

The College of Registered Nurses of Newfoundland and Labrador (CRNNL) and the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL) have the legislative authority to develop the scope of practice for RNs, LPNs, and NPs in the province of NL. RNs, NPs, and LPNs are self-regulated health care professionals.

Self-regulation is the ability of nurses to govern their own practice. Nurses take accountability and responsibility for their individual practice, including their decisions, actions and inactions, judgments, and consequences of care, etc. Self-regulated nursing professionals are accountable and responsible to adhere to the Standards of Practice, practise within their own scope of practice and individual competence, and adhere to applicable legislative, employer, and regulatory expectations. Therefore, a nurse¹ is responsible for their own practice, whether practising independently or collaboratively.

The purpose of this practice guideline is to provide direction on the scope of practice of RNs and LPNs and collaborative practice between RNs and LPNs in the best interest of the client.

Scope of Practice Framework

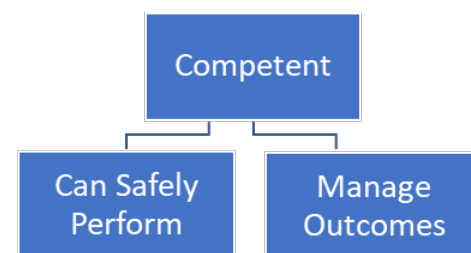
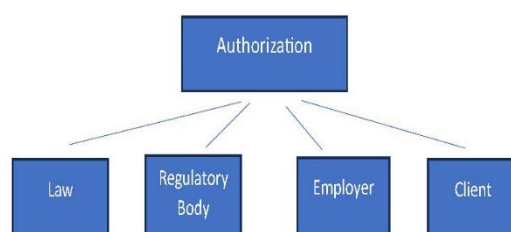
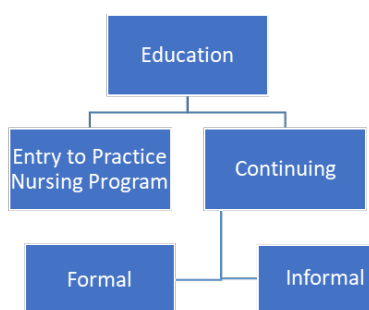
Scope of practice refers to the range of roles, functions, responsibilities, and activities which nurses are **educated**, **authorized**, and **competent** to perform. Scope of practice identifies the boundaries of a discipline, in this case, the broad discipline of nursing. The scope of practice framework helps the nurse identify if they are the most appropriate health care provider to care for the client at that time and in that particular practice setting.

When questioning whether something is in one's individual scope of practice or individual competence, nurses should use reflection before proceeding to perform a competency/nursing care. Nurses should reflect on the *scope of practice framework - educated, authorized, and competent-* to carry out care safely while managing the outcomes of care?

Scope of Practice Framework Reflections

The framework consists of three reflective questions:

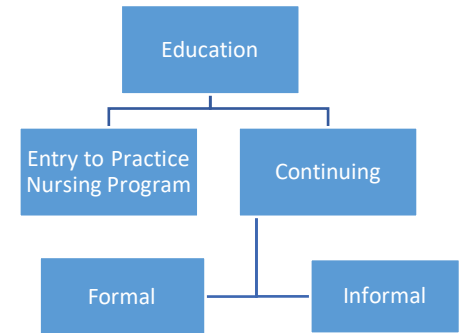
- am I educated?
- am I authorized?
- am I competent?



¹ In this document, nurse refers to RN, LPN, and NP

Education

Nurses acquire education through an entry to practice nursing education program and through continuing education. Each individual nurse is responsible and accountable for knowing what they are educated to perform and must ensure they have obtained the education (knowledge, skills, and judgment) necessary to carry out their nursing service in a safe, competent, and ethical manner.



Entry to Practice Education

RNs and LPNs receive entry to practice education from the same body of knowledge; however, there are differences in the depth and breath of the knowledge obtained throughout the nursing programs.

Practical Nursing (PN) students graduate from a five semester Diploma program and Bachelor of Sciences of Nursing (BScN) students graduate from a nine-semester Degree program. Both BScN and PN students must pass a national registration exam to be eligible to obtain a licence to practice.

Continuing Education

Continuing education may be formal or informal learning, consisting of both theory and practical components. Nurses must reflect on the competencies and education they currently possess and identify whether they need to obtain further competence and/or education. Nurses are required to maintain competence through life-long learning and to use evidence-informed best practices for client care.

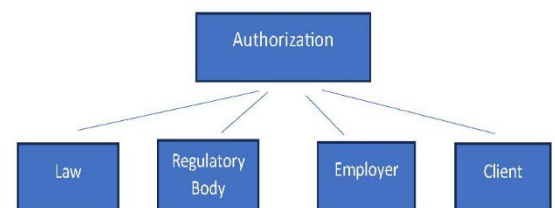
Reflections on Education.

