



**Collaborative Care Guidelines
for RNs, LPNs, and Assistive Personnel
Providing Maternal & Newborn Care**



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Family Newborn Adult Surgery Unit (FNASU) Collaborative Care Guidelines - October 2009 version

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Collaborative Care Guidelines for Registered Nurses, Licensed Practical Nurses, and Assistive Personnel Providing Maternal & Newborn (Perinatal) Care

Introduction:

Perinatal clinical care encompasses that which is provided preconceptually, throughout the continuum of pregnancy and birth and into the postpartum and postnatal period. In the current climate of health reform the perinatal practice of both registered nurses (RNs) and licensed practical nurses (LPNs) continues to evolve in order to meet the health needs of women, babies, and families. In Nova Scotia, with the introduction of the Models of Care Initiative in Nova Scotia (MOCINS), all nurses (LPNs and RNs) have been encouraged to optimize their roles and scopes of practice to the full extent of their individual level of competency, based on their education and experience. In some facilities assistive personnel (e.g. Care Team Assistants or CTAs) have been incorporated to provide additional clinical support to the care delivery team. This evolution requires not only RNs and LPNs but also health care managers to better understand the roles and responsibilities of each care provider so that they are more effectively utilized in an ever changing health care environment.

(Adapted from College of Registered Nurses of Nova Scotia and College of Licensed Practical Nurses of Nova Scotia Draft joint position statement 2011).

Collaborative practice is based on the values of working together, mutual respect and enhanced working environment for the benefit of our patients and the health care system. There is a commitment to establishing and maintaining open communication among nurses and other healthcare providers. Within collaborative practice LPNs, RNs, and assistive personnel work in cooperation with one another. RNs and LPNs practice autonomously and make decisions about the care required for assigned patients. When patients' conditions change, the collaboration between LPNs and RNs expands; for example if a patient's status becomes unstable or outcomes become unpredictable, care is required outside the LPN's scope and they must collaborate with an RN or other regulated health professional to revise and implement the plan of care. Ultimately the complexity of care may be such that the collaboration becomes an inefficient use of nursing resources, and so it is appropriate to transfer care to the RN.

Assistive personnel contribute to a positive patient experience and improved care outcomes and have the primary task of providing assistance to regulated healthcare professionals in the delivery of care to patients. Thus, delegation is required when any intervention is outside the educational preparation and defined scope of employment of assistive personnel.

Purpose:

These guidelines provide a method to support and guide LPNs, RNs, and assistive personnel (e.g. CTAs) who provide maternal and newborn care in acute care settings across Nova Scotia as they adapt to changes in health care delivery models and professional role redesign. Themes discussed in this document include:

- 1) Assignments and Decision Making
- 2) Scope of Practice, and
- 3) Accountabilities

Changes made in care delivery models must be regularly evaluated to ensure health outcomes for the perinatal population are optimized, as are the resources that enable and support provision of this care.

The Reproductive Care Program of Nova Scotia (RCP) recognizes that nurses working with mothers and babies often provide care on hospital units that include mixed patient populations. ***These guidelines, however, pertain only to perinatal care delivery.***

Principles and Assumptions:

Principles for interprofessional collaborative practice (ICP) are described in a Position Statement by the NS Health Professions Regulatory Network (2008). These include:

- Focus on and engagement of clients (patients)
- Population health approach
- Trust and respect
- Effective communications

The following **assumptions** assist us in applying these principles to the perinatal setting:

- RCP acknowledges that recipients of perinatal health care may be considered patients or clients, women, newborns, and/or families depending on the context of care and the provider. For the purpose of simplicity and consistency they will be identified as **patient(s)** throughout this document.
- Perinatal patients include women, infants, and their families. Appropriate care planning, provision, and evaluation are woman- and family-centered, which means that decisions are made in full consultation with the woman and her supporters and policies and practices are focused on providing safe, accessible and quality care to meet the physical, social and psychological needs of women, newborns and families (e.g. providing 1:1 continuous intrapartum support, facilitating attachment between mothers and newborns). Perinatal care is provided in the home, in the community and in the acute care setting and so is informed by the determinants of health. Care providers across all sectors of perinatal health care delivery must engage in open, timely, clear and concise communication to effectively optimize outcomes.
- Health team members must have a basic understanding of and respect for each other's roles, and work together with patients in response to their health care needs.

- The implementation of clinical roles is particular to the clinical context of each Maternal Newborn setting, determined through the review and analysis of patient population data.
- Employers are accountable to provide opportunity and support for education and understanding of scope of practice and the concept of collaborative care. Resources for planning this support include the College of Registered Nurses of Nova Scotia (CRNNS), the Registered Nurses Professional Development Centre (RN-PDC), and the College of Licensed Practical Nurses of Nova Scotia (CLPNNS).
- Nurses and assistive personnel will seek direction and guidance from other healthcare professionals when aspects of the care required are beyond
 - their individual competence
 - their scope of practice
 - their scope of employment

Tools for Implementation:

These guidelines are not intended for use as a stand-alone document; rather, they are to be used in conjunction with the following tools (fully referenced on page 23):

- **Facility-specific job descriptions** for each nursing and non-nursing (professional and assistive) role help to distinguish context and scope of practice as well as scope of employment. **Appendix A** contains examples developed at the IWK.
- **Government of Nova Scotia documents:**
 - Registered Nurses Act (2006)
 - Licensed Practical Nurses Act (2006)
- **CLPNNS documents:**
 - LPN Brochure
 - LPN Scope of Practice, Standards of Practice, Code of Ethics: Primary Values An Ethical Practice Framework Exemplar Review (May 2011)
- **CRNNS documents:**
 - Scope of Nursing Practice for Registered Nurses in Nova Scotia (2009)
 - RNs Determining Scope of Practice in NS (available soon)
 - RN Brochure (available soon)
- **Joint CLPNNS and CRNNS documents:**
 - Today's Nurses... at a Glance (2007)
 - Position Statement – Effective Utilization of RNs & LPNs in a Collaborative Practice Environment (2011)
 - Assignment & Delegation Guidelines for RNs & LPNs (available soon)

- **Nova Scotia Association of Health Organizations (NSAHO, now known as Health Association of Nova Scotia or HANS) documents:**
 - Scope of Practice of the Continuing Care Assistant (CCA) in Nova Scotia (2009)

Adaptations to existing perinatal care delivery models are best supported by providing a forum for open communication with all clinical stakeholders, including support staff. Potential resources for staff support include: CRNNS, CLPNNS, HANS, FNASU (IWK), RCP, and MOCINS DHA leads.

Assignment & Decision Making Guidelines

The CLPNNS and CRNNS have jointly drafted *Assignment and Delegation Guidelines for RNs and LPNs* (2011 – final version available soon) who work with assistive personnel. This work has been guided by the College of Nurses of Ontario 2009 Position Statement *Utilization of RNs and RPNs*, and makes the following statement:

The nursing responsibility for assigning and delegating can be complicated processes depending on the situation in which they occur. This document is not intended to define issues of legal liability, but rather helps clarify the difference between the two processes. In addition, a decision-making framework is included to help determine the most appropriate care provider when assigning or delegating. Nurses should also be aware of employer policies that outline responsibilities and accountabilities of nurses in assigning or delegating interventions.

Assignment:

Assignment involves the allocation (to a care provider) of specific interventions or responsibilities for patient care that are within the legislated scope of practice, scope of employment, competency of the care provider and included in the agency policy.

Delegation:

Delegation involves the transferring of responsibility for the performance of the intervention but not the accountability of the outcome of that intervention. Responsibility for delegation is shared amongst the employer, the delegator, and the delegate (health professional or AP) who accepted the performance of the delegated intervention. Delegated interventions must be defined and approved by the employer and included in agency policies. The process of delegation includes educating, determining competence, and establishing a process for assessing ongoing competence. A written record of the delegation process must also be included in agency policies.

Delegation by a regulated healthcare professional must be done in accordance with the profession's delegation guidelines. For example:

- Tasks which require specialized knowledge or judgment from the unregulated care provider cannot be delegated.
- Functions of assessment, planning, monitoring, or evaluation fall within the scope of nursing practice and cannot be delegated.

Decisions related to patient care assignments will be made in consideration of the needs of the patient and their family in the context of interdisciplinary collaboration. The health care provider's scope of practice, scope of employment, competence (knowledge, skill, and judgment), confidence, and experience will be matched to the outlined plan of care.

The goal is to provide safe, competent, compassionate and ethical care that meets the needs of women, babies and families. As health care professionals, we contribute to their health and well being, as is defined by those for whom we provide and coordinate care.

