

Utilization of RNs and RPNs

Table of Contents

Introduction	3
Background	3
Guiding Principles	3
Accountabilities	4
Decision Factors	4
Client factors	4
Consultation	5
Nurse factors	7
Environmental factors	11
Conclusions	11
Decision Guide and Case Study	12
Maintaining a Quality Practice Setting	15
Care delivery processes	15
Communication systems	15
Leadership	15
Organizational supports	15
Professional development systems	16

Continued on next page

Table of Contents *continued*

Response systems to external demands	16
Facilities and equipment	16
Glossary	17
References	18



THE STANDARD OF CARE.

OUR MISSION is to protect the public's right to quality nursing services by providing leadership to the nursing profession in self-regulation.

OUR VISION is excellence in nursing practice everywhere in Ontario.

Utilization of RNs and RPNs Pub. No. 41062

ISBN 1-894557-55-7

Copyright © College of Nurses of Ontario, 2009.

Commercial or for-profit redistribution of this document in part or in whole is prohibited except with the written consent of CNO. This document may be reproduced in part or in whole for personal or educational use without permission, provided that:

- Due diligence is exercised in ensuring the accuracy of the materials reproduced;
- CNO is identified as the source; and
- The reproduction is not represented as an official version of the materials reproduced, nor as having been made in affiliation with, or with the endorsement of, CNO.

First Published June 1996 as *A Guide to Health Care Consent and Substitute Decisions Legislation for RNs and RPNs*

Replaces Publication Published 1997, *Determining Appropriate Category of Care Provider*

First Published July 2002 as *Practice Expectations: A Guide for the Utilization of RNs and RPNs*, Reprinted December 2002, Revised for Web June 2003, Reprinted January 2004, December 2005, May 2008. Updated June 2009.

Additional copies of this booklet may be obtained by contacting CNO's Customer Service Centre at 416 928-0900 or toll-free in Ontario at 1 800 387-5526.

College of Nurses of Ontario

101 Davenport Rd.

Toronto ON M5R 3P1

www.cno.org

Ce fascicule existe en français sous le titre : *Le recours aux IA et aux IAA*, n° 51062

Introduction

Utilization of RNs and RPNs was developed to support nurses, employers and others in making effective decisions regarding the utilization of nurses,¹ including Nurse Practitioners (NPs). This guide is neither a skill list, nor an exhaustive examination of the practice of nurses. It is an outline of key practice descriptors for both categories, highlighting the differences that are grounded in the depth and breadth of foundational knowledge. It reflects the practice of typical nurses, not novice or expert practitioners. Understanding the expectations and contributions of nurses facilitates effective utilization, enhances collaboration and leads to improved client outcomes.

Background

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.

In preparing this document, the College of Nurses of Ontario (CNO) conducted extensive environmental scans, performed literature reviews and sought expert advice. All data was reviewed for areas of overlap, gaps and themes. Key practice differences between nurses were identified in the application of knowledge in direct practice, leadership and decision-making. It is these differences that form the basis for this document.

Guiding Principles

The following principles guide the practice expectations of nurses and are the basis for the decision factors identified in this document.

- In Ontario, nursing is one profession with two categories — RN (which includes NPs) and RPN. Only nurses registered with the College as a Registered Nurse can use the title RN. Similarly, only nurses registered as a Registered Practical Nurse can use the title RPN. Either category can use the title nurse.
- All nurses are accountable for their decisions

and actions, and for maintaining competence throughout their careers. Nurses are accountable for their actions and the consequences of those actions. Nurses are not accountable for the actions and decisions of other nurses or care providers in situations in which they have no way of knowing of those actions.

