

College of Licensed Practical Nurses of Nova Scotia
College of Registered Nurses of Nova Scotia

Adding Interventions to Nurses' Scope of Practice

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Introduction

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and the College of Registered Nurses of Nova Scotia (CRNNS) are the regulatory bodies for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs). Each College's mandate is to protect the public by promoting the provision of safe, competent and compassionate nursing services.

It is important for nurses¹ to continue to grow and develop in the current healthcare landscape where there is increased client acuity, increased complex care, new and changing technology and a health system expectation for all health care professionals to work to their optimal scope of practice. Many health care professionals share similar and overlapping competencies. No longer, does one task or activity define a profession, but rather it is the entire scope of practice, which makes a profession unique.

The College's frequently receive inquiries from nurses, employers and other health professionals as to whether a specific intervention can be implemented by a nurse and if so, by which designation of nurse. This document provides a framework and guidance on adding interventions which have not traditionally been part of the profession's scope of practice. In doing so the document will aid in analyzing relevant information to assist the nurses, employers, government and other stakeholders decisions about adding interventions to a licensed practical nurse or registered nurses' individual scope of practice as a means to facilitate safe, timely, accessible client care in Nova Scotia.

Considerations for Adding Interventions

There are a number of considerations which must be carefully assessed in making a decision about adding an intervention. These include:

- Scope of Practice of the Nursing Profession
- Scope of Practice of the Nursing Designation
- Individual Scope of Practice
- Scope of Employment

Each of these considerations is discussed in more detail below.

Scope of Practice of the Nursing Profession

The legislated scopes of practice for LPNs and RNs are outlined in the Licensed Practical Nurses Act, 2006 (LPN Act) and the *Registered Nurses Act, 2006* (RN Act)² respectively. The professional scope of practice encompasses the roles, functions and accountabilities that nurses are educated and authorized to perform.

The legislations are the foundation upon which entry-level competencies and standards of practice for nurses are developed. Additionally, legislation informs the curriculum for nursing education programs, assists employers with care delivery models, and the government with health care workforce planning. The legislation provides the framework for nursing practice and it must be considered when making decisions about introducing interventions not previously considered to be within the nursing scope of practice.

The LPN and RN Professional Scope of Practice

LPNs and RNs study from the same body of nursing knowledge, however RN education is more in-depth and comprehensive. As a result, the professional scope of practice of the RN is broader than the professional scope of practice of the LPN.

One of the differences in the practice of the RN and LPN is the professional authority to perform interventions independently. RNs are autonomous practitioners. Their level of autonomy authorizes them to perform interventions independently in their practice context for any client, regardless of the client's level of care need. LPNs are also autonomous care providers; however, they work in collaboration with others. Their

¹ In this document, unless otherwise indicated, nurse means LPN or RN.

² In this document, unless otherwise indicated, the LPN Act and RN Act are referred to 'Nursing Legislations'.

level of autonomy to perform interventions independently varies in relation to the complexity of the needs of the client and supports in the practice environment. This means even though the individual LPN may have the competence and professional authority to perform an intervention, other factors in the care context and setting (client needs or available resources) may suggest the comprehensive and in-depth nursing knowledge of the RN is necessary to meet the individual client's needs.

Understanding the contextual nature of the LPN practice and autonomy informs employer's decisions about adding an intervention to the nursing scope of practice. Doing so drives the need to determine in what contexts and, under what conditions, LPNs may perform the newly added intervention. (See Appendix B: Three-Factor Framework).

Individual Scope of Practice

Entry to practice education, practice experience, context of practice, and formal and informal education over the course of a career makes up the individual scope of practice of any given nurse. While the individual scope of practice may be narrower than that of the profession, individuals may have more specialized, in-depth knowledge and competence in a specific area of practice. Unlike the professional scope of practice, a nurses' individual scope of practice can evolve over time where they are required to gain additional competencies as their context of practice changes.

Scope of Employment

The scope of employment is the description of the nurse's role defined by the employer through job descriptions, policies, guidelines, and context specific education.

Adding New Interventions Traditionally Not Considered to be Part of Nursing Scope of Practice

If there is a need to add an intervention to a nurses individual scope of practice that has not been traditionally part of the practice of nursing, an interpretation of scope of practice is required from the College(s). The Colleges complete scope interpretations to determine if the intervention in question is consistent with the definition of the practice of nursing as noted in the current nursing legislations.

Interventions deemed not to be in the legislated scope of nursing practice, require mechanisms such as delegation³ or modification of scope to enable the nurse to perform the intervention. The modification of the scope of practice is the process of adding the role or intervention to the scope of practice of the nursing profession as a whole. This requires an analysis of the existing scope of practice, changes to the nursing legislation and extensive consultation.

Adding Interventions to an Individual Nurse's Role

Interventions may be added to an individual nurse's role as long as:

- They are consistent with the legislated scope of practice of the profession;
- They are not prohibited by other legislation and;
- Nurses are able to attain and maintain their competence in its performance.

