

# **RN/RPN Scope of Practice: Managing Issues at the Bargaining Unit Level**

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Provincial Coordinators  
Meeting

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# OBJECTIVES

- Provide clarity of the roles of the BUP, LRO and PP Specialist
- Leaders to gain a better understanding of the differing roles of the RN, and the RPN
- Identify resources available and how to access them
- Establish problem-solving techniques
- Red Flags-Identify change factors/trends to be watchful for

# College of Nurses of Ontario - The Three Factor Framework Interactive Module

- <http://www.cno.org/prac/learn/modules/utilization/chapter2/index.htm>

# CHARGE NURSE

- Charge Nurse, Team Leader, Resource Nurse
- **“Charge nurses are a staff resource providing leadership and expertise to the nursing team to help them provide quality care to clients.”**

—CNO, Communiqué September 2002

# Role of the Charge Nurse

- “As the leader, the charge nurse holds a pivotal role on the unit”
- “As self-regulated professionals each nurse is accountable for his or her own actions and decisions.”
- **“While charge nurses are not accountable for the actions of others, they are accountable for their actions in relation to others.”**

• CNO, Communiqué September, 2002

# CHARGE NURSE

- **Current work environments**
  - Fast paced
  - Lines of communication break down
  - Responsibilities become blurred
  - Charge nurses may not know who needs help
  - New and novice nurses may not know how to ask for help; where to find it; or that they need help

# USE OF AGENCY NURSES

- When working with agency nurses the charge nurse and the agency nurse should have initial discussions to identify areas of strength and potential gaps in knowledge, pertaining to the specific environment
- In this way, the charge nurse can ensure appropriate resources and systems are in place to support agency nurses

# CHARGE NURSE

**The main question becomes - who is responsible for client outcomes and who should have followed up when a client's condition changed?**

# Implications for the Nurse in Charge

- Charge nurses have been found to have committed professional misconduct for failing to provide adequate supervision to a nurse under their direction
- When in charge, it is better to have taken proactive steps to stop potential problems, rather than reacting to problems after they arise
- The following actions can assist the charge nurse in fulfilling her responsibilities to lead the team and head off potential problems early

# CHARGE NURSE

- **Know your role**

- Be accountable for actions in relation to others
- Act as a resource by sharing knowledge and expertise

- **Taking Charge**

- Know who is most likely to need your help
- Get mini-reports throughout the shift
- Ask the right question
- Be clear about who is responsible for what
- Take action to stop unsafe situation
- Be a leader
- Assign right patient to right category of nurse
- Allot enough time for consultation and collaboration

# Scenario

## Nurse-Client Assignment

- As an RPN, I have always been assigned four clients in the ward room and one or two other clients in a semi-private room. Recently the charge nurse has been doing the assignment differently and I have clients in different rooms.

# The Charge Nurse based the change in assignment on .....

- a) Continuity of care
- b) Care fragmentation
- c) Client complexity, environmental supports and the availability of consultation
- d) A system of odd and even room numbers

# ANSWER

- The Nurse-client assignment changes were based on client complexity, environmental supports and the availability of consultation
- Nurse-client assignments based on bed or room number are not client focused, they do not consider the clients needs or complexity.
- RNs can autonomously care for any complexity of client,
- RPNs autonomously meet the needs of less complex clients

# ANSWER

- If an RPN is assigned to more complex clients the care must be done in consultation with RNs
- RN consultative time can vary from shift to shift **OR** week day to weekend
- This factor influences how nurse patient assignments are made ie. an RPN is assigned moderately complex clients during the day shift when an RN resource nurse is available, however when the night RPN comes to work and no RN resource nurse is available, they should not be assigned the same complexity of client but rather to less complex clients that the RPN can care for autonomously

# ANSWER

The third factor the charge nurse must consider is the availability of environmental supports

- Are there clear policies that guide nursing practice
- Are there care pathways and medical directives that help nurses with decision making
- Are there clear and easy to use assessment tools
- Is there support in the form of time and expertise for consultation

Answering these questions will help determine the stability of the environment

## **A workplace environment that supports RN/RPN collaborative practice will have**

- a) an RN available for consultation, or to whom the RPN can transfer care if necessary
- b) support tools (ie. assessment tools, policy and procedures), clear role descriptions and responsibilities of all care providers
- c) all of the above
- d) none of the above

# ANSWER

- Workplace environments that support collaborative practice will have a high proportion of RNs and RPNs familiar with the type of clients
- There will be an RN available for consultation or to whom the RPN can transfer care if necessary
- Support tools and clear role descriptions and responsibilities of care providers

# NURSE FACTORS

## Nurse factors that impact the effective decision making include:

Both RNs and RPNs care for Individuals, families, groups

RNs also care for communities and populations

RNs and RPNs develop plans of care to achieve client goals

RPNs develop plans of care when over all client needs are less complex, outcomes are predictable and risk of negative outcomes is low

RNs develop broad plans of care over longer periods of time, incorporating a variety of options and resources

# NURSE FACTORS

**Nurse factors that impact practice decisions include that**

## RPNs

- meet immediate (current) client care needs
- consult with RNs and other health care team members

## RNs

- meet both immediate and long term client needs
- act as a resource to RPNs to meet client needs

# NURSE FACTORS

## Leadership

### RPN

demonstrates leadership through representation on Committees, precepting with students and direction to UCP

### RN

assumes the role of leader within the interprofessional team,  
leads the team effort to develop plans of care to achieve identified client goals when overall care requirements are more complex

## Can a charge nurse assign an RPN to conduct an admission assessment on a client arriving at a hospital inpatient unit?

