This document replaces the Care Directives: Guidelines for Registered Nurses (1997/1999), and Guidelines for Delegated Medical Functions & Medical Directives (2005).
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Introduction

The purposes of this document are to provide registered nurses, authorized prescribers, including nurse practitioners, and healthcare agencies with clarity around the differences between direct orders, pre-printed orders and care directives. The document will also provide a framework for the development and approval of care directives.

Registered nurses are called upon to practice to their optimized scope of practice, to adapt and change to meet increasing demands while continuing to ensure the provision of safe, compassionate, competent and ethical care. A care directive is one way of responding to these challenges by broadening the scope of registered nursing practice resulting in more timely access to care, efficacy of care, advancement of the nursing profession, improved standards of care, as well as providing a link between legislation/regulation and the practice environment (Canadian Nurses Association, 2006).

What are the Differences between Direct Orders, Pre-printed Orders and Care Directives (CD)?

Direct Order
A direct order is a prescription from an authorized prescriber for RNs and other designated health care providers to perform an intervention for an individual client.

Pre-printed order
Pre-printed orders are a list of orders for a specific client for a specific health condition from which the authorized prescriber selects the applicable orders.

Care Directive
A care directive (CD) is an order written by an authorized prescriber for an intervention or series of interventions to be implemented by another care provider (e.g., registered nurse) for a range of clients with identified health conditions, only when specific circumstances exist.

What are the Differences between Direct Orders, Pre-printed Orders and Care Directives (CD)?

Direct Order
A direct order is client specific. Although it is generally a written order for an individual client, it may occasionally be a verbal order (generally used in exceptional circumstances such as an emergency situation or for a telephone medication order – click on Medication Guidelines for Registered Nurses, 2011). A direct order is usually time-limited and prescribed by an authorized prescriber for a specific intervention to be administered at a specific time(s).

Registered nurses are familiar with direct orders provided by physicians for each individual client; however, there are other authorized prescribers from whom the RN may accept an order.

An example of a direct order could be an order for ‘Demerol 100 mg IM, Q3H/prn’ that would be written on paper or recorded in the electronic record on the appropriate order form. Direct orders are to be implemented as written unless the RN determines a client-specific contraindication (e.g., physical assessment findings potentially contraindicate the therapeutic effects of the medication).
Pre-printed order
Pre-printed orders apply to a specific client and health condition and must be signed and included in the client’s health record. The client must be assessed by the authorized prescriber who then selects the appropriate therapeutic intervention from the pre-printed orders. Pre-printed orders are to be implemented as written unless the RN determines a client-specific contraindication (eg., allergy, in which case the physician must be notified). Examples of client care that could be considered for pre-printed orders include bladder and bowel care for long term care residents.

The purpose of the pre-printed order is to ensure consistency of interventions based on evidence-informed practice. Pre-printed orders support quality measures and ensure safety through improved legibility and compliance with approved abbreviations.

Pre-printed orders should not be confused with standing order. Standing orders are orders that are implemented for every client regardless of circumstances. Because there is no judgment required to determine the appropriateness of the standing order for individual clients, they are no longer considered acceptable.

Care Directive
A care directive (CD) is an order written by an authorized prescriber for an intervention or series of interventions to be implemented by another care provider (e.g., registered nurse) for a range of clients with identified health conditions or health needs, only when specific circumstances exist. Care directives are generally designed for extended periods of time, but some may have time restrictions. The interventions outlined must be within the scope of practice of the registered nurse who will be implementing the care directive. However, the authorized prescriber holds ultimate responsibility in terms of ordering the intervention. CDs can be implemented only when an authorized prescriber is available. Availability is to be determined by agency policy but should be consistent with the principles discussed throughout this document.

The purpose of a care directive is to provide safe, timely, effective and efficient client care, using the expertise of the authorized prescriber and the healthcare professional that uses discretion and judgment when implementing them. A CD serves to promote consistent high quality client care and reduce the time required to diagnose and begin management of client symptoms. One example is a care directive to enable the nurse to treat a client who presents to an emergency department with a migraine (e.g., IV initiation and/or medication).