Prescriber Orders and Policy Changes

New interventions may, or may not require a written order from an authorized prescriber or a care directive or development of change in existing policy prior to implementation. This should be considered as part of the overall analysis process.

³ The process of delegation is under review by many professions and may be replaced by other processes in the future. Call a College Practice Consultant if you have questions about delegation or if you have questions about scope of practice, modification of scope or an intervention.

Decision Making Framework for Adding Interventions to a Nurses' Scope of Practice

Population health needs, contexts of practice, and the drive to improve health outcomes by optimizing the health system heavily influence decisions about the nursing scope of practice. The decision-making framework (Appendix A) assists nurses, employers and stakeholders to determine collaboratively if a

proposed intervention is consistent with the professional scope of practice and whether adding it to nursing practice will enhance client outcomes.

Accountability

Employers and nurses share the accountability to make sure the appropriate supports are in place. If it is determined that a proposed intervention is within the scope of practice of nursing and that adding it to an individual nurse's scope of practice could positively affect client outcomes the employer is responsible to provide the nurse with the required education and practice experience to gain and maintain competence of the intervention. Additionally, they are accountable to implement the necessary organizational supports (e.g. policy) to support the practice. The nurse is accountable to engage in the education and practice to build their capacity to perform the intervention safely and competently.

Conclusion

This document provides information for nurses, organizations and other stakeholders to help them work in collaboration to determine if adding a new intervention to the nurse's scope of practice is appropriate. The Colleges encourage nurses, organizations and other team members impacted by the proposed addition of the intervention to work together when conducting the analysis.

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WHEN TO CONSULT WITH THE COLLEGES

1. When it is not clear if the intervention is within the nursing scope of practice.
2. When there is a question about the level of risk to clients.
3. When there is a lack of resources in the organization to adequately assess the appropriateness of adding an interpretation to the nursing scope of practice.
4. When the nurse is self-employed.
5. When there are questions about determining the most appropriate designation of nurse to implement the intervention.
6. Any time there are questions about the application of the decision-making framework or three-factor framework.

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Appendix A

Decision Making Framework

Typically, if all the decision points in the framework can be answered 'yes', there is sufficient information to make an informed decision about adding the new intervention. Negative answers do not necessarily disqualify the intervention. It is however, an indication that additional analysis and a consultation with the respective College are required.

LEGISLATION, SCOPE AND EVIDENCE

- Does the new intervention meet the definition of the practice of nursing as defined in the nursing legislation?
- Do the College's Standards of Practice for nurses support the proposed intervention?
- Has other relevant legislation or policy been examined for any indicators that would prevent the nurse from performing the intervention? **If there are specific prohibitions in other legislation, DO NOT proceed and contact the relevant College(s).**
- Is there credible evidence or best practices to support this addition?
- If available, has any contradictory evidence been considered and evaluated? Is there credible evidence Has any evidence indicated any information to refute the addition?
- If consulted, do the relevant nursing regulatory bods(ies) support this addition?

If there more unfavorable (no) than favourable (yes) responses, it is likely there is insufficient information to proceed. Consult the relevant nursing College(s). Otherwise, PROCEED

CLIENT

- Will adding the proposed intervention to the nurse's scope of practice benefit clients?
- Is the risk of status quo (nurses not performing the intervention) or other enabling mechanisms (i.e., care directives, delegation) manageable?

If there has been consideration that the status quo and other mechanisms would pose less risk or be the best option, DO NOT proceed and consult with the relevant nursing College(s). Otherwise, PROCEED.

RISK

- Is the level of risk to clients acceptable?
- Is the level of risk to the nurse acceptable?
- Is the level of risk to the organization acceptable?
- Is there a plan to manage known risks?
- Has there been consideration of the unintended or unexpected outcomes and is there a plan to manage these?
- Has there been consideration of the possible legal and/or liability implications with the:
 - Organization's risk management department;
 - CLPNNS;
 - CRNNS or;
 - Canadian Nurses Protective Society.

If any unfavorable response indicates there is insufficient information to make an informed decision, DO NOT proceed any further and consult with the relevant Nursing college(s). Otherwise, PROCEED.

ORGANIZATIONAL SUPPORT

- Does the intervention fit within the context of practice? **If no, DO NOT proceed and contact the relevant nursing College(s).**

- Has there been consideration of the unintended or unexpected outcomes adding the intervention may have on nurses' workload and efficiency and is there a plan to manage these?
- Has 'provider convenience' been ruled out as the primary reason for adding a proposed intervention to the nurse's scope of practice?
- Does the organization support adding this intervention to the individual scopes of practice?
- Is the organization able to provide the necessary support through clear policies, procedures and supervision to enable the nurse(s) to develop the required competencies?
- Is there a plan or mechanism to monitor and regularly evaluate the ongoing need for, and efficacy of the added intervention?

If the above questions above have been favourably answered, there is likely sufficient information to make an informed decision, PROCEED.