- The foundational knowledge base of RNs and RPNs is different as a result of differences in basic nursing education. Both categories study from the same body of nursing knowledge. RNs study for a longer period of time allowing for greater depth and breadth of foundational knowledge in the areas of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. RPNs study for a shorter period of time, resulting in a more focused body of foundational knowledge in the areas identified above.
- Nurses continually enhance their knowledge through ongoing learning, education, experience and participation in Quality Assurance activities. Nurses add to their foundational knowledge base throughout their careers and can become expert nurses in an area of practice within their category.
- Consultation and collaboration are essential elements of nursing practice. Nurses are expected to collaborate with clients, with each other and with members of the health care team for the benefit of the client. Nurses are also expected to consult with others when any situation is beyond their competence. Effective communication skills are critical to successful consultations and collaboration.
- Autonomous practice is the ability to make decisions and independently carry out nursing responsibilities. The autonomy of the RPN is influenced by the complexity of the client's condition. RPNs have greater autonomy when caring for a client with less-complex conditions. As client complexity increases, there is a corresponding increase in the need for RPNs to consult with RNs. RNs autonomously meet the nursing needs of clients regardless of the complexity of their conditions. Nurses who practise autonomously collaborate with other

¹ In this document, *nurse* refers to a Registered Practical Nurse (RPN), Registered Nurse (RN) and Nurse Practitioner (NP).

health care team members to ensure effective coordination and implementation of the plan of care.

- The complexity of a client's condition influences the nursing knowledge required to provide quality care. 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 requirements.
- The practice expectations identified in this document describe typical nurses' practice and not the expectations of the novice or expert practitioner. Each nurse has limits of practice determined by educational preparation, competencies, foundational knowledge, level of critical thinking and ability to apply clinical judgment. There will be nurses who, by developing their individual abilities, learning and experience, have become exemplary practitioners within their category.
- All nurses have the same authority in legislation to perform controlled acts when ordered.

Accountabilities

Nurses in direct practice and nurses in formal leadership roles have accountabilities related to the utilization of RNs and RPNs. The designated nursing authority in the practice environment is accountable for ensuring that there are mechanisms (e.g., policies, procedures, guidelines, resources) to support the following:

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

Nurses are accountable for ensuring that they:

- understand role expectations and seek clarification as necessary;
- consult with others when faced with situations beyond their knowledge, skill and judgment;
- communicate effectively when collaborating and consulting; and
- use client, nurse and environmental factors in assignment decisions.

Decision Factors

Effective decisions that match the nursing category with client needs are made with deliberation and focus on three factors of equal importance — the client, the nurse and the environment.

The more complex the client situation and the more dynamic the environment, the greater the need for an RN to provide the full range of care, assess changes, re-establish priorities and determine the need for additional resources.

The technical and cognitive aspects of nursing practice are integrally related and cannot be separated. RN/RPN utilization decisions are made after considering client care requirements and the nurse's cognitive and technical expertise in a given environment.

The following describes the client, nurse and environmental factors that need to be considered when making decisions about RN/RPN utilization.

Client factors

Overall care requirements are influenced by the complexity of care needs, the predictability of outcomes of care and the risk of negative outcomes in response to care. The overall care requirements can be placed on a continuum from less complex to highly complex.

All nurses can autonomously care for clients who have less complex care needs, predictable responses and outcomes, and are at low risk of negative outcomes. RNs, because of their greater depth and breadth of foundational knowledge, are prepared to care for clients with more complex overall care needs. The more complex the care requirements, the greater the need for more in-depth nursing competencies and skills.

When clients fall between the two ends of the continuum, RPNs may be used to meet some of the clients' care needs in consultation with an RN. The need for RN consultation increases as the client's situation becomes more complex.

Case Study

An RPN is caring for a widower in the community. The client has controlled diabetes and an infected foot ulcer that is responding to treatment. The RPN is monitoring the progress of the wound healing and administering a regular, daily dose of insulin. The client’s care needs are well defined and established, and there are few inter-related care needs. The RPN provides emotional support and teaches the client to watch for increased redness and changes to circulation in his leg. The client has a supportive family living in the same community.

The client’s health status begins to decline suddenly. The client develops shortness of breath, malaise and poor appetite. He is unable to mobilize because of the shortness of breath and requires home oxygen. His leg ulcer is not responding to treatment, and his blood sugars have started to fluctuate. His insulin dosages need to be adjusted frequently. His care needs become more complex. The nature and timing of outcomes, and his responses to care, are no longer predictable. Realizing that the client’s care needs are becoming increasingly complex, the RPN consults with her supervisor; together, they decide that an RN will assess the client. The decision is made for the RN to provide care while the client’s

overall care requirements are more complex. The RN will continue to assess the situation and will transfer the care back to the RPN when appropriate.