A care directive:
- is always written by an authorized prescriber to order an intervention or a series of interventions (e.g., algorithm) for which s/he has ultimate responsibility.
- must be approved by agencies through their policy approval mechanism, and not individually written on each client health record (as with a direct order).
- is within the scope of practice for registered nurses (e.g., administration of a known medication), but some CDs may require additional knowledge and skill (e.g., ordering specific diagnostic tests).
- should be implemented only after the appropriate development and approval process is complete, only in the specifically identified environment and applicable only to the identified client population.
Guiding Principles for Care Directives (CDs)

- CDs should never contravene existing laws or accepted standards for nursing practice.
- The accountability to initiate, implement and maintain a CD for client care decisions is shared by registered nurses, nurse practitioners, other relevant authorized prescribers, healthcare agencies and employers.
- Agency policies should be in place to support the implementation of CDs, including a provision for resources required by healthcare practitioners to acquire and maintain required levels of competence.
- A decision to proceed with the development and implementation of a CD should be based on client need and not initiated for convenience or financial reasons.
- CDs should:
  - be in the best interest of clients
  - be appropriate for the practice environment
  - promote the optimal application of the competencies of registered nurses.
- The RN has the necessary competence to perform a care directive.

Who and what should be involved in the development of a Care Directive?

Initially, there must be an identified need for a specific CD within a local agency or District Health Authority. Although care directives are agency driven they may be developed to meet a provincial need. An example of this is the guidelines established by the Nova Scotia Department of Health and Wellness for immunization. Nova Scotia’s Immunization Schedule enables RNs with the necessary competencies to provide immunizations for staff and volunteers (in agencies where there is not an agency policy).

The development of CD policies, including the determination of competency requirements, should be developed in collaboration with members of the health team affected by the care directive and the authorized prescriber.

The establishment of a CD must be appropriate for the particular practice environment (employment setting) in which it is being considered (e.g., availability of essential technical and human resources and related policy supports). Before CDs are used to deliver healthcare within an agency, the following decisions that will need to be agreed upon include:

- identification of the types of interventions that may be ordered by means of a CD.
- determination of the availability of the authorized prescriber responsible for the care of the client.
- determination of competencies required to perform the CD.
- identification of when a CD may be implemented:
  - indicate the appropriate healthcare professionals to implement the care directive
  - specific education requirements.
- identification of the practice environment (specific units or services) in which the CD can be implemented.
- identification of the authorized prescriber for whom a Care Directive applies. Some prescribers might not approve of a CD for their clients and, therefore, the nurse cannot use the CD with their clients (i.e., morning after pill).
- documentation requirements for the RN performing the CD.
- development of a review and revision mechanism for the CD.

Some care directives will be valid only for specified periods of time, e.g., influenza vaccine. In the case of immunizations, such time-limited care directives authorize specific RNs to administer an identified
immunization within a designated timeframe. A specific example of a time-limited care directive for immunizations, based on clients' needs:

- Administer influenza vaccine 0.5 ml IM to all first-year nursing students at T.H.E. University between September 27, 2012 and January 31, 2013.

Note: a check-list for development and implementation of care directives is included in Appendix A.

**Education**

Care directives must be within the scope of practice of nursing but they may not be within the individual's scope of practice and further education may be required. When required, education and/or mentoring needs to be included to support and maintain RN competence.

**What should be included in a Care Directive?**

A care directive must include:

- name and description of the intervention(s) being ordered.
- specific client clinical conditions and situational circumstances that must be met before the intervention can be implemented.
- identification of the healthcare professionals who can perform the CD.
- a relevant assessment process to be used by registered nurses in making the decision as to whether to implement the directive (for factors to be considered see page 5).
- specific monitoring parameters, and reference to appropriate emergency care measures.
- identification of the contraindications to implementing the care directive.
- name, date and signature of the authorized prescriber or the signature of an authorized prescriber who represents a group i.e department head could sign for a CD that applied to patients of all physicians under his/her service.
- identification of any educational requirement.
- date and confirmation of policy approval by appropriate approval body.

