



RN Specialty Practices: **RN** Guidelines

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RN Specialty Practices: RN Guidelines

Guidelines

Saskatchewan Registered Nurses' Association (SRNA) Guidelines provide additional information for RNs working within a specific Standard or piece of legislation. Guidelines are documents that help RNs understand their responsibility and legal obligations. The Guideline is a combination of legislative requirements and suggested practice. It is important that RNs consider and apply the applicable legislation and standards of practice, in addition to reading and following the guideline.

Background

To be responsive to the evolving health care needs in our environment, the SRNA is leading change through collaboration with other organizations including the College of Physicians and Surgeons of Saskatchewan (CPSS), employers of registered nurses, and other stakeholders. As a component of leading this change, the SRNA has developed three new scope of practice processes for RNs in the general category, one of these being RN Specialty Practices.

Introduction

The profession has moved away from the more prescriptive model of the previous SRNA document, *Transfer of Medical Function and Special Nursing Procedures*. Replacing it has allowed for more autonomous practice, and permits RNs to direct their own practice, within the legislated scope and their own competence to a much greater extent. This change encourages a more collaborative approach to policy development and encourages greater client access to health care. With this evolution RNs are reminded of their professional accountability and must learn new terminology and fundamental concepts.

This document, in conjunction with the current SRNA *Standards and Competencies for RN Specialty Practices* outlines RNs' role in, and a pathway for, initiating RN Specialty Practices.

Defining RN Specialty Practices

RNs receive a comprehensive foundation in the basic education program that allows them to safely and knowledgeably perform RN Specialty Practices. RN Specialty Practices includes only those activities that are considered within the registered nursing scope of practice and are beyond RN entry-level competence. The majority of RNs who work in specialized practice settings (e.g., ICU, emergency room, public health, outposts and nursing stations) will engage in RN Specialty Practices.

RN Specialty Practices Processes

RN Specialty Practices are broken down into two categories – RN Procedures and RN Clinical Protocols.

RN Procedure

An RN Procedure is a series of detailed steps requiring RN competencies beyond entry-level education, used by RNs in performing a moderately complex skill or treatment. These skills are beyond entry-level practice; that is, they are not taught in an entry-to-practice nursing education program and are not an expected entry-level competence (e.g., supra-pubic catheter change).

All RN Procedures require a client-specific order.

RN Procedures must address the following

- the description of the activity to be performed;
- a list of the required equipment;
- the steps for performing the activity;
- the management of any intended or unintended outcomes;
- the competence and continuing education requirements;
- any special considerations for the client care or the activity;
- references of evidence informed resources; and
- the requirement for a client-specific order.

RN Clinical Protocol

An RN Clinical Protocol is a series of registered nursing activities that are implemented in pre-determined situations to provide highly specialized client care.

RN Clinical Protocols are reserved for client care needs that are more complex and acute, and pose higher risk of harm to the client.

RN Clinical Protocols fall under three specific categories

- **emergency-care situations** (such as managing anaphylaxis, performing defibrillation);
- managing clients in an **established health program and/or service** (e.g., cardiac rehabilitation).
- **Advanced RN Interventions**, which are complex technical skills or minor invasive actions, contained within an RN Clinical Protocol that have increased potential for the occurrence of an unintended outcomes (e.g., pelvic examinations, application of a back slab cast).

Nursing procedures that are part of the curriculum of an entry-level education program are not included as RN Specialty Practices. These activities (e.g., urethral catheterization, intravenous initiation, basic wound care, medication administration) are foundational competencies for all RNs entering the profession.

RN Specialty Practices do not give RNs the authority to independently diagnose a medical condition, disease or disorder, prescribe or dispense medications, or order tests and treatments, nor do the RN Specialty Practices apply to an activity that requires delegation of medical activities from a physician to an RN.

Consider these two situations.

Chelsea, an RN, is asked to teach a client to use an insulin pen.

Jonathon, an RN, is asked to assist a client with adjusting insulin. The client is seen at the primary health clinic.

In the first situation, the knowledge and skill to use an insulin pen is considered entry-level practice. Chelsea proceeds to teach the client. She does not need a policy or an order.