Consultation

Consultation is seeking advice or information from a more experienced or knowledgeable nurse or other health care professional. Nurses consult with each other when a situation demands nursing expertise that is beyond their competence. The complexity of client care needs and the nurse’s competence influences the amount of consultation required; resources available in the practice setting influence the availability and accessibility of these consultation resources.

An important aspect of efficient, effective 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 to determine an appropriate outcome. Consultation results in one of three possible outcomes: a) the nurse receives advice and continues to care for the client; or b) the nurse transfers an aspect of care to the consultant; or c) the nurse transfers all care to the consultant.

Client Continuum

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

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

Autonomous
RPN practice

Increasing need for
RN consultation

Autonomous
RN practice

Client Factors	Autonomous RPN Practice	RN Involved or Providing Care
Complexity of client care needs (includes bio-psycho-social, cultural, emotional and health learning needs)	<ul style="list-style-type: none"> ▪ care needs well defined and established ▪ coping mechanisms and support systems in place and effective ▪ health condition well controlled or managed ▪ little fluctuation in condition over time ▪ client is an individual, family or group 	<ul style="list-style-type: none"> ▪ 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 condition ▪ client is an individual, family, group, community or population (e.g., assessing the overall nursing needs of a community with an E-coli outbreak)
Predictability	<ul style="list-style-type: none"> ▪ predictable outcomes (timing and nature) (e.g., client with paraplegia whose care is well established and outcomes predictable) ▪ predictable changes in health condition 	<ul style="list-style-type: none"> ▪ unpredictable outcomes (e.g., client with acute spinal cord injury or uncontrolled diabetes) ▪ unpredictable changes in health condition
Risk of negative outcomes in response to care	<ul style="list-style-type: none"> ▪ predictable, localized and manageable responses ▪ signs and symptoms are obvious 	<ul style="list-style-type: none"> ▪ unpredictable, systemic or wide-ranging responses ▪ signs and symptoms subtle and difficult to detect ▪ effect may be immediate, systemic and/or create an urgent or emergent situation

Nurse factors

Each category of nursing has a set of specific competencies. As well, individual nurses add to their foundational knowledge through their individual experiences, ongoing learning and participation in Quality Assurance activities. They can become experts in an area of practice within their own category; however, enhancement of competence through continuing education and experience does not mean that RPNs will acquire the same foundational competencies as RNs. An RPN may move to the RN category through a formal education and credentialing process.

The practice expectations identified in this document build on, but do not include, the entry to practice competencies.² Nurses provide care using a systematic method. It is important that nurses know the limits of their practice and consult with others when this limit is reached.

The evidence supports that practice differences between nurses exist in the areas of knowledge and application of knowledge in leadership and decision-making. Identifying the practice expectations within these key areas can help nurses make decisions about the appropriate category of care provider.

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.

Decision-making

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

² For more information on entry to practice competencies, see the CNO documents *Entry to Practice Competencies for Ontario RNs as of January 2007* and *Entry to Practice Competencies for Ontario RPNs*.

Application of knowledge

Application of knowledge is 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. These three key areas are interconnected. The following chart identifies a compilation of the nurse factors and practice expectations of nurses.

Nurse Factors Practice Expectations	RPN	RN
Client	<ul style="list-style-type: none"> ▪ Individuals, families and groups 	<ul style="list-style-type: none"> ▪ Individuals, families, groups, communities and populations
Direct practice assessment	<ul style="list-style-type: none"> ▪ recognizes changes, probes further and manages or consults appropriately with RN or other health care team member 	<ul style="list-style-type: none"> ▪ anticipates and recognizes subtle changes, probes to assess further, identifies relevant factors, understands significance and manages appropriately
Direct practice decision-making	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ plans broadly and over a longer time period, incorporating a variety of options and resources
Direct practice care coordination	<ul style="list-style-type: none"> ▪ coordinates care for less-complex clients 	<ul style="list-style-type: none"> ▪ coordinates care for complex clients (including groups, communities and populations)