Recommendations:

Changes in health care delivery models and professional role redesign add a layer of complexity to the process of patient assignment and coordination of care, even for experienced staff. Nurses who work on units who have experienced these changes (e. g. FNASU at the IWK) report the following supportive measures are helpful when considering care assignments:

- Inservicing with nurses who assign patient care, including a review of scope of practice and scope of employment and applying this to typical sample assignments (case studies).
- This inservicing should include a debriefing discussion with the group to promote a common understanding of approaches to patient care assignment. The flexibility of determining the ‘right’ assignment will be dependent on a number of factors which increase in relation to numbers and competencies of staff, and numbers and complexities of the unit’s patient population.
- Consider inter-rating assignment sheets (i.e. between RNs who assign care) for a time to determine appropriateness and consistency.

Assumptions:

- All perinatal care team members work collaboratively in the coordination of the patient care plan, and in the provision of care.
- Women presenting for obstetrical triage require a comprehensive initial assessment of their own and their fetus’ well-being. Until the stability and predictability of this dyad are determined and an appropriate care plan is established, it is most appropriate to assign care to an experienced RN.
- The practices of care providers cannot be based solely on a list of skills, tasks, or procedures. Assignment- and decision-making take into consideration:
 - Patient - complexity and acuity
 - Environment - practice supports, consultation resources, and predictability of the environment
 - Personnel - competence, confidence, scope of practice and employment, and experience.

- All staff members are valued for the contribution they make to the team and for their commitment to achieving high quality patient care.
- Technical and cognitive aspects of care are integrally related and cannot be separated. Therefore, the patient's overall holistic (bio-psychosocial, cultural, emotional and health learning) care needs must be considered.
- Workload will be fairly distributed between all nursing staff; this may not necessarily be reflected in equal nurse:patient ratios, rather it is more reflective of the complexity of the care needs of individual patients.
- All health care providers maintain competency in their basic and advanced skills.
- Employers will support and promote the growth and maintenance of staff competencies.
- In circumstances where the care needs can be met by more than one health care provider (e.g. taking vital signs, assisting with activities of daily living), the outcome of care provided should be the same regardless of who provides the care.
- Collaboration between LPN, RN, and assistive personnel should occur regularly (e.g. start of shift, break time, lunch time, mid afternoon and end of shift) and as needed to ensure that the patient care plan is implemented by the most appropriate health care provider and that the appropriate guidance and direction is provided.
- What is appropriate rather than 'what is allowed' should guide decisions about care provider assignments for all regulated and unregulated health care providers.

The LPN independently provides safe, competent, compassionate ethical care to patients considered *stable* with *predictable* outcomes.

The RN autonomously provides safe, competent, compassionate ethical nursing care to *stable and unstable* populations with *predictable and unpredictable* outcomes, thus ensuring the goals and needs of the patients and families are prioritized and individualized.

The LPN can provide care to patients considered unstable with unpredictable outcomes under the **guidance or direction of a** Registered Nurse, medical doctor or other health care professional (authorized to provide such consultation, guidance or direction). As complexity of care increases the need for the LPN to consult with the RN increases, or care is transferred altogether to the RN.

CRNNS and CLPNNS, 2011

Examples:

Unstable Patient:

- Patient's status is fluctuating with atypical responses
- Frequent assessments, interventions, and modifications required
- Interventions may have unpredictable outcomes/risks

Unpredictable Outcomes:

- Patient is not or cannot reasonably be expected to follow an anticipated path of recovery
- Highly complex patient
- Not responding to therapy
- Significant complications
- Many health problems/diseases
- High risk of complication

Adapted from CCH Policy Number: PC 02-n-230 (appendix B)

Examples of mothers and babies whose health status is considered unstable and whose health outcomes are unpredictable are listed below. For these perinatal patients it is appropriate to assign care to an RN or to an LPN under the guidance or direction of a Registered Nurse, physician, or other health care professional (e.g. midwife), until the complexity warrants that the RN assumes care. This list is not exhaustive; other such examples may arise that are not specifically listed but meet the criteria of unstable/unpredictable. Appropriate assignment depends on patient, environmental and personnel factors:

Unstable and Unpredictable Babies:

- Babies who have lost 10% or more of their birth weight
- Babies who are experiencing feeding problems and require extra time for teaching and support
- Babies whose mothers have problematic substance use
- Babies awaiting transfer to tertiary site
- Babies who require 1:1 nursing care
- Babies who require frequent suctioning
- Babies whose mothers did not have prenatal care
- Readmitted babies – depending on care requirements
- Babies less than 37 weeks gestation
- IUGR babies
- Babies who received bag and mask ventilation at delivery; until assessed to be physiologically stable
- Babies of Insulin Dependent Diabetic Mothers (IDDMs)

Unstable and Unpredictable Mothers:

- Mothers with multiple stressors (at home) who require thorough psychological monitoring and support
- Mothers who were readmitted with complications, or who await transfer to tertiary site
- Mothers who have unstable preexisting health conditions (e.g. unstable hypertensive disorder of pregnancy, erratic glucose control)
- Mothers who are unable to void/experiencing voiding difficulties
- Mothers who are receiving VAC dressings
- Mothers whose babies may be taken into care
- Mothers with complex health issues (e.g. problematic substance use, complex psychosocial issues, etc.)
- Mothers who are being monitored and evaluated with regard to their parenting skills
- Mothers who are receiving Magnesium Sulfate infusions
- Mothers who are receiving insulin infusions
- Mothers undergoing induction or augmentation of labour
- Women in active labour
- Mothers who are receiving electronic fetal monitoring
- Families who have experienced fetal or neonatal demise

Assistive personnel (AP) provide care to patients under the **direction of and in collaboration with** a regulated health care professional (e.g.: LPN, RN, midwife, physician and/or other appropriate regulated healthcare provider). AP provide assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to promote holistic care and independence (e.g. demonstration of baby bath without accompanying assessment or education). APs may provide other interventions that are outside of his/her educational preparation through delegation (Scope of Practice of CCAs, 2009). APs are members of the collaborative care team and play a critical role in achieving a high quality patient experience.

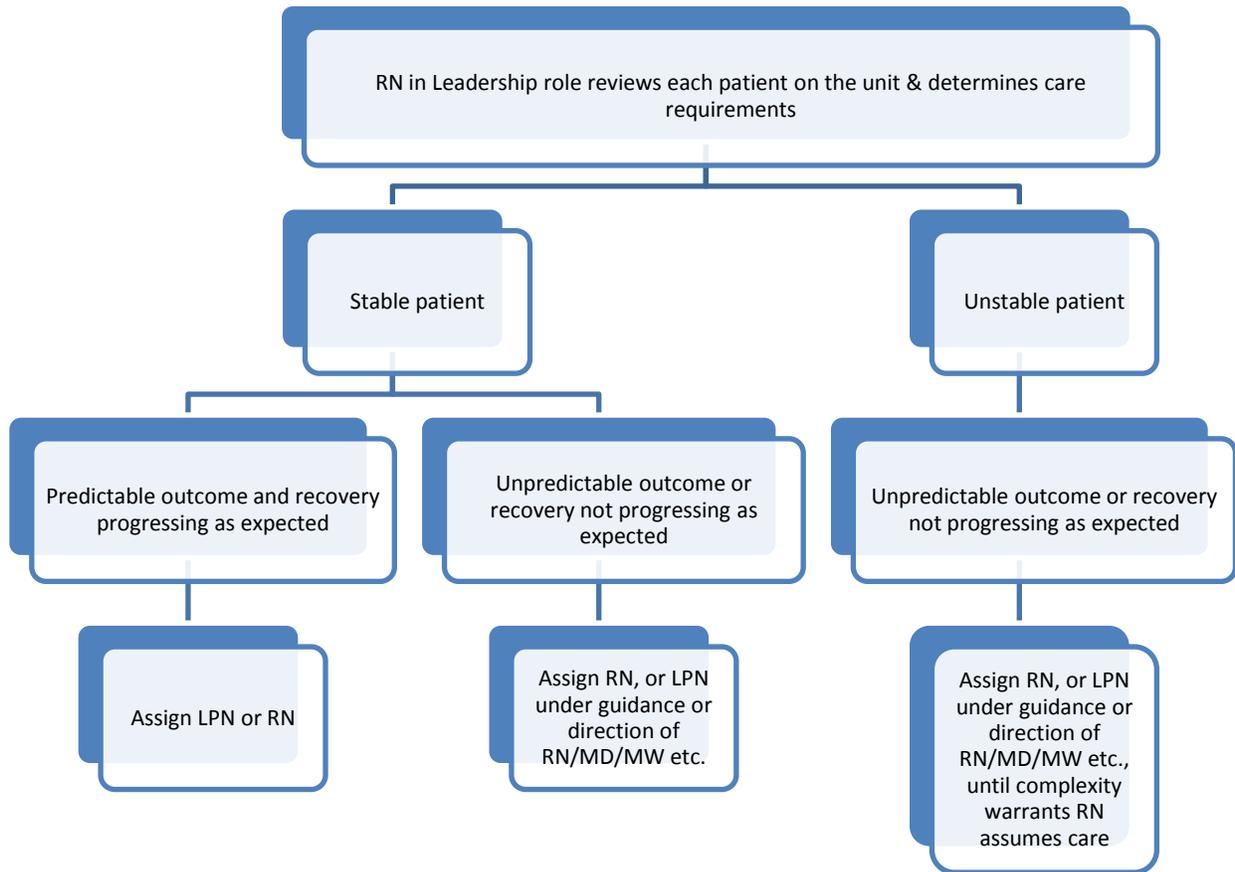
Assignment of duties to AP is determined by the nurse coordinating care based on the needs of the patient and/or unit and an assessment of the required skill mix to fulfill those needs. Regulated professionals are responsible and accountable for ensuring that AP have the skills and knowledge required to perform the assigned duties. AP are responsible and accountable for accepting assigned tasks they are competent to perform and communicating when they do not feel competent to complete the assigned task.