In the second situation, an RN like Jonathan, who has gained RN Specialty Practice competence (for example, through a diabetes education course and supervised practice with a certified diabetes educator), may adjust the client's insulin, following established policy and physician order or medical directive.

Additional sample practice scenarios can be found in the online learning module designed to assist you with applying the principles in this guide and the Standards and Competencies for RN Specialty Practices to your own individual practice.

RN Responsibilities

To enable clear safe, ethical and competent client care, there are shared responsibilities between RNs, physicians and an employer. RNs provide input into policies and apply critical thinking and decision-making when determining their role in initiating RN Specialty Practices. Employers provide the leadership to develop and implement RN Specialty Practices policies and the needed environmental supports and resources. Physicians under a joint agreement between the regulatory bodies for physicians and RNs work collaboratively with the RN to support safe, ethical and competent client care.

An RN Specialty Practice is implemented only when:

- it is in the best interest of the client
- the RN has the appropriate education and specialized competence (and meets the specialized competencies)

- policy exists to support RN Specialty Practices
- the appropriate environment exists to support an RN performing the activity

Decision-making Pathway

RNs are accountable to ensure safe, competent and ethical care. This accountability means that RNs apply critical thinking and judgment in the best interests of the client as outlined in the current SRNA *Standards and Foundational Competencies for the Practice of Registered Nurses*, the CNA *Code of Ethics for Registered Nurses* and the current *Standards and Competencies for RN Specialty Practices*.

To engage in RN Specialty Practices, RNs must follow a defined process and meet established criteria.

Below are six critical-thinking questions that will help RNs determine whether or not to perform an activity.

SPICES:

- **Scope of practice:** Is it within my scope of practice?
- **Policy:** Is there a policy to support the practice?
- **Interest:** Is it in the best interest of the client?
- **Competence:** Do I have the appropriate education and am I competent to perform this activity?
- **Environment:** Are there environmental supports in place, including appropriate and sufficient resources (e.g., equipment, staff referral, policies)?
- **Situation:** Is the situation right or appropriate?

See Appendix A: RN Specialty Practices Decision-making Pathway

Scope of Practice

Is it within my scope of practice?

Authority

RN Specialty Practices are a set of skills, treatments, or interventions that are beyond entry-level competence (knowledge, skill and judgment), but are still within the scope of the general practice RN. By combining evidence-based theoretical education and your clinical experience, and by following specific criteria, RNs are expanding personal competence within the RN legislated scope of practice.

The authority for RNs to perform RN Specialty Practices falls under *The Registered Nurses Act* and the *Standards and Competencies for RN Specialty Practices*. These new

processes recognize the overlapping scope of practice amongst health professionals and, the advanced competence RNs can obtain after they graduate. All RNs can provide RN Specialty Practices if they meet the criteria outlined in the established practice setting policies, titled an RN Procedure or RN Clinical Protocol.

The SRNA does not provide a list of specific activities that require a policy, nor does the SRNA stipulate whether the policy should be an RN Procedure or an RN Clinical Protocol. This determination is left to the employer. However, SRNA Practice Advisors can assist RNs and employers with scope of practice questions, and guidance on how to determine what may be an RN Procedure or RN Clinical Protocol.

Policies

RN Specialty Practices must be supported by an overarching employer policy that indicates that RNs may provide RN Specialty Practices unique to their practice setting, and also provides definitions, etc., regarding RN Procedures and RN Clinical Protocols. In addition, each RN Specialty Practice requires a written document labeled as either an RN Procedure or an RN Clinical Protocol.

The RNSP policy documents developed by the practice setting outlines a set of steps or detailed way of performing the skill or intervention, the required RN competence and how the RN will gain and demonstrate the competence. These policies, which give RNs an advanced level of responsibility, also provide RNs with the authority and direction to manage specific situations and perform activities.

Input from direct care RNs when policies are being developed is critical to ensuring RNs, as the implementers of the policy, have the knowledge, skill and resources for safe implementation.