Nurse Factors Practice Expectations	RPN	RN
Direct practice implementation	<ul style="list-style-type: none"> ▪ meets identified nursing care needs of less-complex clients with predictable outcomes, including health teaching ▪ meets immediate (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 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ consults with RNs and other health care team members about identified client needs 	<ul style="list-style-type: none"> ▪ consults with other health care team members about a broad range of client needs ▪ acts as a resource for RPNs to meet client needs

Nurse Factors Practice Expectations	RPN	RN
Direct practice other	<ul style="list-style-type: none"> ▪ teaches and delivers elements of established health programs 	<ul style="list-style-type: none"> ▪ designs, coordinates and implements health programs, including teaching
Leadership	<ul style="list-style-type: none"> ▪ represents profession (e.g., participates in committees, workgroups, union/regulatory activities) ▪ acts as a preceptor to students, novice nurses ▪ directs unregulated care providers 	<ul style="list-style-type: none"> ▪ assumes role of leader within interprofessional team ▪ provides leadership through formal and informal roles ▪ acts as a preceptor to students, novice nurses ▪ directs unregulated care providers ▪ leads team effort to develop plans of care to achieve identified client goals when overall care requirements are more complex
Resource management	<ul style="list-style-type: none"> ▪ contributes to appropriate resource utilization 	<ul style="list-style-type: none"> ▪ makes decisions about and allocates resources at program/ unit/organizational level
Research	<ul style="list-style-type: none"> ▪ participates in data collection for research ▪ uses research to inform practice (e.g., practice guidelines) 	<ul style="list-style-type: none"> ▪ 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

Environmental factors

Environmental 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.

Environmental Factors	More Stable	Less Stable
Practice supports	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ many consultation resources available to manage outcomes 	<ul style="list-style-type: none"> ▪ few consultation resources available to manage outcomes
Stability and predictability of the environment	<ul style="list-style-type: none"> ▪ low rate of client turnover ▪ few unpredictable events 	<ul style="list-style-type: none"> ▪ high rate of client turnover ▪ many unpredictable events

Conclusions

Decisions about matching the right nursing category with the client are influenced by intensity. Intensity refers to the acuity of the client, the complexity of nursing care and the workload factors for the nurse. The greater the intensity, the greater the depth and breadth of knowledge required. The more complex the client situation and the more dynamic the environment, the greater the need

for an RN to provide the full range of care, assess changes, re-establish priorities and determine the need for additional resources. Whenever the need for consultation exceeds the efficient care delivery, it is most likely that the client requires an RN caregiver.

Decision Guide and Case Study

Recently, Villa Manor, a long-term care facility, received funding to open a 10-bed acquired brain injury (ABI) rehabilitation program. The clients entering the program will have a higher acuity than the facility's current client population. To meet the complex care needs of the rehab clients, the facility plans to use a six-step process to assess, plan and implement the program.

Step 1

Apply guiding principles to situation. Identify organizational elements influencing decision, including:

- client care values and beliefs;
- readiness for change; and
- driving and restraining forces.

Develop plan:

- obtain support and commitment of key leaders;
- actively involve nurses in decision-making;
- identify intended outcomes; and
- develop communication and education plans.

It has been many years since Villa Manor changed its services or staff roles. To prepare for the new rehab program, the administrator assesses the facility's current organization. She examines the current facility organization, policies, staff and clients to determine what factors will influence the program. The administrator finds the following:

- the staff is an RN/RPN mix, with a higher proportion of RPNs;
- nursing roles are not optimized;
- care delivery models vary from unit to unit;
- the facility wants to use a client-centred care approach and foster individual provider accountability;
- there is wide support for the rehab program among the facility's board, executive, Community Care Access Centre and district health council;
- staff is knowledgeable about the new program, and nurses are looking forward to applying for jobs in the rehab area, although none have qualifications or expertise in rehab nursing; and
- the facility has a good relationship with the unions.

Using the assessment findings, the administrator begins developing an overall plan for the new ABI rehab program. A preliminary human resource plan is drafted, and money is set aside to hire new nurses and educate staff nurses interested in applying to the rehab program.