- do I have the knowledge, skill, and judgement to carry out care safely, competently, and ethically?
- am I educated to perform this competency? Did I learn about this competency in my entry to practice nursing program or through formal or informal continuing education? Did I receive appropriate education, both theory and practical experience, to perform safe and competent care?

Authorization

Nurses must be authorized to carry out care. There are four categories of authorization, and all must be in place for the nurse to perform the competency:

1. Law (Legislation)
2. Regulatory Body
3. Employer
4. Client



Law (Legislation)

Both RNs and LPNs have laws that influence their practice. Activities must be in accordance with the Legislation. Nurses are required to be knowledgeable of and apply the various federal and provincial legislation that govern and/or direct nursing practice. Examples of legislation include, but are not limited to, the RN Act and Regulations, the LPN Act and Regulations, the Food and Drug Act and Regulations, Narcotic Controls Act and Regulations, Criminal Code of Canada, etc. There may also be specific pieces of legislation that nurses must be aware of related to the practice setting (e.g., the Food and Drug Act and Regulations permits NPs to give out drug samples but prohibits RNs or LPNs to do so).

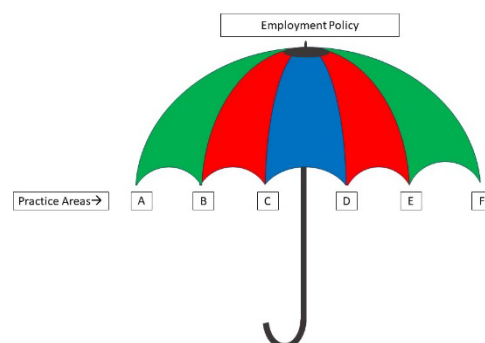
Regulatory Body

The nursing regulator must authorize the practice to be within the scope of the nursing profession in NL. For LPNs, you will find the scope of the profession in the CLPNNL Competency Profile document found on the CLPNNL's website. Within the document, you'll find the professional scope of practice of an LPN including entry level and post basic competencies. For RNs, there is no document or list of competencies. Nursing professionals use reflection on the scope of practice framework to identify if something is or can be within their individual scope of practice. Nurses are reminded to contact their respective regulatory colleges if there are questions related to scope of practice.

Employer

Activities must be authorized by the nurse's employer as approved nursing practice in the employment setting. The employer identifies via policies, job descriptions, etc. what they authorize nurses to perform in the employment setting. Employers may have overarching policies; however, the nurse must be mindful that there could also be practice area specific policies that are in place. These policies may permit the nurse to perform a competency in one practice setting but not another (as depicted in the umbrella diagram).

Nurses must seek out employer policies and know what their expectations are.



Client

Activities must be authorized, via informed consent, by the client/substitute decision-maker.

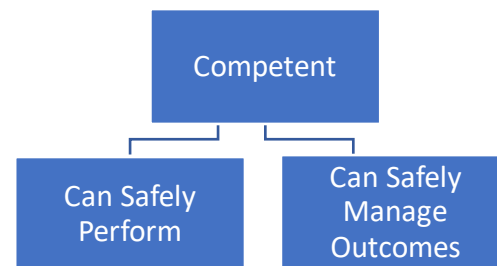
Reflections on Authorization.

- am I aware of the legislation in this practice area and does it support me in carrying out this care?
- does my Regulatory Body identify that this care is within the scope of practice of the profession?
- does my employer support me in the form of a policy(s) to carry out this care and in this particular practice setting?

- has my client given consent to allow me to care for them?

Competent

Nurses must maintain competence in their practice and adhere to evidence-informed, best practices. They must be able to manage outcomes of care, and, when unexpected outcomes arise, they must have supports in place to manage client care.



Reflections on Competence.

- am I competent? Do I have the necessary knowledge, skills, and judgment to:
 - assess the appropriateness of performing the competency and carry it out safely?
 - manage the outcomes (intended or unintended/untoward consequences) of care before, during, and after the competency?
- is my knowledge current and based on best practice, evidence-informed literature, or research?
- have I identified the potential outcomes? Do I know the associated benefits and risks of the competency?
- does the performance of this competency promote safe, competent, and ethical client care?
- am I the most appropriate care provider?

Assignment of Care

Assignment of care is the process of assigning the accountability and responsibility for meeting client(s) care requirements for a specific period of time to an individual who is competent to provide the care and, the care is within their individual scope of practice. It is a knowledge-based process of matching the most appropriate health care provider with the appropriate client, based on the assessment of client needs.

Nurses are autonomous practitioners who care for clients across the lifespan. RNs do not have limitations on the complexity of the client they are assigned to. However, LPNs have limitations on the type of client they are independently assigned to depending on the **client** (complexity of care and plan of care), the **nurse** (the scope of practice/employment of the nurse), and the **environment** (resources and supports available to the nurse). These three bolded words are interrelated and must be considered as a whole. The words predictable and unpredictable are used to reflect the needs of the client and the complexity of care required, occurring within a specific practice setting.