The two categories of RNSPs have similarities. However, two differences distinguish them: RN Clinical Protocols address higher risk activities, and include activities where the scope of RNs, RN(NP)s and physicians may overlap. RN Clinical Protocols represent an agreed upon approach to care in the best interest of the client. RN Specialty Practices documents are developed through interdisciplinary committees that include point of care RNs, RN clinical educators, managers, RN(NP)s, physicians and other professionals involved with implementing the policy. Point of care RNs should have the opportunity to review and provide feedback on policies and procedures that impact their practice.

Client Care Orders

There are two types of orders that provide the RN with the authority to perform RN Specialty Practices. One is for a specific client (client-specific order) and the other is for a client population (medical directive).

Client-Specific Orders

A client-specific order is a direct order that is **specific to a client** and is considered to be valid if documented, dated and signed, either on a prescription form or in a client's individual clinical record. Client-specific orders may include pre-printed orders which have been individualized for the client. The client-specific order for an RN Specialty Practice is **obtained at the time it is initiated**, versus in advance as with a medical directive. All RN Procedures and Advanced RN Interventions require a client-specific order. **The exception to this is when an RN Procedure or Advanced RN Intervention is included within an RN Clinical Protocol, for a specific population, and as part of a health service/program. In these situations, a medical directive takes the place of client-specific orders.**

Medical Directive

A medical directive is a client care order that is **written in advance** by a physician or RN(NP) that can be implemented by an RN for a **client population**. The medical directive provides the RN with the authority to perform an activity, for example, ordering a medication or diagnostic test.

A medical directive must include the

- identification of the physician(s)/RN(NP)(s) that have approved the medical directive;
- date of approval;
- name and description of the activities that may be ordered (e.g., lab tests, making referrals, administering medications);
- specific client conditions that must exist;
- description of the relevant client population and health care setting;
- role and responsibilities of the care providers; and
- client assessments that must occur prior to implementation.

When is a client-specific order or medical directive not required?

At times, RNs may need to implement an RN Specialty Practice in the absence of a client-specific order or medical directive. RNs do not require a client-specific order when the activity falls under an RN Clinical Protocol - Health Condition in an Emergency. In these situations, a client-specific order is neither feasible nor practical.

RN and Physician Communications

Implementing an RN Clinical Protocol also obligates RNs to communicate with a physician in a timely manner to obtain client-specific orders when

- the client's health condition is stabilized;
- the RN Clinical Protocol identifies that a physician must be contacted;
- the RN does not have the competence to manage the intended and/or unintended care outcome(s);
- the client's health condition and their presenting signs and symptoms do not fall within the RN Clinical Protocol;
- there is an acute change in the client's situation once the RN Clinical Protocol is initiated;
- the laboratory findings, client assessment, or other data is inconsistent with information in the RN Clinical Protocol; or
- other circumstances occur.

Joint Statement on RN Clinical Protocols between the CPSS and the SRNA

Physicians and registered nurses (RN)s have worked in collaborative practice for over a century to provide quality care to the people of Saskatchewan. Collaborative practice:

Involves the continuous interaction of two or more professionals or disciplines, organized into a common effort to solve or explore common issues, with the best possible participation of the patient. Collaborative practice is designed to promote the active participation of each discipline in patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision-making within and across disciplines, and fosters respect for disciplinary contributions of all professionals (University of Toronto et al, 2004, p. 28).

Each professional has specific roles and responsibilities for client care that arise from their legislated scope of practice. There are client care situations (e.g., management of anaphylaxis), in particular settings (e.g., public health) where activities within the scope of practice for physicians and RNs overlap. It is essential for the provision of safe client care, that when professional practices overlap there is collaboration, good communication, and clarity of roles and responsibilities. The joint statement provides a framework for collaboration between physicians, RNs, and employers when client care requires an RN to implement an RN Clinical Protocol.

The Joint Statement on RN Clinical Protocols between the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Registered Nurses' Association (2015) is a separate document that may be found on the SRNA website.

Interest

Is it in the best interest of the client?

Can the RN meet the complexity of the client care needs and manage the outcomes? Even if an RN Specialty Practices policy or client care order exists, you must determine the appropriateness of the activity for your client.

