

Role Clarity
You've Asked Us

1. Q: *What is the position for the SRNA regarding this issue?*

A: In order to fulfill our mandate, protection of the public, we envision:

- Clearly delineated professional roles for both RNs and non-RNs in the workplace that consistently puts the patient in the centre;
- Implementation of a collaborative document (agreed upon by the Saskatchewan Association of Licensed practical Nurses, SALPN, the Registered Psychiatric Nurses Association of Saskatchewan, RPNAS, and the SRNA) based on research, evidence and educational preparation which includes the context of care, the provider and the environment resulting in clear standards of practice;
- Evidence-informed practice guidelines, which are interpreted through the collaboratively developed draft Decision making Framework Quality Nursing Practice document hereafter referred to as the '*The Draft Framework*';
- Highly functioning health-care teams in all health-care settings in Saskatchewan.
- RNs will continue to be leaders in the provision of health care for the people of this province.

2. Q: *What is the role of the Saskatchewan Registered Nurses' Association (SRNA)?*

A: The SRNA, as the registered nurse regulatory authority, has a mandate to:

- Protect the public by regulating the practice of RNs;
- Establish foundational standards and competencies for RNs which direct professional practice;
- Set initial and ongoing registration and practice requirements;
- Establish criteria for nursing education programs;
- Maintain a competence assurance process for registered nurses, which is a legislated requirement under *The Registered Nurses Act, 1988*; and
- Ensure that RNs provide safe, compassionate, competent and ethical care.
- [Our role in the public interest](#) chart

3. Q: *What is the role of the Government of Saskatchewan in self-regulation?*

A: The Government of Saskatchewan through the Minister of Health must

approve the Bylaws of any self-regulated authority, including SALPN.

- The Ministry of Health is responsible for putting SALPN's legislation forward to the Minister of Health for approval, with recommendations, based on consultation and feedback from key health-care stakeholders.
- This process will culminate in late July, 2015 when the Minister passes or does not pass the SALPN bylaws.

Q: What is the role of employers?

A: The role of employers is to ensure that the right provider is available at the right time for the best patient outcomes, taking into account the complexity of the patient, the environment and the risk for negative outcomes, through:

- Implementation of a decision-making framework,
- Understanding the scopes of practice of all health-care providers within the practice context,
- Recognizing the responsibility and accountability of RNs in the coordination of care,
- Providing clear, concise, current policies and procedures, job descriptions etc. to guide practice,
- Choosing staffing models that are safe and evidence-informed, and
- Recruitment and retention of healthcare providers that are congruent with the facility/agency staffing model and staff mix.

4. Q: What is the RN's accountability and responsibility for patient care?

A: A registered nurse is responsible for assigning and coordinating health care based on initial and ongoing assessment, and for providing better professional practice by understanding and practicing to their full legislated scope. The scope of an RN is set out in sections 2(k) of *The Registered Nurses Act, 1988*:

- RNs are integral to patient care in all domains of practice and care environments;
- RNs are capable of providing safe, holistic care for all patient populations, from stable to complex, because they have the broadest foundational nursing knowledge;
- RNs are bound by the Canadian Nurses Association *Code of Ethics* and the SRNA *Standards and Foundation Competencies for the Practice of Registered Nursing (2013)*;
- RNs are required to know the scope of practice of RNs and non-RNs because the RN teaches non-RNs and assesses, monitors and assigns care for the patient.

5. Q: Will the SRNA and its members work collaboratively with LPNs and SALPN?

A: Yes. SRNA has and will continue to contribute as a collaborative partner.

- The SRNA has been a participant in ongoing collaborative meetings with SALPN, RPNAS, and government.
- The SRNA is continuing to meet with SALPN and RPNAS to translate the *Draft Framework* into a comprehensive collaborative document that guides excellence in patient-centered nursing care and team functioning.
- As we move forward it is an RN's professional responsibility to respectfully and effectively collaborate with all health-care providers.

6. Q: Does the SRNA support the SALPN proposed Bylaw changes?

A: No. The SRNA's position is that the SALPN proposed bylaw amendments should not be approved until:

- There is a common collaborative document in place; and
- The guidelines for the four specialty areas (hemodialysis care, perioperative care, advanced orthopedics and advanced foot care) are incorporated into the bylaws as standards of practice for LPNs, and reflect the *Draft Framework* as set out in the collaborative document, and
- There is a common understanding, interpretation and implementation of the *Draft Framework*.

7. Q: Should these proposed Bylaws concern the public?

A:

- Role clarity is a priority issue affecting patient safety.
- Evidence shows that lack of role clarity leads to greater risk for the patient: if it is unclear who does what in the health-care workplace, it can lead to negative patient outcomes.
- The SRNA has been hearing from our members in increasing numbers over the years that lack of clarity of scope of practice for RNs is increasing. Many factors have led to this role blurring. The health-care environment is becoming increasingly complex. There is a tremendous amount of change in the health-care system which can cause system instability. Fiscal restraints impact decision-making in the practice environment. Lastly, most health-care providers are changing and expanding their scopes of practice. All of these factors can impact an RN's ability to meet their professional standards of practice and to provide optimal patient care.