When designated aspects of patient care are delegated to AP (e.g. urine dipstick), the regulated healthcare professional determines the degree of supervision required and must be available to provide it. The amount of supervision required and provided will depend upon the complexity of the care that is required and the proficiency of the AP providing it. The degree of supervision required must be established by the regulated

healthcare professional who is delegating the intervention. Delegated interventions must be defined/approved by the employer.

Measuring competency (including the development of behavioral measures to ensure competency) is an issue that has arisen in relation to this role. Because the AP role is unregulated, it is up to the employer and the regulated healthcare professional to assess the competency of AP in the performance of duties. This is a key consideration when delegation of tasks to AP is being considered.

Steps to Consider when Developing a Patient Assignment:



STEP ONE:

- Determine care needs of individual patients, as well as their acuity and complexity.

STEP TWO:

- Review patient group as a whole.
- Assess the skill and expertise of the oncoming nurses, as well as supports available in the environment.
- Assign patients to most appropriate nurse – strive for continuity of care.
- Formally or informally assign an RN to act as resource for the LPN.
- Assign duties to AP.

STEP THREE:

CONSULTATION, COLLABORATION AND DECISION - MAKING

- Assignments are dynamic and evolve as the shift progresses.
- If the patient's condition changes, the LPN must consult and collaborate with the RN. Together they will review the needs and the care requirements of the patient and the skills, expertise and scope of practice to provide the care; they then decide how they will collaboratively deliver care to the patient. The LPN can continue to provide

care under the guidance and direction of the RN, physician, midwife, or other appropriate health care professional. A decision will be made regarding the care of the patient and may result in an assignment change if warranted by the change in complexity or acuity.

➤ If the patient's condition changes, AP must communicate/report pertinent information to the nurse coordinating care. Together they will review the needs and the care requirements of the patient. For patients who are changing the RN will determine the most appropriate care provider based on the required skills, expertise and scope of practice/scope of employment.

REMEMBER:

Workload needs to be fairly distributed amongst all staff. Workload is determined by acuity and complexity, not by the number of patients or tasks assigned. For the most part, workload should be balanced for all care providers. Consider:

- Patient - complexity and acuity
- Environment - practice supports, consultation resources, and predictability
- Personnel - competence, confidence, learning needs, scope of practice and employment, and experience.

RNs, LPNs and Assistive Personnel Scope of Practice Guidelines

The scope of practice of the Licensed Practical Nurse (LPN) and the Registered Nurse (RN) is defined by legislation in Nova Scotia, and described by regulatory bodies of the respective professions. The scope of employment of RNs, LPNs, as well as assistive personnel (e.g. Care Team Assistants) is defined by the employer as described within their job description.

Assumptions:

- The composition of the team (right skill mix of RNs, LPNs, and AP) is determined by the needs of patients and families.
- RNs and LPNs are part of the nursing profession and can legally use the title “nurse”.
- All nurses are responsible and accountable for their own actions.
- The scope of practice of LPNs is fully contained within the scope of practice of RNs.
- Nurses and assistive personnel (AP) are part of the collaborative care team and play critical roles in achieving a high quality patient experience.
- Nurses will appropriately delegate specific tasks or procedures. LPNs and RNs who assign patient care tasks and/or support functions to assistive personnel are responsible and accountable for:
 - a) Completing an assessment of the patient’s health status and needs and ascertaining the appropriateness and risk of assigning care tasks to AP.
 - b) The decision to assign patient care tasks and/or support functions.
 - c) Any and all decision-making and interpretation of data or results.
 - d) Initial and ongoing assessment of the competence of the AP receiving the delegation or assignment
 - e) Supporting and supervising AP as they perform assigned patient care tasks and/or support functions.
 - f) Assessing patients on an ongoing basis to evaluate whether or not the overall plan of care continues to meet the patient's needs, and whether the assignment or delegation continues to be appropriate.
 - g) Informing AP about expectations in relation to reporting changes in a patient’s condition and/or a patient’s response to treatment.
- Nurses cannot delegate nursing activities that comprise the core of the nursing process and require the specialized knowledge, judgment, and/or skill of an RN or LPN. For example, RNs can utilize data collected by other health care providers but they cannot delegate the comprehensive nursing assessment using that data.

- LPNs and RNs provide guidance, direction, evaluation, and follow-up to assistive personnel for the purpose of achieving appropriate outcomes for the care which is delegated.
- RNs, LPNs, and AP are responsible and accountable for their own actions and decisions.
- RNs, LPNs, and AP practice within their own level of competence and seek direction and guidance from other healthcare professionals when aspects of the care required are beyond their individual competence.
- RNs, LPNs, and AP will access other colleagues when unable to meet standards of care for the population they serve.
- RNs, LPNs, and AP will access other colleagues when a required task or activity is outside their scope of practice and/or scope of employment.

Table 1 comprises comparison of scope of practice and/or scope of employment for each perinatal care provider role (RN, LPN, AP) related to:

- **Assessment**
- **Patient care plan development and implementation**
- **Monitoring and evaluation of the patient care plan**
- **Coordination of care**

For more detailed information on the roles of LPNs and RNs, please refer to *Today's Nurses... at a Glance* (2007). For more detailed information on the role of Assistive Personnel, please refer to *Scope of Practice of the Continuing Care Assistant (CCA) in Nova Scotia* (2009).

Table 1 – Comparison of Perinatal Nurses and Assistive Personnel: Scope of Practice and/or Scope of Employment

	Registered Nurse	Licensed Practical Nurse	Assistive Personnel (e.g. CTA)
The Care Provider's Roles and Responsibilities	<p>Roles:</p> <ul style="list-style-type: none"> • clinical care, education, administration, research and/or policy development • practise in locations such as hospitals, nursing homes, clinics, communities, government, business and educational settings <p>Responsibilities: <i>In addition to the responsibilities identified for LPNs, registered nurses:</i></p> <ul style="list-style-type: none"> • apply in-depth nursing knowledge, skills and judgment in providing care to individuals of all ages (includes families, groups, populations and communities) • independently provide care when health conditions are unstable and health outcomes are unpredictable • apply advanced nursing knowledge in specialized areas of care • manage and coordinate care, evaluate health outcomes • educate, counsel and advocate for individuals of all ages, to meet health goals • develop and lead health promotion programs • develop broad health policies • participate in and/or conduct research to improve nursing practice and advance nursing knowledge 	<p>Roles:</p> <ul style="list-style-type: none"> • clinical care • practise in locations such as hospitals, nursing homes, clinics and communities <p>Responsibilities:</p> <ul style="list-style-type: none"> • apply basic nursing knowledge, skills and judgment in the provision of care to individuals of all ages, including families and groups • independently provide nursing care to individuals with stable health conditions and predictable health outcomes • consult and practise with other healthcare professionals (e.g., RNs, doctors, pharmacists) when caring for individuals with unstable conditions and/or unpredictable health outcomes • promote health and prevent illness through education of individual patients • provide palliative and rehabilitative care • advocate on behalf of individuals (patients) • participate in data collection for research purposes 	<p>Member of the health care team who performs patient care tasks or support functions that support the role of RNs and LPNs. (Assistive personnel) are assigned roles and responsibilities that best meet the needs of the patient, the health care system, and the RNs and LPNs with whom they work.</p> <p>Provides personal care or support for daily living activities to patients, under the direction of an RN, LPN, or other regulated health professional.</p>

