining the appropriate category of care provider: A decision guide*. Toronto, ON: Author.
- Government of Saskatchewan. (2014). *The Registered Nurses Act, 1988.SS 1988-89, CH R-12.2*, Regina, SK: Author.

## Additional Resources

- Association of Registered Nurses of Newfoundland and Labrador. (1995). *Delegation of nursing tasks and procedures to support workers in community settings*. St. John's, NFLD: Author.
- Baumann,A.O., Deber, R.B., Silverman, B.E., & Mallette, C.M. (1998).Who cares? Who cures? The ongoing debate in the provision of health care. *Journal of Advanced Nursing*. 28(5): 1040-5.
- Boblin-Cummings, S., Baumann,A., & Deber, R. (1999). Critical elements in the process of decision making: A nursing perspective. *Canadian Journal of Nursing Leadership*, 12(1), 6-13.
- College of Nurses of Ontario. (2001). *Final report: Practice expectations of RNs and RPNs*. Toronto, ON: Author.
- College of Nurses of Ontario. (2002). *Practice expectations: A guide for utilization of RNs and RPNs*. Toronto, ON: Author.
- College of Registered Nurses of Manitoba. (2001). *Guidelines for decision-making regarding the appropriate nursing care provider*. Winnipeg, MB: Author.

Registered Nurses Association of British Columbia. (2001). *Policy statement: Nursing practice environments for safe and appropriate care*. Vancouver, BC: Author.

**© 2015, Saskatchewan Registered Nurses' Association**  
Saskatchewan Registered Nurses Association  
2066 Retallack Street  
Regina, SK S4T 7X5