**Note:** A Template for Care Directive policies is included in Appendix B.

**Who Approves Care Directives?**

The employer must ensure that there is an appropriate approval body and processes to approve a care directive such as a Medical Advisory Committee (MAC) or an equivalent body. An equivalent body should consist of a representative authorized prescriber providing the CD, a representative registered nurse involved in implementing the CD and other content experts – including representatives of risk management - as appropriate.

College staff members are available to provide consultation services to registered nurses and health agencies regarding development and approval of the CDs.

CDs should be implemented only after the approval process has been finalized and the RN has been deemed competent to perform the CD.

Agency policy dictates the frequency for the review/revisions of CD policies. Generally, agency policies are reviewed every three to five years.
Responsibilities and Accountabilities

Registered nurses, nurse practitioners and authorized prescribers are guided by their respective professional practice standards and are accountable at all times for their own practice and actions. However, they are also accountable to acquire and maintain a level of competence required for the ongoing provision of safe and effective care and expected to recognize the limits of their practice and competence. While the parameters and clinical guidelines for CDs should be established and well understood by both registered nurses and the authorized prescribers, the authorized prescriber maintains responsibility for the overall client outcomes of care.

Authorized Prescriber

The authorized prescriber who writes an order (direct order, pre-printed order or care directive) for an intervention is accountable and responsible for:

• knowing the risks of the intervention.
• knowing the predictability of the outcomes.
• knowing the degree to which they need to be involved with the implementation of the CD.
• ensuring the appropriate resources are available to intervene as required.
• collaborating with nursing staff in identifying appropriateness of CDs.
• collaborating with registered nurses and agency educators in the development of appropriate educational content.

Registered Nurses

Registered nurses are accountable and responsible:

• to participate in the identification of required competencies and educational programs for competence development, if appropriate.
• to participate in the initial and ongoing assessment of competence and learning needs of registered nurses in relation to CDs.
• for their decisions to proceed with the provision of a particular care directive and for their competence in its performance. It is important to note that although a registered nurse may be authorized to perform a specific CD, s/he is always accountable to judge the appropriateness of implementing the intervention in a given situation.

Factors influencing whether the registered nurse should implement a care directive

In essence, the approval of a CD is a determination that a specified intervention can be safely performed on the basis of a registered nurses’ assessment of a client. The following factors must be considered:

• The RN has the competence to implement the CD.
• All specified criteria (for the client population) have been met.
• Client condition is appropriate for the CD to be implemented.
• The degree of risk associated with implementing the CD (the greater the risk, the higher the degree of prescriber management required).
• Knowing the predictability of the outcomes of the intervention.
• Availability of prescriber support with the relevant knowledge and skill to deal with potential complications.
• The agency must define and communicate their specific definition of the term ‘available’, which must be consistent with the principles and factors discussed throughout this document.

If the above factors cannot be met than a registered nurse should not accept a care directive.
Healthcare Agency/Employer (e.g., District Health Authorities, Community Clinics, Doctors’ Offices)

The healthcare agency/employer is ultimately accountable for:

- Ensuring that standards of care are consistent with legislated and accepted professional standards which support client safety.
- Meeting their obligation to the public by establishing appropriate processes for the development, approval, implementation and evaluation of policies.
- Implementing education programs that enable healthcare professionals to acquire and maintain appropriate levels of competence.

Healthcare agencies are responsible to:

- Establish a collaborative process for the development, implementation and evaluation of CDs.
- Establish written policies and procedures about CDs that include the outline of the requirements necessary for their development.
- Establish and approve specific CD policies that are evidence-informed and consistent with accepted standards of care.
- Provide resources and supports for practitioners to attain and maintain a level of competence required for the performance of CDs.
- Establish measures to monitor and evaluate the quality of client/patient outcomes with respect to CDs.
- Maintain records of approved CDs.
- Contact the College of Registered Nurses of Nova Scotia and other relevant regulatory body on matters pertaining to a specific CD, as required.