	Registered Nurse	Licensed Practical Nurse	Assistive Personnel (e.g. CTA)
Patient Assessment	<p>Assesses the mother, newborn, family and determinants of health to establish the state of health and wellness.</p> <p>Initial and ongoing assessment of patients to determine appropriate course of care.</p> <p>Utilizes initial and ongoing assessment findings to ensure appropriate assignment and delegation to health team members.</p>	<p>Assesses patients using standardized and individualized assessment tools (i.e. care paths).</p> <p>Interprets data to determine whether the state of health and wellness is within the range of normal, or is unaltered from prior assessments.</p> <p>Contributes to the initial overall assessment, and performs ongoing assessment.</p>	<p>Collects data and makes observations in the process of assisting RNs and LPNs in care delivery (thus supporting the nursing assessment).</p>
Care Plan: <ul style="list-style-type: none"> Development and Implementation 	<p>Identifies the nursing diagnosis (or priorities for care planning) based on patient and/or family assessment and analysis of all relevant data and information.</p> <p>Develops and implements the nursing component of the plan of care for all patients – stable and unstable; predictable and unpredictable.</p>	<p>Collaborates in the development and refinement of the plan of care in consultation with other health team members.</p> <p>Implements the nursing plan of care and adjusts as patient's state of health improves.</p> <p>Exercises clinical judgment within own level of competence, in accepting and/or assigning patient care functions.</p>	<p>As a part of the collaborative care team, contributes to the development of the patient-specific, holistic plan of care.</p> <p>Assists in the implementation of the care plan through provision of care tasks/support functions that have been assigned by the RN, LPN, or other regulated health professional.</p>

	Registered Nurse	Licensed Practical Nurse	Assistive Personnel (e.g. CTA)
Care Plan: <ul style="list-style-type: none"> • Monitoring and Evaluation 	<p>Monitors the plan of care and assesses ongoing appropriateness of provider assignments.</p> <p>Adjusts the care plan based on patient responses and confidence/competence of care team members.</p> <p>Evaluates the patient's outcomes.</p>	<p>Monitors and evaluates the effectiveness of interventions.</p> <p>Compares actual patient outcomes to anticipated patient outcomes.</p> <p>In consultation with other health team members, revises/modifies plan of care.</p>	<p>Reports data collected and observations made in the process of assisting RNs, LPNs, or other regulated health professionals in the delivery of care.</p>
Coordination of Care	<p>Coordinates patient care at a broad level by managing the sequence, timing, & efficiency of care across the care continuum for a group of patients regardless of complexity.</p> <p>Coordinates patient care in collaboration with other health professionals.</p> <p>Assigns and delegates aspects of care or patient support functions in consideration of team members' confidence/competence.</p> <p>Makes referrals to other health care providers and community resources.</p>	<p>Provides appropriate assignment, direction, and supervision to unregulated health workers.</p> <p>Organizes nursing care for assigned patients within the established plan of care.</p>	<p>Participates in collaborative team discussions.</p>

Accountabilities:

- Ultimately, **nurses** are accountable
 - to their employer,
 - to their respective professional regulatory body, and, particularly,
 - to the patient to whom they must safely provide quality care.

- **Employers** are accountable for:
 - The provision of safe, patient care.
 - Providing safe practice environments.
 - Conducting initial and ongoing assessment of AP in perinatal care role.
 - Mechanisms (policies, procedures, guidelines & resources) to support :
 - utilization decisions, including assignment of patient care tasks and/or support functions. This includes:
 - specific information regarding who can assign tasks to assistive personnel, and under what circumstances
 - what tasks can be assigned
 - expectations in relation to communication of these tasks
 - nurse collaboration & consultation
 - professional nursing practice & continuity of patient care
 - nurses with the time and resources needed to consult as often as is necessary to meet patient needs
 - Ensuring adequate education, training, and support is provided for nurses to develop the confidence and competence to safely assign and delegate patient care tasks and/or support functions.
 - Ensuring AP receive adequate education and training to develop the confidence and competence to accept assigned or delegated patient care tasks and/or support functions.
 - Providing clear, well understood role descriptions to assistive personnel, LPNs and RNs outlining their involvement in patient care.
 - Clearly describing the level of education and training required of assistive personnel (AP) to fulfill their duties.
 - Monitoring compliance with established job descriptions, policies, and related guidelines.
 - Evaluating the impact of the RN, LPN and AP roles in perinatal care in consultation with the health care team.

RNs are accountable for:	LPNs are accountable for:	ASSISTIVE PERSONNEL are accountable for:
Their decisions, actions, and consequences of actions.	Their decisions, actions, and consequences of actions.	Their decisions, actions and consequences of actions.
Ensuring they <ul style="list-style-type: none"> • understand role expectations and seek clarification as necessary • consult with others when faced with situations beyond their knowledge, skills, and judgment • communicate effectively when collaborating and consulting 	Ensuring they <ul style="list-style-type: none"> • understand role expectations and seek clarification as necessary • consult with others when faced with situations beyond their knowledge, skills, and judgment • communicate effectively when collaborating and consulting 	Determining if the assigned care task and/or support function is within their job description.
Completing an assessment of the patient's health status and needs, the context of practice, personnel competencies and the degree of supervision required to determine the appropriateness of assigning and delegating care tasks to assistive personnel.	Completing an assessment of the patient's health status and needs and ascertaining the appropriateness of assigning care tasks to assistive personnel.	Reporting data collected or observations made in the process of assisting with the delivery of care.
Actively seeks, analyzes and synthesizes a wide range of information using a variety of frameworks or theories and makes decisions from a comprehensive range of options.	Independent interpretation of data is limited to determining 'normal' or 'unchanged' based upon knowledge from similar situations through pattern recognition & critical thinking.	
Developing and implementing nursing plan of care that appropriately identifies priority problems, target outcomes and nursing interventions for all patients; monitoring and adjusting based on patient responses.	Collaborating in the development of the nursing plan of care. Using the nursing plan of care to guide care decisions & prioritize nursing actions. Adding or deleting nursing actions or interventions as long as the patient is achieving expected outcomes.	

RNs are accountable for:	LPNs are accountable for:	ASSISTIVE PERSONNEL are accountable for:
<p>Assessing patients on an ongoing basis to evaluate whether or not the overall plan of care continues to meet the patient's needs.</p>	<p>Assessing patients on an ongoing basis to evaluate whether or not the overall plan of care continues to meet the patient's needs.</p>	
<p>Anticipating many possibilities and making proactive decisions.</p>	<p>Making decisions based on the review of available information & established plan of care.</p> <p>Making decisions by accessing a known range of options to solve problems.</p>	
<p>Providing consultation, guidance or direction to an LPN when a patient is unstable with unpredictable health outcomes.</p> <p>Providing increased consultation to LPN as patient situation becomes more complex with greater risk of negative or adverse outcomes.</p> <p>Determines when to transfer care to RN.</p>	<p>Communicating changes in patient status to the RN, physician, or other appropriate care provider (e.g. Midwife).</p>	<p>Communicating pertinent and relevant information and/or observations to the RN or LPN in keeping with established guidelines or instructions.</p>
<p>Initial and ongoing supervision of AP.</p>	<p>Initial and ongoing supervision of AP.</p>	
<p>Ensuring AP have knowledge & skill to perform assigned duties.</p> <p>Decisions to assign/delegate patient care tasks and/or support functions.</p>	<p>Ensuring AP have knowledge & skill to perform assigned duties.</p> <p>Decisions to assign/delegate patient care tasks and/or support functions.</p>	<p>For accepting only assigned/delegated tasks they are competent to perform based on education, training, and experience.</p>

RNs are accountable for:	LPNs are accountable for:	ASSISTIVE PERSONNEL are accountable for:
Supporting and supervising assistive personnel as they perform assigned patient care tasks and/or support functions	Supporting and supervising assistive personnel as they perform assigned patient care tasks and/or support functions.	To communicate when they do not feel competent to complete the assigned/delegated task.
Informing assistive personnel about expectations for reporting changes in a patient's condition or response to treatment.	Informing assistive personnel about expectations for reporting changes in a patient's condition or response to treatment.	