8. Q. What are the main differences in education between RNs and LPNs?

A: Both the RN and the LPN study from the same body of nursing knowledge, but the foundational knowledge for each nursing group differs in depth and breadth.

Within the RN education program:

- RNs receive a baccalaureate degree in nursing;
- Takes four years to complete;
- Involves 2,537 to 2,640 hours of instruction; and
- Allows RNs to graduate with the knowledge, skill and clinical judgment to accept responsibility for the coordination of care including developing nursing diagnoses, creating plans of care and implementing and evaluating those plans throughout the life span and in all areas.

Within the LPN education Program:

- LPNs receive a diploma in practical nursing;
 - Is taken over two years;
 - Involves 1,787 hours of instruction;
 - Allows LPNs to use skill, and nursing judgment to facilitate care.
- However, when a patient becomes increasingly complex, less predictable, or at higher risk for negative outcomes, the LPN must work in close collaboration and consultation with the RN, either receiving advice and continuing to care for the client, or having some or all aspects of care transferred to the RN.

For more information refer to these documents: [What is an RN?](#) And [Transfer Credit form from Collaborative Bachelor of Science in Nursing Program](#)

9. Q: Does the SRNA support RNs in clinical educator roles teaching non-RNs?

A: The SRNA does not support RNs in clinical educator roles teaching non-RNs complex tasks such as, but not limited to, IV push of medications, cardiac monitoring of unstable patients, conscious sedation, ports and central lines.

- It is acceptable to require RNs in clinical educator roles to teach other RNs complex tasks because, in that situation, the RN in a clinical educator role knows the scope of practice of a Registered Nurse.
- However, neither the employer nor the RN in a clinical educator role may be fully aware of the context of care in each situation where the task may be performed (e.g. patient acuity, human or material resources available to the non-RN, environmental factors such as practice supports and unit stability etc.) or the basic foundational education for the non-RN (curriculum varies dependent upon the timeframe of program completion).

10. Q: Will a Decision-making Framework be developed?

A: Yes.

- SRNA, SALPN, and RPNAS are currently working towards developing a collaborative Decision-making Framework.
- In the interim, the three regulatory bodies have agreed to use the Canadian

Nurses Association Staff Skill Mix document; the Guiding Principles for Determining the Appropriate Nursing Care Professional; and the *Draft Framework*

11. Q: *What are the benefits of this Draft Framework for patient care?*

A: Such a framework puts patient safety first.

- It assists collaborative nursing teams to make staffing decisions based upon consistent factors: the client, the nurse, and the environment. Client factors includes examining complexity, predictability and risk of negative outcome. Nurse factors include examining factors that affect a nurse's ability to provide safe and ethical care, such as education and individual competencies. The environmental factors include practice supports, consultation resources, and the stability/ predictability of the environment.

12. Q: *Has the discussion about RN and LPN roles been going on for some time?*

A: The policy discussion regarding clear roles and responsibilities is Canada-wide and has been going on for over 20 years.

- However, the specific discussion about SALPN's most recent proposed Bylaws began in 2014.
- All health-care providers must continue to look to the future as the health-care system is in a state of rapid change and roles are constantly evolving.

13. Q: *What feedback have you had from SRNA members so far about the proposed SALPN bylaws?*

A:

- SRNA has received hundreds of emails and phone calls on this topic from members in all domains of practice and is in discussion with employers.
- SRNA received valuable feedback from its Workplace Representatives and Professional Practice Groups.
- RNs have been calling the SRNA Practice Advisors to express their concerns about health care workplaces around the province.
- It is very encouraging that members are interested in their scope of practice and talking about the roles and responsibilities of health-care professionals.
- There have been two formal meetings where members have shared their thoughts (October 6, 2014 and May 5, 2015).

14. Q: *What can I expect from the SRNA over the next few months?*

A: The SRNA is committed to keeping you informed on issues that matter to you.

We will provide:

- Website updates;

- Messages from the Desk of the Interim Executive Director;
- Updates on collaborative work; and
- Response to the Minister of Health on SALPN bylaws.
- [RN Scope chat forum](#). This is intended to supplement information you can access through the SRNA practice advisors who look forward to hearing from you by telephone at 1-800-667-9945, 306-359-4200 (Regina), or by email at practiceadvice@srna.org.
- **New web portal for Role Clarity** - the issue of clarification of scope and role clarity continues to be a priority for our members. To serve you better, we have made added a [new section to the homepage of our website](#) specifically for this important information. All key documents will be posted in the online toolkit.