Before proceeding RNs must first:

1. Complete an assessment of the client (determining the client's health history and current health status).
2. Use clinical judgment to determine:
 - i. a nursing diagnosis derived from your assessment;
 - ii. the available options for the client's care needs;
 - iii. the risks and benefits of each option.
3. Consider what the consequences to the client are if the RN does proceed.
4. The RNs ability to manage the potential negative outcomes.
5. Obtain informed consent from the client or his substitute decision maker before you perform the activity.

Client Care Complexity

While a treatment or procedure may appear to be an RN scope of practice activity, the client complexity may dictate otherwise. RNs are accountable to ensure they provide safe client care and can manage client care needs regardless of their complexity. This includes conducting a comprehensive assessment to determine if the complexity of the client care needs and possible health outcomes are still within the RN scope of practice.

As outlined in the *Standards and Competencies for RN Specialty Practices*, RNs must:

- Conduct a comprehensive assessment to identify the complexity of the client care needs, (including a review of his/her health history, presenting state of health and nursing diagnosis); and consider if he/she can meet the client's needs in a safe, ethical and competent manner.
- Consider the possible health outcomes and whether or not he or she can manage the outcomes either through a referral, consultation or another intervention.

Coordination of Care

Critical thinking and clinical judgment is demonstrated through the RN's responsibility for the coordination of care which includes: monitoring the client, analyzing

information from multiple sources, developing and revising a client's care plan, communicating with care providers, supervising, delegating and implementing other functions. RNs are expected to make decisions that lead to quality client care outcomes, and when required, rescue clients from complications and death.

A graduate nurse (GN) shall not accept sole responsibility for a client care assignment that requires the use of an RN Clinical Protocol. A GN may contribute to the client's care in this situation by working under the direct supervision of an RN.

Client Consent

As part of your assessment process, RNs speak with the client to ensure he or she fully understands four key elements

- the nature of the proposed RN Specialty Practice, why the activity and/or service is being recommended and what is going to happen.
- the associated benefits and risks. These benefits and risks may include the RN's personal knowledge, skill and judgment to provide RN Specialty Practices and to manage any client outcomes including adverse events or negative outcome.
- the alternatives to the proposed practice. What other options does the client have to meet the plan of care and/or to obtain the required services and/or procedure?
- the right of the client to refuse or withdraw consent at any time.

In supporting the client's informed decision-making, RNs offer the client the opportunity to ask questions and then provide the information. After this step, the RN confirms the client's understanding and agreement to proceed with the proposed RN Specialty Practice.

Competence

Do I have the appropriate education and am I competent to do the RN Specialty Practice right now?

RNs must ensure that they are competent - that is, that they can demonstrate the required knowledge, skill and judgement to perform the RN Specialty Practice specific to the practice area. RNs do this by taking a proactive approach by advocating for, and engaging in the required continuing education specified in the RN Specialty Practices policy.

As well as demonstrating the cognitive and technical skills to perform the activity, RNs should also demonstrate that they know

- the purpose and benefit of performing the activity;

- the risks to the client;
- the alternatives to performing the activity;
- the expected outcomes;
- the actions to take if a complication arises;
- the required supplies, equipment and tools; and
- the appropriate referral processes.

Environment

Does the appropriate environment exist with the appropriate resources?

The setting or location where the RN implements the RN Specialty Practice is a critical component of the decision-making process. RNs ask themselves: Does the appropriate environment exist with the appropriate resources?

Environmental supports include

- the type and sufficient number of health care personnel;
- diagnostic or medical equipment (e.g., laboratory and x-rays services);
- the timely access to a physician or an RN(NP);
- the contingency plan for client transfer to an alternate care provider or another facility;
- the appropriate coverage for client care if you must leave the work area; and
- the timely access to an RN manager or RN with clinical nursing decision making authority.

If the appropriate environmental supports are absent the RN must consider the client safety if they proceed with performing the RN Specialty Practice, as well advocate for the immediate availability or access to the required supports.

Situation

Is the situation right or appropriate for performing this RN specialty practice?