A manager is selected to lead the project and puts together a workgroup of nurses, staff and managers. The workgroup is charged with making recommendations for a care delivery model that supports the facility's core values. It will also make recommendations on staff mix and create a detailed plan based on their recommendations.

To keep staff and stakeholders up-to-date on the progress of the program, the workgroup drafts a communication plan that includes regular discussion forums with staff and residents, updates in the Villa newsletter, and stakeholder and community meetings.

The workgroup recognizes that there will be significant educational needs for existing staff in the area of ABI rehabilitation and nursing roles. The workgroup identifies that it's interested in evaluating outcomes dealing with clients and staff satisfaction. With the workgroup now up and running, the administrator and the manager seek input from rehabilitation experts and develop links with community resources and supports.

Step 2

Assess client factors:

- overall care requirements.

Assess nurse factors:

- required leadership, knowledge and decision-making competencies;
- other competencies; and
- mechanisms to develop and maintain competence.

Assess environmental factors:

- required practice supports;
- stability and predictability; and
- available resources.

The workgroup identifies the rehab client population and its overall care needs. The assessment finds that the rehab clients will have the following:

- a high level of acuity;
- complex and inter-related care needs;
- fluctuating and unpredictable health conditions;
- care needs that are neither well defined nor established;
- multiple health issues related to post-ABI recovery and other medical conditions;
- unique care needs as they experience a transition from the acute ABI stage to the recovery phase; and
- need for access to community resources upon discharge.

The workgroup wants to use a client-centred care delivery model that supports client independence and reactivation whenever possible. It assesses the nurse factors needed to meet the care needs of rehab clients. The complexity of client care means that nurses working in the rehab program will need advanced leadership and communication skills and competencies in:

- neurology, cardiovascular and ABI rehabilitation;
- comprehensive client assessment skills;
- working with clients, their families, the interprofessional team and external agencies;
- coordinating care plans and interprofessional approaches to client care;
- client reassessment and care plan modification to manage frequent and unpredictable changes in client condition;
- developing plans of care, discharge planning and interventions; and
- developing evidence-based approaches and interprofessional clinical pathways for the ABI program in concert with other providers.

Finally, the workgroup reviews the facility's current policies and procedures and determines that revisions will be needed to optimize RN and RPN roles. As well, rehab standards of practice need to be developed.

To help nurses at the Villa develop these competencies, the workgroup and the administrator

confirm that the facility is committed to supporting nurses in developing knowledge and expertise in ABI rehab through course work and other strategies.

Step 3

Care delivery model:

- given organizational values, choose care delivery model;
- given care delivery model, determine how client and nurse factors affect consultation required; and
- determine if resources support needed consultation.

Consultation:

- given need for consultation and available resources, determine appropriate staff mix; and
- determine if care will be efficient and safe.

Staff mix:

- choice of staff mix reflects organizational values;
- choice of staff mix supports care delivery model; and
- determine if there will be a change.

The workgroup uses the information from Steps 1 and 2 to recommend a primary nursing model with a total patient care assignment to support a client-centred approach and ensure provider accountability. The client care requirements will be complex, and staff will be new to the rehab program. This means that there will be a greatly increased need for consultation by nursing staff if the existing ratio of RNs to RPNs is maintained. There is a commitment to hiring a clinical nurse specialist in ABI rehabilitation.

If a staff mix of RNs and RPNs is chosen, then RPNs will need to consult with RNs, and all nurses will need to consult with the clinical nurse specialist. The workgroup determines that care in a primary nursing model can be accomplished efficiently, effectively and safely with consultation if the staff mix ratio is altered to increase the RN proportion. The group also stresses the need for collaboration with clients and providers due to the interprofessional nature of the program. An RN-RPN mix can support the care delivery model

and the organizational values for client-centred care and provider accountability. Both RNs and RPNs will act as primary nurses. On a shift-by-shift basis, RNs will be assigned to more complex clients and RPNs will be assigned to less complex clients. There will be changes to the staff mix and care delivery model.

The organization acknowledges that nurses will need time and resources to allow them to consult while ensuring uninterrupted care is provided to clients. There is also support to develop team collaboration and consultation skills to use in interprofessional collaborative relationships.

Step 4

Design:

- develop/revise specific role expectations and internal job descriptions; and
- develop/revise policy to support professional nursing practice.