College of Registered Nurses of Nova Scotia

The College is accountable to the public to ensure safe, competent, compassionate, ethical care through:

- Providing consultation services to registered nurses and health agencies on matters pertaining to guidelines for CDs
Flowchart: Development & Implementation

Care Directives

1. **Identification of the intervention to be provided**
   - Determine need to develop Care Directive
   - Analyse:
     - Client needs
     - Practice environment
     - Patient populations
     - Provider competencies
     - Agency policies

2. If NO, but in scope of practice of other healthcare professional
   - **Delegated Function**

3. Determine if the intervention is within the scope of practice of a registered nurse
   - If YES
     - **Care Directive**
     - Develop care directive for specific client population who meet identified criteria
     - Submit care directive for approval to appropriate agency approval body
     - Supporting policies in place
     - RNs acquire additional competencies as required (e.g., continuing education)
     - Education resources in place
     - RNs implement care directives when specified criteria are met

4. If NO: if in scope of practice of other healthcare professional
   - **Delegated Function**
## Summary Chart

<table>
<thead>
<tr>
<th>Pre-Printed Order</th>
<th>Care Directive</th>
<th>Delegated Function</th>
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<tbody>
<tr>
<td><strong>A pre-printed order</strong> is a list of orders for a specific client for a specific health condition from which the authorized prescriber selects the applicable orders. Pre-printed orders must be signed and included in the client’s health record. The authorized prescriber must assess the client and then select the appropriate therapeutic intervention from the list of pre-printed orders. These orders are to be implemented as written unless the RN determines a client-specific contraindication (e.g., allergy).</td>
<td><strong>A care directive</strong> is not a direct order for an individual client, but an order for an intervention or a series of interventions (e.g., algorithm) that may be implemented by a registered nurse for a range of clients with specific conditions and when specific circumstances exist. A care directive is not an intervention that is delegated, but is an intervention that is within the RN scope of practice (e.g., medication administration). An authorized prescriber must always be available when a care directive is performed. A care directive is always written by an authorized prescriber for which she/he has ultimate responsibility. A care directive is included with agency policies and not written on each individual client health record (as with a direct order), but a copy of the care directive should be included with the client health record or documented according to agency policy.</td>
<td><strong>A delegated function</strong> is the process of transferring a specific intervention (task, procedure, treatment or action within explicit and limited situations having clearly defined limits) that falls within the scope of practice of one healthcare profession (delegator), however, in the interest of client care, has been approved to be performed by a member(s) of another healthcare profession (delegatee) for whom the intervention is outside their scope of practice, but who has the required competence (certification/recertification).</td>
</tr>
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</table>

**Example:**
A pre-printed order set for Post Operative Total Knee Replacement would have a list of orders which are grounded in evidence informed practice and the authorized prescriber would tick off which orders are to be followed for each individual client based on the prescriber’s assessment.

**Example:**
Starting an IV and administering medications is within the scope of nursing practice when ordered by an authorized prescriber. A care directive for treatment for a migraine in the emergency department would enable the nurse to treat this range of clients with this specific condition prior to the physician assessment.

**Examples:** (for registered nurses)
Initiation of continuous epidural infusions, insertion of chest tubes, harvesting of saphenous veins.
Conclusion

This document provides information to assist registered nurses, authorized prescribers and health care agencies to safely and effectively develop, implement and evaluate care directives that support all health professionals to work to their optimal scope while facilitating interprofessional collaboration.
Glossary

**Accountability**: the obligation to acknowledge the professional, ethical, and legal aspects of one’s role, and to answer for the consequences and outcomes of one’s actions. Accountability resides in a role and can never be shared or delegated.

**Agency**: facility or organization through which health services are provided or offered (e.g., district health authorities, hospitals, community health centres, physicians' offices, home care programs).

**Authorized Prescriber**: a healthcare provider authorized by legislation to prescribe drugs and other health products. In Nova Scotia, authorized prescribers include nurse practitioners, physicians, dentists, midwives, optometrists and pharmacists. (*Medication Guidelines for Registered Nurses, 2011*).

