PRACTICE GUIDELINE

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

RN and RPN Practice: The Client, the Nurse and the Environment

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COLLEGE OF NURSES
OF ONTARIO

ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

VISION
Leading in regulatory excellence

MISSION
Regulating nursing in the public interest

Practice guidelines are documents that help nurses understand their responsibilities and legal obligations to enable them to make safe and ethical decisions when practising. They provide an outline of professional accountabilities and relevant legislation.

– College of Nurses of Ontario

Introduction

Nursing is a profession that is focused on collaborative relationships that promote the best possible outcomes for **clients**. These relationships may be **interprofessional**, involving a variety of health care professionals working together to deliver quality care within and across settings; or it may be **intraprofessional**, with multiple members of the same profession working collaboratively to deliver quality care within and across settings.

This document focuses on three factors—the client, the nurse and the environment—to support nurses in making decisions that are specific to their intraprofessional responsibilities when providing client care.

These three factors have an impact on decision-making related to care-provider assignment (which nursing category (Registered Nurse [RN] or Registered Practical Nurse [RPN]) to match with client needs), as well as the need for consultation and collaboration among care providers.

Many of the concepts in this document apply to all nurses; however, references to nurses or intraprofessional care in this document refer only to RNs and RPNs—Nurse Practitioners are not included in this document because the complexity of client care does not define their involvement in care.

This document replaces the *Utilization of RNs and RPNs* practice guideline.

Purpose

The purpose of this document is to:

▪ help nurses, employers and others make effective decisions about the utilization[1] of individual nurses in the provision of safe and ethical care

▪ outline expectations for nurses within the three-factor framework, highlighting the similarities and differences of foundational nursing knowledge and its impact on **autonomous practice**[2]

▪ highlight nurses' accountabilities when collaborating with one another

▪ identify attributes of practice environments that facilitate nursing assignments, enhance **collaboration** and lead to improved client outcomes and public protection.

Guiding Principles

The following principles guide nurses' practice expectations and are the basis for decision-making when working within the intraprofessional team:

▪ The goal of professional practice is to obtain the best possible outcome for clients.

▪ RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, **decision-making**, critical thinking, **leadership**, research utilization and resource management. As a result of these differences, the level of autonomous practice of RNs differs from that of RPNs.

▪ The complexity of a client's condition influences the nursing knowledge required to provide the level of care the client needs. A more complex client situation and less stable environment create an increased need for consultation and/or the need for an RN to provide the full range of care requirements.

▪ Respecting and understanding the expectations and contributions of the **health care team** facilitates appropriate utilization of nurses, enhances collaboration and leads to improved client outcomes.

Legal Scope Of Practice

The *Regulated Health Professions Act, 1991* (RHPA) and the *Nursing Act, 1991* provide

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[1] For the purpose of this document, utilization refers to determining the appropriateness of assigning client care to nurses, and of nurses accepting responsibility for client care.

[2] **Bolded** words are defined in the glossary on page 14.

the legislative framework for nursing practice. Components of the legislative framework are a scope of practice statement and a list of controlled acts authorized to nursing.

Controlled acts are activities that are considered to be potentially harmful if they are performed by unqualified persons. A profession's legal scope of practice is determined by its scope of practice statement and the controlled acts it has the authority to perform.

Members of regulated health professions are authorized to perform specific controlled acts appropriate to their profession's scope of practice. Having the authority to perform a procedure does not necessarily mean that the individual is competent or that it is appropriate for the individual to perform the procedure.

i. Nursing's Scope of Practice Statement

The scope of practice statement describes in a general way what the profession does and the methods that it uses; it refers to the profession as a whole, rather than what any individual can do.

The scope of practice statement for nursing states:

The practice of nursing is the promotion of health and the assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.

Practice is so broad and varied that no one nurse is expected to be competent to carry out all the activities within the legal scope of practice; hence, the notion of "full scope of practice" is unlikely.

ii. Controlled Acts Authorized to Nurses

The *Nursing Act, 1991* authorizes nurses to perform the following controlled acts:
- performing a prescribed procedure below the dermis or mucous membrane
- administering a substance by injection or inhalation
- putting an instrument, hand or finger:
  - beyond the external ear canal

  - beyond the point in the nasal passages where they normally narrow
  - beyond the larynx
  - beyond the opening of the urethra
  - beyond the labia majora
  - beyond the anal verge, or
  - into an artificial opening in the body.
- dispensing a drug

There are differences between RNs and RPNs' authority to initiate controlled acts. Initiation refers to independently deciding that a specific procedure within a controlled act is required, and performing that procedure in the absence of an order. For more information, refer to the *Decisions About Procedures and Authority,* practice document at **www.cno.org/docs**.