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Appendix A

Examples of Job Descriptions for Nursing and Assistive Personnel in the Perinatal Setting



IWK Health Centre

POSITION DESCRIPTION			
POSITION TITLE		CLASSIFICATION	
Care Team Assistant			
DEPARTMENT		DIVISION	
POSITION #	MANAGEMENT	CONFIDENTIAL	BARGAINING UNIT

Position Scope: (why does the job exist?)

The Care Team Assistant is a member of an interdisciplinary care team, collaborating in the delivery of care to meet the needs of patients/families. The individual in this role will support the work of RN, LPNs, and regulated interprofessiona[n]l team members. The Care Team Assistant is responsible for providing a range of direct care and indirect care services to support the care of patients, their families, and their environment. These services are provided under the direction and supervision of a Registered Nurse (RN)/Licensed Practical Nurse (LPN), or regulated interprofessiona[n]l team member in accordance with their designated college's supervision guidelines. The type of supervision (direct or indirect) will depend on the complexity of the task or procedure being assigned, the stability of the patient and the skill level of the Team Assistant performing it.

MAJOR RESPONSIBILITIES:

(In order of priority, including approximate percentages of time)

- ❖ Participates in activities related to the provision of family centered care by performing duties including, but not limited to:
 - Maintaining and assisting with personal care and activities of daily living in accordance with the patient's individualized plans of care and under the direction and supervision of a RN and/or LPN
 - Performing tasks as designated under the direction of the supervising RN/LPN. For example: holding/assistance with positioning for a procedure, obtaining basic vital signs
 - Providing relevant, clear and timely information to the supervising professional re: observed changes in physical, mental or emotional status/behavior of the patient
 - Recognizing the individuality of patients and families by involving them in decisions related to their care
 - Understanding and utilizing aseptic technique
 - Transporting patients as required
 - Promoting healthy lifestyle choices and illness prevention
- ❖ Contributes to the plan of care for the patient
- ❖ Is aware of the plan of care developed for the patient, as communicated verbally and through written documentation.
- ❖ Provides appropriate care, as assigned in accordance with IWK Health Centre policies, procedures and established standards, including consideration of patient's comfort, safety, privacy, independence, choice and dignity.
- ❖ Documents patient response to care, according to health centre documentation standards.
- ❖ Collects and distributes reports, specimens, and supplies to the appropriate locations
- ❖ Utilizes universal precautions and adheres to IWK Infection Control Policies
- ❖ Holds in confidence all matters pertaining to patients, families, and staff of the IWK Health Centre

- ❖ Participates in activities related to the management of the unit/department by performing duties including but not limited to:
 - Assisting with the orientation of new Care Team Assistants
 - Reporting all malfunctions, incidents, and accidents to the immediate supervisor and completing the appropriate documentation
 - Keeping the department clean, including tidying the nursing station, utility rooms, patient areas, etc.
 - Maintaining appropriate reports and records
 - Stocking work areas
 - Maintaining cleanliness of equipment
 - Adherence to Occupational Health and Safety standards
- ❖ Promotes and maintains good working relationships and communications within the facility and with other health care program personnel, patients and their families, and the general public
- ❖ Participates in a interprofessional approach to health care by attending meetings, in-services, and other training programs
- ❖ Communicates clearly and professionally using a variety of media
- ❖ Complies with policies and procedures pertaining to Quality Management, Safety, and Infection Prevention and Control, and works in a manner to protect patients, families, themselves and other staff.
- ❖ Promotes the mission of quality health care by performing any other related tasks and duties that may be assigned or required in order to maintain proficient work flows, if within their scope of practice or skill set

Qualifications

(include formal education and experience required)

- Grade 12 education or equivalent
- Graduate from an approved Continuing Care Assistant program
- Current successful completion of a BCLS program is required
- Previous health care experience is an asset
- Additional specific training may be required dependent on the unit

CERTIFICATION/REGISTRATION/DESIGNATION

- Provincial Continuing Care Assistant Certification required

SPECIAL KNOWLEDGE AND SKILLS

(knowledge employee requires to do the job well)

- Ability to work as a member of an interdisciplinary team and to accept direction and supervision
- Demonstrates:
 - professional and mature manner
 - effective interpersonal and communication skills
 - effective time management and organizational skills
 - additional skills may be required depending on the practice environment

JUDGEMENT & INITIATIVE

- Demonstrates judgment, problem solving skills and strong decision making ability within scope of employment
- Demonstrates initiative within the scope of their employment

KEY RELATIONSHIPS

Reports to: *Manager*

DEGREE OF RESPONSIBILITY FOR DECISIONS ON FINANCIAL, HUMAN AND MATERIAL RESOURCES

PHYSICAL, MENTAL AND VISUAL DEMAND

- Ability to respond to physical demands (i.e. - heavy lifts and support during ambulation)
- Ensures ongoing development and maintenance of own knowledge, skills and abilities through self evaluation, feedback from colleagues, and identification of learning needs and seeking appropriate learning opportunities
- Maintains certification in mandatory programs; CPR and others, as required by the health centre and practice area

WORKING ENVIRONMENT

MAJOR END RESULTS WHICH POSITION IS INTENDED TO ACCOMPLISH

To support the work of RNs and LPNs in the provision of quality, ethical care to patients and families.

Prepared by: *[Signature]* Date: *14 Apr 10*
Approved by: *[Signature]* Date: *April 16/10*
HR Approval: *[Signature]* Date: *April 16/10*

Appendix A
Clinical Area Specific Information

Clinical Area:

Description of Patient Population:

Unit Specific Competencies or Duties required for Clinical Area:

Other:



Job Description

Licensed Practical Nurse (LPN)

Position Overview: The Licensed Practical Nurse (LPN) is a member of an interdisciplinary care team, collaborating on the delivery of care to meet the needs of patients/families. The LPN is responsible and accountable to the public for his/her own practice, according to the standards defined by the College of Licensed Practical Nurses of Nova Scotia, Scope of Practice and Code of Ethics and standards, policies and procedures of the IWK Health Centre.

The LPN provides care independently to patients/families who have:

- well defined and established care needs
- coping mechanisms and supports systems are in place and effective
- health condition well controlled or managed
- little fluctuation in condition over time
- signs and symptoms are obvious
- predictable, localized and manageable responses
- predictable outcomes
- predictable changes in health condition

The LPN provides care under the guidance and direction and in collaboration and consultation with a Registered Nurse and/or physician and /or other appropriate health care provider when:

- Care needs are not well defined or established or changing
- Coping mechanisms and supports unknown, not functioning or not in place
- Health condition not well controlled or managed
- Requires frequent monitoring and reassessment
- Fluctuating assessment
- Client is an individual, and his/her family
- Unpredictable outcomes (i.e. acute spinal cord injury or uncontrolled diabetes)
- Unpredictable changes in health condition

The LPN applies practical nursing theory in the assessment of patients, collaboration in the development of the nursing care plan, implementation of the care plan and ongoing evaluation of the patient. The LPN works in consultation with RN/LPN colleagues and other members of the interdisciplinary team to meet the needs of more complex patients/clients. In accepting care the LPN considers: patient/client factors, nurse factors such as competence, environmental factors, Health Centre policies and job description.

*Patient/client refers to the recipient of care and their families and groups throughout this document.

Reports to: *Manager*

Qualifications: (Minimum Requirements)

Formal Education:

- Graduate from an approved Practical Nurse program, 2 year diploma program preferred
- Successful completion of pharmacology and health assessment courses (courses must be completed through a institution which is recognized by the College of Licensed Nurses of Nova Scotia)
- Licensed by the College of Licensed Practical Nurses of Nova Scotia
- Current successful completion of a BCLS program is required

Experience:

- Recent clinical experience that includes administration of medication and health assessments is preferred and may be required in certain practice settings
- Recent clinical experience in a similar practice setting may be preferred or required in certain practice settings

Knowledge, Skills, Abilities:

- Ability to work as a member of an interdisciplinary team and to request and accept direction as required
- Demonstrates critical thinking skills, within scope of practice, including clinical judgment, problem solving skills and strong decision making ability.
- Demonstrates:
 - professional and mature manner
 - effective interpersonal and communication skills
 - initiative
 - effective time management and organizational skills
 - required assessment and teaching skills
 - additional skills may be required depending on the practice environment

Definitions:

Collaborate: to work in partnership with members of the interdisciplinary health care team while maintaining autonomy within one's own scope of practice

Level of autonomy: the level of independence an LPN may assume when performing nursing care. Within their scope of practice, LPNs can practice independently and work collaboratively, in consultation, and with direction.