COMPETENCE AND EDUCATION

- Do nurses have the necessary knowledge, skill and ability to support this addition to their scope of practice?
 - If not, is there an appropriate plan to develop the necessary competencies?
- Does the plan account for the differences in entry- to- practice education of the LPN and RN?
- Does the plan address the differences in the autonomy of the LPN and RN?
- Is there an appropriate plan for the review and maintenance of the nurse's competence and is there an appropriate person in the organization identified to do this?

If the above questions above have been favourably answered, there is likely sufficient information to make an informed decision, PROCEED.

CONSULTATION

- Has there been consideration of the affect the proposed addition will have on the health care team, professions and stakeholders and is there plan to mänge this?
- Have other health professionals or stakeholders been consulted and informed? **If the consultation and feedback suggests adding the intervention could have a negative impact on stakeholders DO NOT proceed. Contact the relevant nursing College(s).**

If the questions above have been answered with sufficient information to make an informed decision, PROCEED.

CONCLUDING STATEMENT

As a stakeholder, the next steps in evaluating and determining whether to proceed based on the collective information obtained from answering the questions in this Decision-Making Framework are important and impact the organization and client care as a whole.

It is important to consider both the favorable and unfavorable responses in determining whether to proceed with adding an intervention to the nurse's scope of practice. The nursing regulatory bodies are available for consultation should there be any further questions.

Appendix B

Determining if an LPN Should Perform a Newly Added Intervention⁴

Determining if it is appropriate for an LPN to perform any intervention is a complex issue that may have serious consequences. While there are a number of considerations that inform decisions, the following three-factor framework can assist in this process.

BACKGROUND

The authority for LPN practice comes from three sources:

- 1. The Regulatory Body:** Authorizes LPN practice by setting the scope of practice with legislation, develops standards and interpretive documents to guide LPN practice. The regulatory body can authorize the addition of new interventions to the scope of nursing practice using an interpretive process.
- 2. The Employment Setting:** Authorizes LPN practice through developing, implementing and enforcing policies enabling certain activities in certain contexts under certain conditions.
- 3. The Individual LPN:** Authorizes their practice through a self-regulatory process of continual assessment of competence, and implementation of activities designed specifically to address and close the self-identified knowledge gaps.

Authorization alone is not enough to determine if the LPN is the most appropriate designation of nurse to implement an intervention (newly added or otherwise). As previously discussed, LPN practice is contextual, meaning the LPNs professional autonomy or capacity to perform an intervention independently - especially one recently added to their individual scope of practice is directly related to the elements of the Three-Factor Framework (See Table 1).

TABLE 1
Three- Factor Framework

Needs of the Client	<ul style="list-style-type: none">the client needs are known and;the intervention is part of an established plan of care and;the client's response(s) to the intervention are known, consistent over time, or readily anticipated.
Supports in the Practice Environment	<ul style="list-style-type: none">there are sufficient resources (e.g., staff, policy, and equipment) in the practice environment to support the client or the LPN if necessary and;the resources are readily accessible to the LPN and others.
The LPN	<ul style="list-style-type: none">has the necessary knowledge, skill and judgement (competence) to safely perform the intervention and;is able to predict and manage the outcomes of their actions and/or the client's response to the intervention.

The more the three factors align, the more likely it is the LPN can perform the intervention independently within their collaborative relationship. As factors diverge, the LPN is required to consult or collaborate with other care providers (most often with the RN) for guidance or direction before performing the intervention.

⁴ The three-factor framework has applicability when deciding if any nurse should perform an intervention, however in the context of this document it is focused on the LPN performing an intervention newly added to a nurses scope of practice.

Application⁵ of the Three-Factor Framework

SCENARIO 1	SCENARIO 2
<ul style="list-style-type: none"> • Client has 5-year history of DX A. • Self-manages at home with 1-2 admissions per year to manage exacerbations of SYMPTOMS A & B. • Admitted with SYMPTOMS A & B. • Has received NON NARCOTIC IV PAIN MEDICATION without issue to manage SYMPTOMS A & B. • No staffing issues, charge nurse on unit, pharmacist in building. MD on site. • LPN has competence and capacity to administer IV medications. 	<ul style="list-style-type: none"> • Client has 5-year history of DX A. • Self-manages at home with 1-2 admissions per year to manage exacerbations of SYMPTOMS A & B. • Admitted with SYMPTOMS A, B, C & D. • Has previously received NON NARCOTIC IV PAIN MEDICATION without issue to manage SYMPTOMS A & B. • No staffing issues, charge nurse on unit, pharmacist and MD on call. • LPN has competence and capacity to administer IV medications.
<ul style="list-style-type: none"> • Elements of the framework are aligned. • Either LPN or RN is appropriate nurse to enact intervention. 	<ul style="list-style-type: none"> • Two elements of the framework are out of alignment (new symptoms and less onsite resources). • The RN is the most appropriate nurse to enact intervention or set the conditions under which the LPN may enact the intervention.

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⁵ Assume the LPN is authorized (at all levels to perform the intervention)