The RN usually creates the assignment of care; however, there are some circumstances where the LPN creates the assignment of care depending on the practice setting. The nurse who creates the assignment of care is providing the authorization to the members of the collaborative team to provide care for specific clients. Therefore, to create the assignment care, they must know:

- the predictability of the clients and their care needs
- the scope of practice of the individuals being assigned to provide care to ensure that they are assigning the most appropriate care provider to a particular client

- their own scope of practice
- what resources are available to manage the outcomes of care

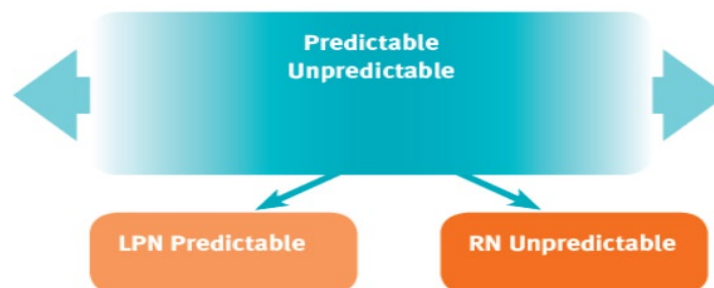
If the nurse creating the assignment of care questions the client care needs and availability of staff, they must seek answers or clarification prior to completing the assignment. The assignment of care should not change for convenience (e.g., break time). It is created based on a thorough consideration of the above factors.

The nurse responsible for the assignment of care is not responsible for the care being provided by other nursing professionals under that assignment. Each health care professional is responsible for practising within their own scope of practice and individual competence and for documenting the care they provided. If the client has care needs that are not within the individual scope or competence of the assigned nurse provider, it is the responsibility and accountability of the assigned nurse provider to communicate that to the person creating the assignment.

If the client assigned to the LPN has changes to their care needs and they are no longer following a predictable pattern according to the plan of care, collaboration must occur between the LPN and RN to determine the direction of care. Conversely, the LPN is responsible to communicate to the RN if and when changes occur and where re-evaluation of the assignment may be required.

As client complexity increases (e.g., client care needs become less defined, with higher complexity, and higher risk of negative outcomes), the need for communication, consultation, and collaboration between the LPN and RN (or NP or physician) increases. This does not necessarily mean the entire care of the client is transferred to the RN; however, there may be a component of care that is, and the RN must collaborate with the LPN as each individual practitioner is accountable for the portion of care they provide. The RN and LPN, within the collaborative relationship, will determine whether all care or portions of the care will be transferred to the RN.

Assignment of Care within a Team of RNs and LPNs



Predictable Outcomes of Care

This is a client who:

- has care needs that are well defined

- has an established plan of care
- has care outcomes or changes that can be anticipated
- has a health condition that has an established path

This client can be assigned to an LPN.

Predictable Outcomes of Care with a Change in Complexity

When the client's condition started off as having outcomes that were predictable; however, now there's a change in the client's condition, the LPN who is assigned to that client will practice within their own scope of practice but also use effective communication with the RN/NP/Physician regarding these changes. Perhaps the changes occur in this client from time to time or it may be a new onset. Because there is a change, LPNs and RNs collaborate /communicate together. The LPN will compare actual assessment findings to expected findings and consult appropriate care providers when assessment findings are not as expected, including:

- when client status is not as anticipated, changed, or new onset
- when client is not achieving expected outcomes
- when client status is becoming variable or less predictable.

This is a client who:

- was predictable but the clients condition changed, and the outcomes are not as anticipated, changed, or new
- is not achieving intended outcomes
- has a variable or less predictable status

This client can be assigned to the LPN. This may not mean there is a change in assignment; instead, it means that there is increased collaboration/communication for the component of care that causes this change in the client's status. Nurses document their own involvement in the client's care within the client's record.

Unpredictable Outcomes of Care

When the client's condition is complex, (e.g., many co-morbidities, uncontrolled disease management, high risks involved in care, etc.), an RN is assigned to this client. Although the RN is assigned to the client who has outcomes that are unpredictable, the LPN who has within their own scope of practice care that's required for the client, can assist the RN. For example, if an LPN has within their scope of practice the ability to administer IV medication, the LPN can help the RN and provide that component of the care required. The LPN follows all the correct channels for this care, documents their involvement, and communicates to the RN that that care is complete and any unusual findings.

This is a client who:

- has health care needs that are not well defined or constantly changing
- has care outcomes and changes that are not able to be anticipated
- has interventions that may have unpredictable outcomes and risks

This client is assigned to an RN.

In summary, some key considerations to reflect upon in relation to the Colleges' ***Scope of Practice Framework***:

- am I educated?
- am I authorized?
- am I competent?
- what are my clients needs? Are they predictable, changing, or unpredictable?
- where is practice taking place?
- am I the right nurse with the right skill set to manage outcomes of care?

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