Not all situations are appropriate for RN Specialty Practices, even when an RN Procedure or RN Clinical Protocol is in place. Therefore, the RN must assess if the situation is right and appropriate for performing the RN Specialty Practice for this particular client.

RNs apply critical judgment in situations when

- a client's condition and needs are unique and not clearly defined in the RN Procedure or RN Clinical Protocol;
- the client care needs are beyond his or her competence; or
- the environment is not appropriate for RN Specialty Practices. For example, the environment lacks the necessary resources and/or supports.

Record Keeping

Documentation is a form of written accountability and supports continuity of client care. It clearly states who did what and when.

On the client record, you must record

- the name of the RN Procedure or RN Clinical Protocol;
- the time it was provided;
- the client care that was provided;
- the client's response to the care;
- the time when the physician was contacted for client-specific orders, if applicable;
- the time the client-specific orders were received, if applicable;
- the education that was provided to the client and his/her family;
- the informed consent process; and
- other highly relevant information (e.g., change in plan of care).

Conclusion

RNs engaged in RN Specialty Practices are working beyond entry-level knowledge, skill and judgment. RN Specialty Practices include either: RN Procedures, which include skills and treatments whose application range from straightforward to moderately complex and have less potential for adverse client outcomes; or RN Clinical Protocols, which include more complex, acute, and riskier client needs and outcomes. The SRNA does not provide a list of approved activities; rather, it presents a process that helps RNs determine whether to perform a specific procedure, skill, treatment or intervention (unique to a practice setting and beyond entry-level practice). Therefore, RNs must adhere to written policies, be competent, apply critical thinking, and advocate for and ensure that environmental supports are in place.

RNs must also

- complete an assessment of the client to determine the appropriateness of proceeding and to identify the possible health outcomes;
- use clinical judgment to determine:
 - the RN diagnosis;
 - the available options to meet client care needs;
 - the risks and benefits of each option; and
 - the management of client outcomes, including adverse events.
- obtain client informed consent;

- contact the physician in a timely manner when client care needs cannot be managed by the RN and when clinical judgment dictates a client-specific order; and
- document in the clinical record.

RNs implementing RN Clinical Protocols are working collaboratively with and communicating in a timely manner with the physician to ensure safe, competent and ethical client care.

Glossary

Advanced RN Intervention	Complex technical skills or minor invasive actions, contained within an RN Clinical Protocol that have increased potential for the occurrence of an unintended outcomes.
Client	Person with whom the RN is engaged in a therapeutic relationship. In most circumstances, the client is an individual, but may also include family members and/or substitute decision makers. The client can also be a group (e.g., therapy), a community (e.g., public health) or a population (e.g., children with diabetes).
Client-specific order	Direct order that is specific to a client and is considered to be valid if documented, dated and signed, either on a prescription form or in a client's individual clinical record.
Competence	Overall display by an RN, in the professional care of a client(s), of the knowledge, skill and judgment required in the practice situation. The RN functions with care and regard for the welfare of the client; and in the best interests of the public, nurses and nursing profession.
Competencies	Specific knowledge, skill and judgment, and professional attitude required for an RN to practice safely and ethically in a designated role and setting.
Emergency care situations	Sudden, unexpected and unpredictable incidents where the client is critically ill with significant care needs, and where the RN identifies a health condition and implements an RN Clinical Protocol to prevent serious health deterioration and/or complications for the client.
Health Condition	Distinct signs and symptoms of an underlying medical disease or disorder that, with an RN's intervention, can be improved or resolved until the client is managed by a physician, RN(NP) or other authorized prescribers. An RN is professionally accountable for the outcomes achieved through the intervention.
Health Service/Program	Public screening/prevention programs and/or other client care programs targeting a specific client population.
Medical Directive	Client care order that is written in advance by a physician or RN(NP) as appropriate, that can be implemented by an RN for a client population.

RN Clinical Protocol	Series of registered nursing activities that are implemented in pre-determined situations to provide highly specialized client care.
RN Procedure	Series of detailed steps requiring RN competencies beyond entry-level education, used by RNs in performing a moderately complex skill or treatment.
Scope of Practice	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.
Transparency	The state of being seen, heard, understood, and/or recognized without barriers or other means of blocking disclosure.