- a) yes, depending on the RPN
- b) no, never under any circumstances
- c) maybe - depending on the RN/RPN staffing level on the unit
- d) yes - but only if the clients health condition has been assessed first

# ANSWER

- The client stability should be established, before an RPN is assigned to a client. This can be accomplished by written or verbal report or an assessment by an RN
- The CNO states that a RN must conduct the triage assessment in the ER however there is **NO** legislation or standard that states the RPN can not conduct the admission assessment on a unit.
- RPNs can be expected to complete an admission client assessment when the health condition is stable, the health status is predictable and the health outcomes can be expected to follow an anticipated path.
- The RPN may determine that the client care needs and/or the assessment needs are more in depth than the RPNs competencies
- This may require consultation with the RN or transfer of care to the RN

# Trends/Red Flags

- Changing Models of Care
- Fragmentation of care - the disjointed and disconnected delivery of nursing care services by multiple care providers, inconsistent with continuity of care.
- Skill Mix - “the distribution of nursing personnel per skill category (i.e. RN, RPN) and per skill level.” (RNAO, 2010)
- Physician Assistants

# CONFIRMED RN ROLES

- The Charge Nurse
- The Triage Nurse
- The Resource Nurse
- The primary circulating nurse in the operating room
- The discharge planner
- The primary nurse caring for the sedated patient – OPANA - “2 RNs both competent in perianesthesia nursing, must be present at any time when a patient is recovering immediately following anesthesia, until transfer to phase II recovery”

# Issues for Nurse Staffing

## – Be alert to.....

- The proportion of RNs to other or less qualified staff
- The number of nursing hours per patient per day - hppd
- The ratio of RN's to patient /clients
- The number of full-time equivalents (FTE)
- The percentage of FT, PT and casual staff
- The mix of demographic characteristics ie. education and experience

# Other Considerations

- It is important to ensure that collaboration and consultation occurs during transfer of accountability (TOA)
- Be aware of RPN documentation indicating 'RN notified', the client condition needs to be clearly communicated to the RN and documented in the chart

# Ongoing considerations

## Interprofessional care

- RNAO - watch for team nursing
- Practice environments enable or disable nurses in their ability to provide safe patient care
- Client factors – acuity equals the number of nursing interventions required in a 24 hour period, issues with the patient during a 24 hour period

# Professional Practice Role

- Research-Use research to develop arguments related to current professional practice concerns, and write position papers.
- Retention- Maintain and enhance the current staffing by resolving professional issues and encouraging employers to create a respectful work environment
- Network and Lobby -Professional practice specialists maintain relationships with organizations including the CNO, RNAO and specialty organizations like the National Case Managers Association, etc
- We provide information and interpretation on standards and professional practice issues to members and LRO.
- Provide education on CNO, PRCs, etc, for the LRO and members as requested.

# What can we do for you?

- Professional Practice Specialists will work with you to develop strategies tailored to your specific circumstances
- We communicate and support membership and LRO on Professional Practice issues/concerns

# What can we do for you?

- Provide members with possible solutions for resolving issues at the employer association committee (EAC).
- Provide members and the LRO with information and interpretation re standards and practice issues. Act as a resource person on all professional practice matters.
- Consult with LRO on professional practice issues for arbitration and mediation.
- Respond to all your enquiries re professional practice
- Write articles based on issues that are brought forth by membership, e.g. physician assistants.

# Role of the Leaders

- Bargaining Unit Presidents/Local Coordinators
  - share the information with members
  - Bring information back to ONA staff regarding changes and trends
  - Submit PRWRF to the LRO in a timely manner
  - Ensure that professional practice issues and workload concerns are a standing agenda item for labour management meeting

# What can you do for us...

- Recruit a professional responsibility representative for each bargaining unit
- Encourage members to complete the PRWRF- as thoroughly as possible, & whenever they are in an unsafe or unprofessional practice setting
- Discuss Transfer of Accountability on your HAC agenda

# What can you do for us...

- Notify the LRO immediately of any red flags
  - nursing model changes,
  - Upgrading of RPN scope of practice,
  - skill mix changes involving new categories of staff  
ie. PAs in the ER, MRTs in cath labs, RTs in the ER, etc.
- Keep track of the number of RNs working in your units so you can determine when they are diminishing

# What can you do for us...

- Have professional responsibility representative to track the number of PRWRFs being completed by unit
- Contact your LRO when workload reporting is increasing in specific units, when trends are evident in areas or where there has been a shift in negative patient outcomes
- Contact your LRO with general workload and practice concerns however, if you have an individual concern of a confidential nature, they may be directed specifically to the professional practice specialist

# What can you do for us...

- Utilize your CNO Standards effectively.
- Make use of the Professional Responsibility clause in your Collective Agreement.
  - Incorporating proper PRC process
  - Implement decision trees
  - Resolution in a timely and effective manner