Nurses' Accountability

Nurses show accountability by taking responsibility for their decisions and actions, taking appropriate action when needed and ensuring that practice is consistent with entry-to-practice **competencies**, standards of practice, guidelines and legislation.

Nurses are expected to consult with others when any situation is beyond their **competence**. A nurse is not accountable for the actions and decisions of other care providers when the nurse has no way of knowing of those actions.

The nurse is accountable for:
- her or his actions and decisions
- knowing and understanding the roles and responsibilities of other team members, and collaborating, consulting and taking action on client information when needed
- taking action to ensure client safety, including informing the employer of concerns related to the conduct and/or actions of other care providers, and
- collaborating with clients, with each other and with members of the interprofessional care team for the benefit of the client.

The designated nursing authority (which is the nurse with the highest level of authority for nursing in the practice environment) is accountable for

ensuring there are mechanisms in place such as policies, procedures, guidelines and other resources to support the following:

- utilization decisions that take into account client, nurse and environment factors, and that are evidence-based
- nurse collaboration and consultation
- clear and well-understood role descriptions
- professional nursing practice, and
- continuity of client care.

The Three-Factor Framework

Making effective decisions about which nursing category (RN or RPN) to match with client needs involves considering three factors of equal importance: the client, the nurse and the environment, and deliberating on how they apply to the situation.

Client factors

Decisions about the utilization of an RN and an RPN are influenced by:

1. Complexity:
- the degree to which a client's condition and care requirements are identifiable and established
- the sum of the variables influencing a client's current health status, and
- the variability of a client's condition or care requirements.

2. Predictability:
- the extent to which a client's outcomes and future care requirements can be anticipated.

3. Risk of negative outcomes:
- the likelihood that a client will experience a negative outcome as a result of the client's health condition or as a response to treatment.

Client continuum

The three client factors described above combine to create a representation of the client that can be placed on a continuum. The continuum goes from less complex, more predictable and low risk for negative outcomes, to highly complex, unpredictable and high risk for negative outcomes. (See chart below.)

All nurses can autonomously care for clients who have been identified as less complex, more predictable and at low risk of negative outcomes. The more complex the care requirements, the greater the need for consultation and/or the need for an RN to provide the full spectrum of care.

Client Continuum

Less complex, more predictable, low risk for negative outcome(s)

Highly complex, unpredictable, high risk for negative outcome(s)

Autonomous RPN or RN practice

RN Practice

Increasing need for RN consultation and collaboration

Client Factors	Autonomous RN or RPN Practice	RN Involved or Providing Care
Complexity (includes bio-psycho-social, cultural, emotional and health learning needs)	- care needs well defined and established - coping mechanisms and support systems in place and effective - health condition well controlled or managed - little fluctuation in health condition over time few factors influencing the client's health - client is an individual, family, group or community	- care needs not well defined/ established or changing - coping mechanisms and supports unknown, not functioning or not in place - health condition not well controlled or managed - requires close, frequent monitoring and reassessment - fluctuating health condition many factors influencing the client's health - client is an individual, family, group, community or population
Predictability	- predictable outcomes - predictable changes in health condition	- unpredictable outcomes - unpredictable changes in health condition
Risk of negative outcomes	- predictable, localized and manageable responses - signs and symptoms are obvious - low risk of negative outcomes	- unpredictable, systemic or wide-ranging responses - signs and symptoms subtle and difficult to detect - high risk of negative outcomes

Nurse factors

The factors that affect a nurse's ability to provide safe and ethical care to a given client include leadership, decision-making and critical-thinking skills. Other factors include the **application of knowledge**, knowing when and how to apply knowledge, and having the resources available to consult as needed.

It is important for nurses to be aware of the limits of their individual competence and their practice. Based on individual practice reflection and the current requirements of their practice environments, nurses must continually enhance their knowledge and competence through ongoing learning, education, experience and participation in quality assurance activities. Nurses can become experts in an area of practice within their own nursing category; however, enhanced competence through continuing education and experience does not mean that an RPN will acquire the same foundational competencies as an RN. This will only occur through the formal education and credentialing process.