Because there is a decision to make changes, the workgroup involves other Villa Manor nursing staff to develop role expectations, including job descriptions, assignment criteria and policy to support the primary nursing and total patient care assignments for the ABI rehab program. A role and program orientation plan is developed for staff.

The manager anticipates an occupancy rate of 95 percent and an average of 4.6 hours of nursing care per client per day. During the week, the total 24-hour staffing will be five RNs and two RPNs. Weekend 24-hour staffing will be four RNs and two RPNs. The manager will hire seven novice and three experienced nurses.

Step 5

Implement decisions:

- if changes, implement using change theory.

The manager initiates the plan for the new care delivery model, staff mix and resulting roles. A program opening date is set. Three new staff members are hired for Villa Manor; seven staff

members are transferred from other units. Staff start work two weeks before the opening to help the manager prepare the facilities for opening day. Communication continues with staff, the community and stakeholders.

Step 6

Evaluate decision outcomes:

- were intended outcomes met?
- did decisions contribute to quality care?

The administrator and rehab program staff will measure their outcomes using specific indicators, including client satisfaction surveys, functional independence measure scores, length-of-stay comparisons, cost per case, fall and medication-error incident rates, staff satisfaction surveys, comparison of sick time incidents, sick days per staff member and WSIB claim rates.

Maintaining a Quality Practice Setting

A quality practice setting is a workplace that supports professional 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 a quality outcome for the client. To create quality practice settings that support effective documentation, CNO 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.

Possible strategies include:

- a nursing care delivery model that takes into consideration client complexity and the practice expectations for the typical nurse and facilitates quality nursing services;
- considering client complexity, staffing mix and ratios, and the nurses' roles in coordination of resources when addressing staffing issues;
- clear professional practice accountability to ensure support for nurses who report gaps between their individual practice limitations and practice expectations; and
- a continual quality improvement process, led by nurses, 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:

- 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; and
- communication systems that promote and support the exchange of information between RN/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/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:

- a nursing governance structure to address all nursing practice issues;
- opportunities for nurses to enhance their individual leadership skills within a defined role; and
- mechanisms to promote nurses to 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 philosophy of the organization, policies and procedures, health and safety requirements, and recruitment and retention strategies.

Possible strategies include:

- having mission, value and philosophy statements of the organization 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; and

- 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, support collaborative decisions and actions taken to ensure client safety, and examine the appropriateness of those decisions given the professional practice model, CNO's standards and the agency-specific practice expectations.

Professional development systems

How staff is hired, oriented and encouraged to maintain competence affects the care they provide. Professional development systems include an orientation program, preceptorship, promotion of continuing education, training, promoting a learning environment, performance management process and professional practice activities.

Possible strategies include:

- orientation for new staff that includes information about roles and practice expectations;
- access to preceptors/mentors; and
- ongoing educational opportunities designed to reinforce the principles and decision-making factors associated with maximizing scope.

Response systems to external demands

The timelines with which an organization responds to changes in legislation, consumer demands, health care trends, etc., that affect client services and programs will affect nurses' ability to provide care. The indicators include responses to legislated and regulatory requirements, client and community relations, accreditation, and health and safety requirements.

Possible strategies include:

- mechanisms to address changes in legislation and regulations that influence the roles of nurses (for example, 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:

- sufficient access to equipment to support professional practice;
- nurse involvement in facility improvement planning; and
- nurse involvement in equipment selection.

Glossary

Accountability

Accountability is taking responsibility, being answerable for decisions and actions, taking appropriate action when needed, and ensuring that practice is consistent with professional standards, guidelines and regulations. Nurses are not accountable for the actions and decisions of other care providers in situations in which the nurse has no way of knowing of those actions.

Autonomous practice

Autonomous practice is 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

Collaboration means working together with one or more members of the health care team who each make a unique contribution to achieving a common goal. Each individual contributes from within the limits of her or his scope of practice.

Community

A community is a group of people living in one place, neighbourhood or district, or sharing common characteristics/interests or having common health needs. Nursing practice aimed at the community involves assisting communities to identify, articulate and successfully manage their health concerns. It is concerned primarily with care that is continuing, rather than episodic. The focus is on the collective or common good, instead of on an individual's health. The term "community" when used to describe a client does not mean providing care to an individual in the community.