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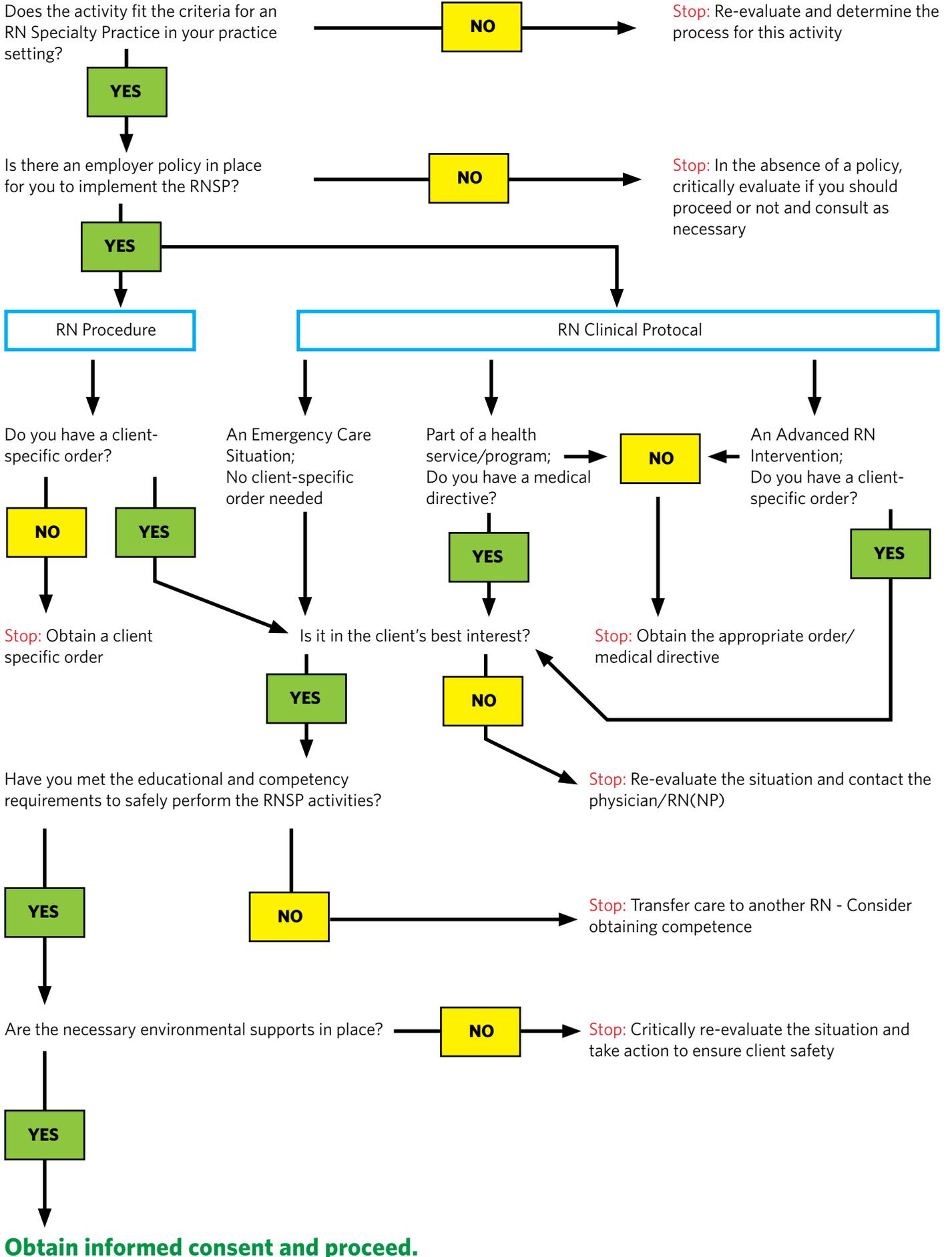
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Appendix A-RN Specialty Practices Decision-making Pathway



Obtain informed consent and proceed.