**Certification**: the process of attaining competence in relation to a specific intervention through the completion of an education program that is established by an agency and encompasses both theory and practice components.

**Client**: the individual, group, community or population which is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services (*RN Act, 2006*).

**Collaborate**: Building consensus and working together on common goals, processes, and outcomes. (*CNA Code of Ethics*).

**Competence**: the ability to integrate and apply the knowledge, skills and judgment required to practice safely and ethically in a designated role and practice setting and includes both entry-level and continuing competencies (*RN Act, 2006*).

**Competent**: having or demonstrating the necessary knowledge, skills and judgments required to practice safely and ethically in a designated role and setting. (CRNNS, 2009).

**Competency**: the integrated knowledge, skills, judgment and attributes required of a registered nurse to practice safely and ethically in a designated role or setting. (Attributes include, but are not limited to, attitudes, values, and beliefs.) (*CNA Code of Ethics, 2008*).

**CRNNS**: College of Registered Nurses of Nova Scotia; the regulatory/licensing body for registered nurses and nurse practitioners in the province of Nova Scotia.

**Delegated function (DF)**: The process of transferring a specific intervention (task, procedure, treatment or action within explicit and limited situations having clearly defined limits) that falls within the scope of practice of one healthcare profession (*delegator*), however, in the interest of client care, has been approved to be performed by a member(s) of another healthcare profession (*delegatee*) for whom the intervention is outside their scope of practice, but who has the required competence (*certification/recertification*).

**Delegatee**: a health care team member who performs a specific intervention that is not within their scope of practice, but has been delegated to them by a team member who may perform that intervention that is within their scope of practice.
**Delegation**: transferring the responsibility to perform a function or intervention to a care provider who would not otherwise have the authority to perform it (i.e., function/intervention is within the delegating provider’s scope of practice, but not within that of the care provider to whom it is being delegated. Delegation does not involve transferring accountability for the outcome of the function or intervention.

**Delegator**: a health care professional who has the authority to perform a specific intervention who delegates that intervention to another health care team member who would not otherwise have the authority to perform it (i.e. the intervention is not within that team member’s scope of practice).

**Individual scope of practice**: the roles, functions and accountability that an individual is educated and authorized to perform (*Registered Nurses Act, 2006*). The individual scope of practice for a registered nurse is based on the scope of practice of the nursing profession, and further defined by the registered nurse’s specific education, experience, and context of practice (e.g., hospital, community). (*Medication Guidelines for Registered Nurses, 2011*).

**Interprofessional collaboration**: an interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided. It 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.

**Interprofessional education**: “occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (*CAIPE, 2002*) and is an approach that can be used to improve communication, mutual respect, and collaboration between health professionals with the ultimate goal of enhancing patient care outcomes.

**Intervention**: task, procedure, treatment, function, drug or action with clearly defined limits.

**Medical Advisory Committee (MAC)**: a committee that acts in an advisory capacity to an agency’s board and chief executive officer in matters concerning the medical care of clients, teaching, and research. The committee is usually comprised of an interprofessional membership and has the authority to approve agency policies.

**Policy**: broad statement that enables informed decision-making, by prescribing limits and assigning responsibilities/accountabilities. In terms of professional practice, policies are formal, non-negotiable, clear, authoritative statements directing professional practice. Policies are realistic and achievable, based on evidence or best practice, and should reflect the mission, vision, values and strategic directions of an organization (*Cryderman, 1999*, p.16).

**Practice of medicine**: includes, but is not restricted to:
(i) advertising, holding out to the public or representing in any manner that one is authorized to practise medicine in the jurisdiction,
(ii) offering or undertaking to prescribe, order, give or administer any drug or medicine for the use of any other person,
(iii) offering or undertaking to prevent or diagnose, correct or treat in any manner or by any means, methods, devices or instrumentalities any disease, illness, pain, wound, fracture, infirmity, defect, or
abnormal physical or mental condition of any person,
(iv) offering or undertaking to perform any obstetrical procedure or surgical operation upon any person (Medical Act, 1996).