Competence

Competence is the ability of a nurse 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

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

Consultation

Consultation is seeking advice or information from another nurse or health care provider. Nurses consult with more experienced or knowledgeable members of the nursing profession when a situation demands nursing competencies (including cognitive skills) that are beyond their individual limits of practice. Nurses also seek advice or information from other health care professionals when a situation demands skill outside the scope of nursing practice.

Environmental factors

Environmental factors are elements that affect or are affected by client care. These include, but are not limited to, policies, procedures and clinical pathways. Also included are such factors as the availability of consultation resources, the turnover rate of clients, the practice setting culture and the usual acuity of the client population.

Health care team

A health care team is 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.

Predictable outcomes

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

Unpredictable outcomes

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

References

- Association of Registered Nurses of Newfoundland & the Council for Licensed Practical Nurses of Newfoundland. (1999). *Collaborative nursing practice-guiding principles*. St. John's: Author.
- Association of Registered Nurses of Newfoundland. (1999). *Guidelines regarding shared scope of practice with licensed practical nurses*. St. John's: Author.
- Baumann, A., O'Brien-Pallas, L., Armstrong-Stassen, M., Blythe, J., Bourbonnais, R., Cameron, S., Doran, D.I., Kerr, M., McGillis Hall, L., Vezina, M., Butt, M. & Ryan, L. (2001). *Commitment and care: The benefits of a healthy workplace for nurses, their patients and the system*. Toronto: The Change Foundation and Canadian Health Services Research Foundations.
- Blegan, M.A., Goode, C.J. & Reede, L. (1998). Nurse staffing and patient outcomes. *Nursing Research*, 47(1), pp. 43–50.
- Eichelberger, L.W. & Hewlett, P.O. (1999). The process of developing core competencies. *Nursing and Health Care Perspectives*, 20(4), pp. 204–208.
- Kenney, P. (2001). Maintaining quality care during a nursing shortage using licensed practical nurses in acute care. *Journal of Nursing Care Quality*, 15(4), pp. 60–68.
- Lamond, D. & Thompson, C. (2000). Intuition and analysis in decision-making and choice. *Journal of Nursing Scholarship*, 33(2), pp. 411–414.
- Lichtig, L.K., Knauf, R.S. & Mulholland, D.K. (1999). Some impacts of nursing on acute care hospital outcomes. *Journal of Nursing Administration*, 29(20), pp. 25–33.
- Needleman, J. (2001). *Nurse staffing and patient outcomes in hospitals: Executive summary*. Boston: Harvard School of Public Health.
- Nolan, M.T. & Mock, V. (2000). *Measuring patient outcomes*. Sage Publications, United States.
- Nursing Practice and Education Consortium (N-PEC). (January 2001). *Vision 2020 for nursing*. www.nursingsociety.org/stratplan/npec_intro.html.
- O'Brien-Pallas, L., Murray, M., Irvine, D., Cockerill, R., Sidani, S., Laurie-Shaw, B. & Lochhass Gerlach, J. (1999). *Factors that influence variability in nursing workload and outcomes of care in community nursing: final report*. Hamilton: Effectiveness, Utilization and Outcomes Research Unit, McMaster University and University of Toronto.
- Oermann, M.H. & Huber, D. (1999). Patient outcomes: A measure of nursing's value. *American Journal of Nursing*, 99(9), pp. 40–48.
- Price Waterhouse Change Integration Team. (1995). *Better change: Best practices for transforming your organization*. New York: Irwin Professional Publishing.
- Royle, J., Dicenso, A., Boblin-Cummings, B., Blythe, J. & Mallette, C. (2000). RN and RPN decision-making across settings. *Canadian Journal of Nursing Leadership*, 13(4), pp. 11–18.

Notes:



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

101 Davenport Rd.
Toronto, ON
M5R 3P1
www.cno.org
Tel.: 416 928-0900
Toll-free in Ontario: 1 800 387-5526
Fax: 416 928-6507
E-mail: cno@cnomail.org