Nurses consult with one another when a situation demands nursing expertise that is beyond their competence. Consultation involves seeking advice or information from a more experienced or knowledgeable nurse or other health care professional. The amount of consultation required is determined by the complexity of client care needs and the nurse's competence. The practice setting influences the availability and accessibility of these consultation resources.

An important aspect of efficient consultation is providing nurses with the time and resources needed to consult as often as is necessary to meet client needs.

Nurses also need to clarify their reasons for consulting and determine an appropriate course of action. Unless care is transferred, the nurse who sought consultation is still accountable for the client's care.

Consultation results in one of the following:
a) the nurse receiving advice and continuing to care for the client
b) the nurse transferring an aspect of care to the consultant
c) the nurse transferring all care to the consultant.

When any care is transferred from one nurse to another, the accountability for that care is also transferred.

When a care provider assignment involves the expectation of consultation, nurses must assess that the required consultative supports are available. When supports are inadequate to meet client needs and ensure quality care, nurses must take appropriate action.

Whenever the need for consultation exceeds the efficient delivery of care, it is most likely that the client requires an RN to provide all care.

Nurse Factors	RPN	RN
Client	- Individuals, families and groups and communities	- Individuals, families, groups, communities and populations
Direct practice assessment	- recognizes changes, probes further and manages or consults appropriately with RN or other health care team member	- anticipates and recognizes subtle changes, probes to assess further, identifies relevant factors, understands significance and manages appropriately
Direct practice decision-making	- transfers knowledge from similar situations through pattern recognition - makes decisions based on the analysis of available information - makes decisions by accessing a known range of options to solve problems	- analyzes and synthesizes a wide range of information using a variety of frameworks or theories - makes decisions after actively seeking information - makes decisions by drawing on a comprehensive range of options to interpret, analyze and solve problems - anticipates many possibilities and makes proactive decisions
Direct practice planning	- develops plans of care to achieve identified client goals when overall care needs are less complex, outcomes are predictable and risk of negative outcomes is low	- plans broadly and over a longer time period, incorporating a variety of options and resources
Direct practice care coordination	- coordinates care for less-complex clients	- coordinates care for complex clients

Nurse Factors	RPN	RN
Direct practice implementation	▪ meets identified nursing care needs of less-complex clients with predictable outcomes, including health teaching ▪ meets current identified client care needs using a systematic framework for providing care (e.g., nursing process or theory) ▪ selects from a known range of options ▪ performs nursing interventions for which she/he can manage the client during and after the intervention or has access to resources ▪ works in consultation with RNs and others to meet care needs of more complex clients ▪ provides elements of care for highly complex clients when in close consultation with the RN directing that client's care	▪ meets a wide range of nursing care needs of clients regardless of complexity and predictability, including health teaching ▪ meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and range of options ▪ selects from a wide range of options ▪ manages multiple nursing interventions simultaneously in rapidly changing situations ▪ directs plans of care for highly complex clients
Direct practice evaluation	▪ collaborates with client to evaluate overall goal achievement and modifies plans of care for less-complex clients ▪ identifies expected outcomes of specific interventions and modifies plan of care in collaboration with client ▪ recognizes deviations from predicted client response(s) and consults appropriately	▪ collaborates with client to evaluate overall goal achievement and modifies plan of care ▪ identifies and anticipates a multiplicity of outcomes and modifies plan of care in collaboration with client ▪ recognizes, analyzes and interprets deviations from predicted client response(s); modifies plan of care autonomously
Direct practice consultation	▪ consults with RNs and other health care team members about identified client needs	▪ consults with other health care team members about a broad range of client needs ▪ acts as a resource for RPNs to meet client needs
Direct practice (other)	▪ delivers elements of established health programs	▪ designs, coordinates and implements health programs

Nurse Factors	RPN	RN
Leadership	- represents nursing and nursing care issues (e.g., participates in committees, workgroups, union/ regulatory activities) - acts as a preceptor to students and novice nurses - directs unregulated care providers, as appropriate - Provides leadership through formal and informal roles	- assumes role of leader within interprofessional team - provides leadership through formal and informal roles - acts as a preceptor to students and novice nurses - directs unregulated care providers, as appropriate - leads team effort to develop plans of care to achieve identified client goals when overall care requirements are more complex
Resource management	contributes to appropriate resource utilization	makes decisions about and allocates resources at program/ unit/organizational level
Research	- participates in data collection for research - uses research to inform practice (e.g., practice guidelines)	- critically evaluates theoretical and research-based approaches for application to practice - appraises the value of evidence, incorporates research into practice, develops research questions and participates on research teams - integrates theoretical and research-based approaches to design care and implement change

Environment factors

Environment factors include practice supports, consultation resources and the stability/predictability of the environment. Practice supports and consultation resources support nurses in clinical decision-making.