**Practice of nursing:** the application of specialized and evidence-based knowledge of nursing theory, health and human sciences, inclusive of principles of primary health care, in the provision of professional services to a broad array of clients ranging from stable or predictable to unstable or unpredictable, and includes:

(i) assessing the client to establish the client’s state of health and wellness,
(ii) identifying the nursing diagnosis based on the client assessment and analysis of all relevant data and information,
(iii) developing and implementing the nursing component of the client’s plan of care,
(iv) co-ordinating client care in collaboration with other health care disciplines,
(v) monitoring and adjusting the plan of care based on client responses,
(vi) evaluating the client’s outcomes,
(vii) such other roles, functions and accountabilities within the scope of practice of the profession that support client safety and quality care, in order to
(A) promote, maintain or restore health,
(B) prevent illness and disease,
(C) manage acute illness,
(D) manage chronic disease,
(E) provide palliative care,
(F) provide rehabilitative care,
(G) provide guidance and counseling, and
(H) make referrals to other health care providers and community resources,
and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to subclauses (i) to (vii)

(Registered Nurses Act, 2006)

**Practice of nurse practitioners:** means the application of advanced nursing knowledge, skills and judgment in addition to the practice of nursing in which a nurse practitioner in collaborative practice may, in accordance with standards for nurse practitioners, do one or more of the following:

(i) make a diagnosis identifying a disease, disorder or condition,
(ii) communicate the diagnosis to the client and health care professionals as appropriate,
(iii) perform procedures,
(iv) initiate, order or prescribe consultations, referrals and other acts,
(v) order and interpret screening and diagnostic tests, and recommend, prescribe or reorder drugs, blood, blood products and related paraphernalia,
and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to subclauses (i) to (v).

(Registered Nurses Act, 2006)

**Re-certification:** the process of renewing certification for a specific intervention; the frequency of which may be determined by an agency, taking into consideration factors such as practitioner competence and frequency of performance. Within their policy development, agencies may adopt certification programs from other institutions.
**Responsibility:** an activity, behaviour or intervention expected or required to be performed within a professional role and/or position: may be shared, delegated or assigned. *(Standards of Practice for Registered Nurses, 2011).*

**Scope of practice:** the roles, functions and accountabilities which members of a profession are educated and authorized by legislation to perform.

**Scope of employment:** the range of responsibilities defined by a specific employer through job descriptions and policies.

**Vicarious liability:** a legal doctrine that applies in situations where the law holds the employer legally responsible for the acts of its employees that occur within the scope and course of their employment. *(Canadian Nurses Protective Society 1998).*
Bibliography


### Agency Policy
- Develop policies to support healthcare provider
- Conduct literature review and/or benchmark with other relevant agencies to ensure best practice
- Include content experts in policy development/review
- Include Risk Management personnel

### Authorized Prescriber
- Requires written order or CD
- Implementation dependent on accessibility of authorized prescriber (in person or by phone – to be determined based on specific CD)

### Registered Nurse
- Decision to implement based on:
  - competence,
  - assessment of client,
  - practice environment (employment setting),
  - available supports/resources, accessible authorized prescriber, and
  - agency approved policy.

### Approval by:
- Medical Advisory Committee or Equivalent Policy Approval Committee
- If no MAC or equivalent body, RNs who will be required to perform a CD are required to contact the CRNNS to seek direction.
Appendix B

CARE DIRECTIVE POLICY TEMPLATE

AGENCY POLICY & MANUAL HEADING

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<tbody>
<tr>
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<td>Date Issued:</td>
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<td>Date To Be Reviewed:</td>
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<td>Issuing Authority:</td>
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CARE DIRECTIVE

POLICY

GUIDING PRINCIPLES AND VALUES

DEFINITIONS (If required)

PROCEDURE (AND/OR PROFESSIONAL RESPONSIBILITIES)

RELATED DOCUMENTS (If required)

REFERENCES

HISTORICAL DATES

With the ever changing landscape in the healthcare system, every attempt needs to be made to enhance client care by accommodating collaborative practice.