The LPN may function

- **independently:** performs all aspects of a nursing procedure/activity/ intervention independently. The LPN decides on the nursing procedure/activity/intervention required and is able to predict and manage the outcomes of such a procedure/activity/intervention.
- **in consultation:** performs a nursing procedure/activity/intervention following the advice/guidance/direction of an individual competent in the performance of the competency in a designated role and setting. The LPN performing the activity knows when and from whom to seek consultation.
- **with guidance/direction:** the LPN may be given guidance/direction verbally or in writing; however, this guidance/direction still allows for independence of function. The direction may include, but not be limited to, a procedural guideline or a prescribed course of action and is dependent on the policies of the employing agency.

**LPN
Job Description**

Care and Passion

- Taking pride in providing safe, high quality care to the populations we serve
- Building successful relationships with patients and families as partners in decision-making and care
- Making a positive difference in people's lives
- Contributing to a culture of inclusion and diversity

ASSESSMENT

- ❖ Performs relevant accurate initial and ongoing physical, social, emotional and spiritual assessments using appropriate sources specific to the clinical practice setting.
- ❖ Recognizes deviation from normal health status; communicates assessment to the Registered Nurse and/or other appropriate interdisciplinary team members and takes appropriate action.
- ❖ Recognizes the transition from a stable to unstable health status and takes required actions.
- ❖ Documents and communicates pertinent patient/client information in a timely manner.

PLANNING

- ❖ Collaborates with registered nurse, and/or physician and /or other appropriate health care provider to develop plan of care based on assessment including consideration of patient/client comfort, safety, privacy and dignity, in collaboration with the Registered Nurse and/or other appropriate interdisciplinary team members.
- ❖ Identifies priorities for care in collaboration with the Registered Nurse and/or other appropriate interdisciplinary team members including the patient/client.
- ❖ Participates in the establishment of short and long-term care goals.
- ❖ Identifies patient's/client's learning and discharge planning needs in collaboration with the Registered Nurse and/or other appropriate interdisciplinary team members including the patient/client.

IMPLEMENTATION

- ❖ Participates as a member of the interdisciplinary team in the implementation of the patient's/client's plan of care.
- ❖ Accesses appropriate team member(s) and internal/external resources.
- ❖ Collaborates and communicates effectively with the Registered Nurse and/or other appropriate interdisciplinary team member(s) and internal/external resources.
- ❖ Coordinates patient/client care/services with the Registered Nurse and/or other appropriate interdisciplinary team members.
- ❖ Fosters patients and family's independence and reintegration into their community.
- ❖ Provides care appropriate to the patient's/client's situation, and in accordance with IWK Health Centre policies and procedures, best practice and established standards.
- ❖ Interacts with patient/client and families in a respectful manner.
- ❖ Communicates with patients, families, and interdisciplinary team members using active listening skills and communicating directly.
- ❖ Independently provides nursing care to stable and predictable populations within the scope of practice of an licensed practical nurse in a safe, efficient, ethical manner, ensuring the goals and needs of the patient and family are prioritized
- ❖ In collaboration with registered nurse, and/or physician and /or other appropriate health care provider provides safe, efficient, ethical nursing care to unstable and/or unpredictable within the scope of practice of a licensed practical nurse ensuring the goals and needs of the patient and family are prioritized.
- ❖ Provides consistent, current, factual information, including information on health promotion, to children, youth, women and families

- ❖ Administers treatments, procedures, and medications as defined by IWK Health Centre policies.
- ❖ Performs specific LPN specialized clinical competencies, provided the criteria for performance are met as outlined in the IWK Health Centre policy.
 - Advocates for the rights of the patient and family and for provision of their unique care requirements.
 - Provides accurate and consistent patient/client teaching in a flexible and creative manner.
 - Articulates rationale for decisions that are based on current theory and research.
 - Maintains an accurate account of care given through clear, concise, written and verbal communication.
 - Processes physician's orders and seeks verification of orders from the ordering physician, nurse practitioner or other health care provider.
- ❖ **EVALUATION**
 - Evaluates, reports, and documents according to health centre standards, patient/client response to care.
 - Collaborates in the review and revision of the plan of care based on reassessment of the patient's/client's condition and progress.
 - Recognizes trends in health care needs within the patient/client groups served, and involves the patient/client in planning mutually expected outcomes where possible and appropriate.

Excellence and Leadership

- Building our reputation for excellence in the Maritime community and beyond
- Contributing to a sustainable health care system through formal and informal partnerships
- Pursuing excellence in care, teaching and research through a spirit of discovery and innovation
- Leveraging our reputation and influence to advocate for the health of the population
- Being accountable for our relationships, decisions and actions

- ❖ Achieves and maintains proficiency in practice.
- ❖ Identifies own professional development needs and competencies, seeks appropriate learning opportunities and evaluates own learning.
- ❖ Mentors colleagues in areas of expertise and seeks mentorship to achieve full potential in professional development.
- ❖ Disseminates current best practice and research findings and their use to improve the outcomes of nursing.
- ❖ Provides input into the development of IWK Health Centre policies/ procedures and practices.
- ❖ Provides input into the development of IWK Health Centre policies/ procedures and practices.
- ❖ Promotes delivery of cost effective care by providing input into care team and program budget preparation.
- ❖ Uses human and material resources effectively and efficiently.
- ❖ Ensures that work time is managed to meet the needs of patient and family and the unit overall.
- ❖ Fosters the development and maintenance of shared leadership through personal contribution and by supporting the contribution of colleagues in decision-making processes.
- ❖ Maintains an acute awareness of the changes within the health care system that may affect the practice of registered nurses in Nova Scotia through education.
- ❖ Functions as a change agent by thinking reflectively, questioning assumptions, assessing alternatives, and supporting change.
- ❖ Identifies research questions for study and supports the development and implementation of research studies.

PROFESSIONAL PRACTICE

- ❖ Maintains awareness of own values and ethical priorities and how they may impact on their own practice.
- ❖ Develops therapeutic professional relationships with individuals/families/communities, displaying appropriate use of communication skills, respect, empathy and an understanding of the unique values of each individual.
- ❖ Displays a collaborative attitude of mutual respect and valuing of others in interactions with individuals/families/communities and members of the interdisciplinary healthcare team.

- ❖ Appropriately advocates on behalf of the patient/client/family including:
 - providing patient/client/family access to information in consultation and collaboration with other team members
 - promoting patient/client/family comfort and safety
 - facilitating patient/client/family participation in decisions affecting care
 - intervening effectively in situations where safety or well-being of the patient/client/family may be compromised; and
 - respecting individual rights and diversity
- ❖ Ensures ongoing development and maintenance of own knowledge, skills and abilities through self evaluation, feedback from colleagues, and identification of learning needs and seeking appropriate learning opportunities.
- ❖ Maintains certification in mandatory programs; CPR and others, as required by the health centre and practice area
- ❖ Demonstrates accountability for practice using strategies such as providing rationale for decisions and actions, acknowledging errors, taking corrective action, recognizing own limitations, and consulting with others as necessary.
- ❖ Demonstrates commitment to continuous learning through participation in activities such as inservice programs, conferences, and continuing nursing education.
- ❖ Participates actively in the development of peers using methods such as sharing knowledge and resources, providing feedback, precepting, role modeling, mentoring and coaching.
- ❖ Contributes to the development of professional nursing practice within the Health Centre and the community through participation and leadership in care team, program, organizational, and professional activities/committees.
- ❖ Collaborates in the ongoing development of appropriate learning materials.
- ❖ Maintains knowledge of current issues and trends in clinical area of practice.
- ❖ Mentors colleagues in areas of expertise and seeks mentorship to achieve full potential in professional development.
- ❖ Shares knowledge gained through attendance at conferences, inservices, etc. with peers.
- ❖ Demonstrates accountability for own nursing practice by understanding and complying with:
 - Legal requirements of licensure
 - The Licensed Practical Nurses Act
 - The CLPNNS Code of Ethics
 - CLPNNS Standards for Nursing Practice
 - CLPNNS Continuing Competency Program
 - Relevant legislation, as required in the practice setting

PATIENT SAFETY

- ❖ Promotes a safe working environment by identifying and resolving potential risk issues.
- ❖ Participates in quality improvement activities.
- ❖ Recognizes patient safety issues and reports appropriately.
- ❖ Collects and analyses quality improvement data in collaboration with consumers and colleagues.
- ❖ Demonstrates ability to use equipment and supplies according to established standards and procedures.
- ❖ Records workload accurately and in a timely manner.
- ❖ Implements safety measures to protect self and others from injury.
- ❖ Protects individual and family privacy and creates an overall environment that is safe and secure.