The less stable these factors are, the greater the need for RN staffing. The less available the practice supports and consultation resources are, the greater the need for more in-depth nursing competencies and skills in the areas of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management.

Environment Continuum

More stable environment   Less stable environment

Autonomous   RN Practice
RPN or RN practice

Increasing need for RN consultation and collaboration

Environment Factors	More Stable	Less Stable
Practice supports	▪ clear and identified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools ▪ high proportion of expert nurses or low proportion of novice nurses ▪ high proportion of nurses familiar with the environment	▪ unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools ▪ low proportion of expert nurses or high proportion of novice nurses and unregulated staff ▪ low proportion of nurses familiar with the environment
Consultation resources	▪ many consultation resources available to manage outcomes	▪ few consultation resources available to manage outcomes
Stability and predictability of the environment	▪ low rate of client turnover ▪ few unpredictable events	▪ high rate of client turnover ▪ many unpredictable events

Conclusion

The more complex the client situation and the more dynamic the environment, the greater the need for the RN to provide the full range of care, assess changes, reestablish priorities and determine the need for additional resources. The technical and cognitive aspects of nursing practice cannot be separated. Decisions about utilizing an RN or RPN are made after considering client care requirements and the nurse's cognitive and technical expertise in a given environment. By considering the client, nurse and environment factors, nurses and key stakeholders can determine which category of nursing is appropriate for specific roles in client care. The application of the three-factor framework will help decision-makers determine which roles and activities are not appropriate for autonomous RPN practice. Examples include, but are not limited to, the following:

• triage nurse
• circulating nurse
• administering conscious sedation or monitoring sedated clients (includes deep sedation and general anaesthesia).

Appendix

Quality Practice Settings

A quality practice setting is a workplace that supports nursing practice, fosters professional development and promotes the delivery of quality care. As partners in the effort to achieve quality care, nurses and employers have a shared responsibility to create practice environments that support competent nurses in providing quality outcomes for clients. To create quality practice settings that support effective utilization of nurses, the College encourages employers and nurses to consider incorporating the following strategies.

Care delivery processes

These factors support the delivery of nursing care/services and include the care/program delivery model, staffing ratios and staffing mix, standards of care, accountability and ongoing quality improvement measures. There is a growing body of research about the link between staff mix and nursing-sensitive client outcomes. This research points to the need for decision-makers to consider the appropriate utilization of RNs and RPNs in the practice setting. An appropriate mix is key to providing quality care.

Possible strategies include:
- an evidence-based nursing care delivery model that takes into consideration relevant best practices, client complexity and the practice expectations for the typical nurse, and facilitates quality nursing practices
- considering client complexity, staffing mix and ratios, and the nurses' roles in coordinating resources when addressing staffing issues
- clear accountability to ensure support for nurses who report gaps between their individual competencies (practice limitations) and practice expectations
- a continual quality improvement process, led by nurses in collaboration with other members of the team, to facilitate regular review of nursing roles and expectations.

Communication systems

These systems support the sharing of information and decisions about client care and services. Factors affecting the quality of communication systems include communication with clients and families, professional communications, information systems and technology, communication within and between programs, and conflict resolution mechanisms.

Possible strategies include:
- developing mechanisms ensuring that major changes to nursing roles and practice expectations are communicated in a timely manner
- engaging nurses in discussions regarding current or changing roles and practice expectations within the organization
- creating communication systems that promote and support the exchange of information between RN or RPNs and the health care team to facilitate the delivery of quality client care.

Leadership

Leadership occurs at all levels within an organization. It is the process of supporting others to improve client care and services by promoting professional practice. Effective leadership is demonstrated by staff participation in decision-making, the philosophy of the organization and the style of individual leaders within the organization.

Possible strategies include:
- developing a nursing governance structure to address all nursing practice issues
- providing opportunities for nurses to enhance their individual leadership skills within a defined role
- creating mechanisms to help nurses manage professional role conflict effectively, as it arises, on a one-to-one and collective basis.

Organizational supports

Organizations support the delivery of client care, services and programs through their policies, procedures, norms and values. Organizational supports include the organization's philosophy, policies and procedures, health and safety requirements, and recruitment and retention strategies.

Possible strategies include:
- having mission, value and philosophy statements that support and recognize the need for interprofessional and intraprofessional collaborative practice
- having a collaborative practice model within the organization that guides professional practice expectations
- developing evidence-based policies and/or guidelines that outline:
  - role expectations, limitations and responsibilities of nurses
  - accountabilities of all health care team members associated with collaborative professional practice
  - circumstances requiring nurses to consult and collaborate with other members of the health care team
  - situations that threaten client safety
- collaborative decisions and actions taken to ensure client safety; examine the appropriateness of those decisions given the professional practice model, the College's standards and the agency-specific practice expectations.

Professional development systems

The way in which staff members are hired, oriented and encouraged to maintain competence affects the care they provide. Professional development systems include an orientation program, preceptorship, promotion of continuing education and professional quality assurance, training, promoting a learning environment, performance management process and professional practice activities.

Possible strategies include:
- orientation for new staff members that includes information about roles and practice expectations
- access to preceptors or mentors
- ongoing educational opportunities designed to reinforce the principles and decision-making factors associated with demands of a changing environment.

Response systems to external demands

Nurses' ability to provide care is affected by the time in which an organization responds to changes in legislation, consumer demands and health care trends. The indicators include responses to legislated and regulatory requirements, client and community relations, accreditation, and health and safety requirements.

Possible strategies include:
- establishing mechanisms to address changes in legislation and regulations that influence the roles of nurses (such as, the *Regulated Health Professions Act, 1991*).

Facilities and equipment

The physical environment and access to equipment can support and increase the efficiency and effectiveness of client care, services and programs. Indicators of a supportive physical environment include availability of equipment and supplies that meet client needs, reliability of equipment and regular maintenance of equipment.

Possible strategies include:
- having sufficient access to equipment to support professional practice
- involving nurses in facility improvement planning
- involving nurses in equipment selection.

Glossary

Application of knowledge. The use of knowledge in practice. It includes assessment, planning, implementation, evaluation of outcomes and application of research. Application of knowledge encompasses decision-making and leadership.

Autonomous practice. The ability to carry out nursing responsibilities independently.

Client. The client is the person or persons with whom the nurse is engaged in a professional therapeutic relationship. The client may include family members of and/or substitute decision-makers for the individual client. The client may also be a family, group, community or **population**.

Collaboration. Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication between the members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses and other members of the health care team in the interest of client care.

Community. A group of people living in one place, neighbourhood or district, or sharing common characteristics or interests, or having common health needs. Nursing practice aimed at the community involves helping communities identify, articulate and successfully manage their health concerns. It is concerned primarily with care that is continuing, rather than episodic. When client care is mentioned in the context of the community, it does not mean providing care to an individual in the community –– the focus is on the collective or common good, instead of on an individual's health.

Competence. A nurse's ability to integrate the professional attributes required to perform in a given role, situation or practice setting. Professional attributes include, but are not limited to, knowledge, skill, judgment, attitudes, values and beliefs.

Competencies. Statements describing the expected performance or behaviour that reflects the professional attributes required in a given nursing role, situation or practice setting.

Decision-making. The ability to draw on many modes of thinking in order to select a course of action. It involves understanding and anticipating risks, benefits and outcomes beyond what is obvious, and creating a proactive plan of action based on this analysis. Critical thinking is an important component of effective decision-making.

Group. People who interact and share a common purpose(s). There is no clear distinction between a group and a community except that groups tend to have fewer members than communities. The methods used to plan and provide programs or activities for groups and communities are similar except for scale.

Health care team. An interprofessional group of individuals who are either directly or indirectly involved in a client's care. Depending on the practice environment, the composition of the team will vary. The team includes the client and the family.

Interprofessional care. The provision of comprehensive health services to clients by multiple health caregivers who work collaboratively to deliver quality care within and across settings.

Intraprofessional care. The provision of comprehensive health care services to clients by multiple members of the same profession who work collaboratively to deliver quality care within and across settings.

Leadership. In nursing, leadership includes the ability to facilitate client groups, develop plans of care, teach others, work in teams, lead teams, influence the work environment and advocate for or bring about change. All nurses have the opportunity to develop leadership skills throughout their career.

Population. A collection of individuals who have one or more personal or environmental characteristics in common.

Predictable outcomes. Client health outcomes that can reasonably be expected to follow an anticipated path with respect to timing and nature.

Unpredictable outcomes. Client health outcomes that cannot reasonably be expected to follow an anticipated path with respect to timing and nature.

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