Worklife and Relationships

Bringing collaboration and teamwork to all that we do

- Creating a supportive work environment that values and respects all members of our team
- Being open and honest
- Supporting employees, physicians and volunteers in achieving and maintaining a healthy lifestyle

- ❖ Promotes a positive work environment by:
 - Respecting other's opinions, judgments and abilities
 - Using proper channels of communication
 - Managing conflict effectively
 - Demonstrating flexibility and reliability
 - Recognizes when to seek assistance.
- ❖ Assigns care to unregulated health care team members according to their scope of employment and the IWK Health Centre Policies and Procedures.
- ❖ Provides guidance and direction to assistive personal as appropriate to ensure patient care tasks are completed.
- ❖ Participates actively in meetings and attends assigned committees, as able, and carries out assigned responsibilities.
- ❖ Identifies system (e.g. environmental/unit) limitations and offers recommendations for change.
- ❖ Appears professionally attired with proper identification at all times
- ❖ Guides and supports students and other personnel as appropriate.

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Approved by:

Cathy Walls RN MN
Chief of Nursing

Joan Vire RN, BN, MHS.
V.P. Patient Care



Registered Nurse
Job Description

The **Registered Nurse (RN)** is a member of an interdisciplinary care team, providing holistic, comprehensive care to meet the needs of individuals, families and/or communities. The Registered Nurse provides leadership in nursing assessment, planning, implementation and evaluation for the purpose of promoting, maintaining or restoring health, preventing illness, injury, and disability or supporting a peaceful death. The RN provides care in collaboration with the patient and family, other nurses and health team members throughout all stages of health and complexities of illness. The RN develops professional relationships for the purpose of providing care in collaboration with the patient and family, other nurses and health team members throughout all stages of health and complexities of illness. The RN independently provides safe, competent, compassionate ethical nursing care to stable, predictable and unpredictable populations. The RN ensures the goals and needs of the patients and families are prioritized and individualized, using nursing knowledge, critical thinking and clinical judgement. The RN engages in independent, interdependent and dependent functions to provide healthcare focusing on comprehensive assessment, patient/family education, and coordination of care. These functions may be self-determined, or assigned by physician, nurse practitioner or other RN's.

Definitions:

Team - there is a fundamental base that a team moves beyond just a “group” of people. At its fundamental level a team is an integrated, directed group of individuals who share a common goal and vision. Team development is not static and linear, but is evolutionary

Inter-professional – A fully integrated practice by a team of professionals from a diverse background of disciplines. Each member of the team has an integrated knowledge of the other team members' roles, and all work from an equally valued team mandate. When two or more professions purposely interact in order to learn with, from and about each other ... to improve effectiveness and the quality of care

Collaboration – An effort to consult and co-operate as a group or team in developing a shared direction or vision. Each member still maintains a separate functional identity. A collaborative practice is an active, often ongoing practice partnership between professionals, teams or organizations.

Reports to: Manager

Qualifications: (Minimum Requirements)

Formal Education:

- Graduate from an approved Registered Nurse program (BN or BScN Preferred).
- Licensed or eligible for licensure by the College of Registered Nurses of Nova Scotia.
- Current successful completion of a BCLS program is required.

Experience:

- Previous experience is an asset.
- Previous experience in a similar practice setting may be required in certain practice setting.

Knowledge, Skills, Abilities:

- Ability to work as a member of an interdisciplinary team.
- Demonstrates critical thinking skills, including clinical judgment, problem solving skills and strong decision making ability.
- Demonstrates:
 - Professional and mature manner.
 - Effective interpersonal and communication skills.
 - Initiative.
 - Effective time management and organizational skills.
 - Required assessment and teaching skills.

RN Job Description

Care and Passion

- Taking pride in providing safe, high quality care to the populations we serve
- Building successful relationships with patients and families as partners in decision-making and care
- Making a positive difference in people's lives
- Contributing to a culture of inclusion and diversity

ASSESSMENT

- ❖ Performs initial and ongoing biopsychosocial assessment specific to the setting and target population, which may include, but is not limited to:
 - physical status,
 - psychological status,
 - social/family interactions,
 - spiritual status,
 - financial resources that impact on health status,
 - roles and responsibilities of the individuals/families/communities/client and caregivers,
 - learning capabilities and education needs,
 - self-care capabilities,
 - health risks,
 - cultural influences,
 - environment and
 - expectations/potential for living in the community.
- ❖ Identifies and incorporates data relevant to the determinants of health for the patient and situations (e.g., income, education, employment status, work conditions).
- ❖ Utilizing the therapeutic relationship, assesses the unique health care needs/strengths of individuals/families/communities including:
 - Coping with acute or chronic illness,
 - Support after discharge,
 - Relationships and developmental stages.
- ❖ Recognizes potentially critical situations and takes appropriate action.
- ❖ Documents and communicates pertinent information in a timely manner.
- ❖ Monitors, through assessment data, the ongoing health status of the individual/family/community.

- ❖ Recognizes deviations in health care needs and adjusts the care plan accordingly.
- ❖ Collaborates with members of the healthcare team and individuals/families/communities to collect, validate and expand assessment data.

PLANNING

- ❖ Analyzes assessment data to identify the individuals/families/communities' needs and strengths and thought negotiates and communicates
- ❖ Mutually establishes priorities for optimal independence, in partnership with individuals/ families/ community and members of healthcare team, initiates planning, short and long term goals and expected outcomes, including transitioning.
- ❖ Develops the plan of care based on the assessment including consideration of strengths, risk factors, options, consequences of actions, health promotion, learning, comfort, safety, privacy, dignity and integrity.
- ❖ Applies knowledge of pertinent nursing and related healthcare research and evidence to care planning; uses current knowledge to justify plan of care.
- ❖ Integrates inter professional and multiagency factors into the care plan.
- ❖ Negotiates with the individual, family, community, health care team, and service providers when there is a difference between the care plan and the wants, needs and strengths of the individuals / families / communities.

IMPLEMENTATION

- ❖ Collaborates and communicates effectively with individuals, families, communities, team member(s) and internal/external resources to implement and coordinate plan of care/services.
- ❖ Through the critical analysis of theory as it applies to the practice setting, patient population and individual patient's health status, provides care appropriate to the patient's situation and in accordance with IWK Health Centre policies and procedures, best practice and established standards of care.
- ❖ Administers treatments and medications and performs procedures as defined by IWK policies and procedures.
- ❖ Performs Beyond Entry Level Competencies, Medical Directives and Delegated Medical Functions as approved for practice setting, as outlined in the health centre policy.
- ❖ Provides consistent, current, factual information to children, youth, women and families
- ❖ Offers culturally safe and competence nursing care
- ❖ Teaches and coaches patients and families in a flexible and creative manner using accurate and consistent information.
- ❖ Implements and evaluates teaching of individuals/ families/communities, and assists in developing education materials.
- ❖ Articulates rationale for decisions that are based on current theory and research

EVALUATION

- ❖ Evaluates, reports, and documents expected and unexpected responses to care, in partnership with individuals/families/communities.
- ❖ Reviews and revises the plan of care based on reassessment of changing status and progress.
- ❖ Evaluates total patient progress and evaluation of patient outcomes by initiating and maintaining the integrated patient care plan from admission to discharge.
- ❖ Recognizes patterns of health care needs within the population served, including health promotion and prevention, (such as infection rates, early discharge outcomes) and assesses the effectiveness of interventions over time.
- ❖ Discusses observations with and makes recommendations to interdisciplinary team and leaders to influence program development/evaluation.
- ❖ Interacts with patients and families in a respectful manner facilitating their growth and adaptation to their health care experience.
- ❖ Maintains an accurate account of care given through clear, concise, written and verbal communication and evaluates, communicates and documents patient/client response to care.
- ❖ Continuously evaluates plan of care and makes revisions to plan as necessary in consultation and collaboration with other members of the health care team and client/family in the development and revision of the plan of care
- ❖ Protects individual and family confidentiality, privacy and creates an overall environment that is safe and secure

CARE COORDINATION FOR A GROUP OF PATIENTS:

The RN serves as the coordinator of care within the bedside care delivery team. The members of this team vary depending on the needs of the patient population. In this role he/she will:

- ❖ Provide leadership at the bedside team level for ensuring that an integrated inter-disciplinary plan of care is created as early as possible in the patient experience for scheduled and unscheduled patients;
- ❖ Focus on ensuring that the patient care experience is coordinated and integrated within an inter professional model of care, both within acute care and across the continuum of care.
- ❖ Assume responsibility for assessing, planning, implementing, directing, supervising, evaluating direct and indirect care, and evaluation of patient outcomes in collaboration with the inter professional team.
- ❖ Assign care to licensed practical nurses according to their scope of practice and the IWK Policies and Procedures
- ❖ Provide guidance or direction to a licensed practical nurse when working collaboratively to care for a patient considered to be unstable with unpredictable outcomes.
- ❖ Assign care to unregulated health care team members according to their scope of employment and the DHA/facility Policies and Procedures
- ❖ Supervise assigned care of unregulated health care providers.
- ❖ Serve as a key resource to the family and patient

- ❖ Organize patient and family conferences as required to ensure active involvement in the development of the plan of care as well as the ongoing management and monitoring of progress
- ❖ Facilitate decision making through renewed processes of communication including scheduled rounds as well as ad hoc meetings to ensure timely flow and progression of the ongoing stay and discharge
- ❖ Identify barriers to smooth flow and timely progression of the ongoing stay and review with the team to rectify issues at the earliest possible moment.
- ❖ Facilitate and coordinate referrals based on needs
- ❖ Ensures patient/family education by an appropriate person
- ❖ Participate in direct patient care delivery as per their defined scope of practice

• **Excellence and Leadership**

- Building our reputation for excellence in the Maritime community and beyond
- Contributing to a sustainable health care system through formal and informal partnerships
- Pursuing excellence in care, teaching and research through a spirit of discovery and innovation
- Leveraging our reputation and influence to advocate for the health of the population
- Being accountable for our relationships, decisions and actions

- ❖ Takes the position of team leader and assumes the responsibilities outlined in unit specific profile.
- ❖ Advocates for the rights of the patient and family and for provision of their unique care requirements.
- ❖ Identifies system (environmental/unit) limitations and offers recommendations of change.
- ❖ Provides input into the development of IWK Health Centre policies/procedures and practices.
- ❖ Participates in and supports the development and implementation of the plans, goals and objectives of the workplace.
- ❖ Maintains commitment through active participation in meetings and committees, and carries out responsibilities.
- ❖ Demonstrates a commitment to the values of the Health Centre and the profession of nursing and acts in congruence with the vision, value, and mission.
- ❖ Leads initiative to constructively challenging the status quo, questioning assumptions, taking action and resolving conflicts.
- ❖ Uses human and material resources effectively and efficiently.
- ❖ Records workload accurately and in a timely manner.
- ❖ Fosters the development and maintenance of shared leadership through personal contribution and by supporting the contribution of colleagues in decision-making processes.
- ❖ Maintains an acute awareness of the changes within the health care system that may affect the practice of registered nurses in Nova Scotia through education.
- ❖ Functions as a change agent by thinking reflectively, questioning assumptions, assessing alternatives, and supporting change
- ❖ Advocates for the nursing profession by contributing to an environment that supports and acknowledges other's contributions and successes.
- ❖ Provides guidance and support in a preceptor role to students, colleagues, and other personnel as appropriate, to assist in their orientation to work routines, roles and expectations.

- ❖ Mentors colleagues in areas of expertise and seeks mentorship to achieve full potential in professional development.
- ❖ Demonstrates a spirit of inquiry by examining current practice and uses research findings to improve outcomes of nursing care and shares in the dissemination of research finding.
- ❖ Ensures that work time is managed to meet the needs of patient and family and the unit overall.

PROFESSIONAL PRACTICE

- ❖ Assumes responsibility for clinical competence in designated area of practice consistent with current knowledge
- ❖ Demonstrates accountability for own nursing practice by complying with Canadian Nurses Association (CNA) Code of Ethics, College of Registered Nurses of Nova Scotia (CRNNS) standards for nursing practice, the IWK Health Centre standards and policies and procedures.
- ❖ Demonstrates accountability for practice using strategies such as providing rationale for decisions and actions, acknowledging errors, taking corrective action, recognizing own limitations and consulting with others as necessary
- ❖ Maintains certification in mandatory programs; CPR, Delegated Medical Functions, Medical Directives and Beyond Entry Level Competencies and others, as required by the Health Centre and practice area.
- ❖ Understands and complies with:
 - Legal requirements of licensure
 - Registered Nurses Act – including continuing competence
 - IWK Health Centre Policies and Procedures
 - Freedom of Information and Protection of Privacy Act (FOIPP)
 - Other relevant legislation
- ❖ Maintains awareness of own values and ethical priorities and how they may impact on their own practice.
- ❖ Develops therapeutic relationships with individuals/families/communities, displaying appropriate use of communication skills, respect, empathy and an understanding of the unique values of each individual/family.
- ❖ Displays a collaborative attitude of mutual respect and valuing of others in interactions with individuals/families/communities and members of the interdisciplinary healthcare team.
- ❖ Appropriately advocates on behalf of the individuals/families/communities including:
 - Providing access to information in consultation and collaboration with other team members.
 - Consultation regarding ongoing consent for care
 - Promoting comfort and safety
 - Facilitating participation in decisions affecting care
 - Intervening effectively in situations where safety or well-being may be compromised; while respecting individual rights and diversity.
- ❖ Recognizes and examines processes to correct unsafe practice issues or inappropriate professional conduct.
- ❖ Identifies, achieves, and maintains own professional development needs and competencies, seeks appropriate learning opportunities and evaluates own learning.

- ❖ Promotes and maintains effective interpersonal and inter-professional relationships by listening actively and communicating directly and assertively and seeks to resolve conflict in a respectful manner.
- ❖ Ensures ongoing development and maintenance of own knowledge, skills and abilities through self evaluation, feedback from colleagues, and identification of learning needs.
- ❖ Demonstrates commitment to continuous learning through participation in activities such as in-service programs, conferences, and appropriate continuing nursing and health professional education.
- ❖ Participates actively in the development of peers using methods such as sharing knowledge and resources, providing feedback, precepting, role modeling, mentoring and coaching.
- ❖ Provides consistent, current factual information based on the needs of the population identified and fitting with the learning needs and style of the family to promote health and prevention.
- ❖ Shares knowledge gained through attendance at conferences, in-services, etc. with peers.
- ❖ Provide guidance or direction to a licensed practical nurse when working collaboratively to care for a patient considered to be unstable with unpredictable outcomes.
- ❖ Assign care to unregulated health care team members according to their scope of employment and the DHA/facility Policies and Procedures
- ❖ Supervise assigned care of unregulated health care providers.

PATIENT SAFETY

- ❖ Invites, expects and accepts constructive feedback from patients and families regarding the care and services the Health Centre provides.
- ❖ Participates in the analyses of quality improvement data in collaboration with consumers and colleagues
- ❖ Identifies potential problem areas and participates in the collection of data for problem verification, and adverse event reporting.
- ❖ Identifies, promotes and implements a safe working environment by identifying and resolving potential risk issues
- ❖ Implements safety measures to protect self and others from injury
- ❖ Demonstrates ability to use equipment and supplies according to established standards and procedures.
- ❖ Identifies trends in safety issues, reports appropriately, and participates in correction and prevention action plans
- ❖ Participates in quality improvement activities, e.g. falls prevention and error management programs.

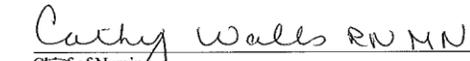
- **Work life and Relationships**
- Bringing collaboration and teamwork to all that we do
- Creating a supportive work environment that values and respects all members of our team
- Being open and honest
- Supporting employees, physicians and volunteers in achieving and maintaining a healthy lifestyle

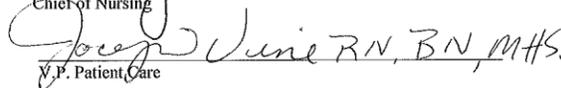
- ❖ Promotes a positive work environment by:
 - Respecting other's opinions, judgements and abilities
 - Using proper channels of communication
 - Managing conflict effectively
 - Demonstrating flexibility and reliability
- ❖ Assigns care to licensed practical nurses according to the RN's scope of practice, patient status, the LPN's scope of practice and employment and the IWK Health Centre Policies and Procedures.
- ❖ Provide guidance or direction to a licensed practical nurse when working collaboratively to care for a patient considered to be unstable with unpredictable outcomes.
- ❖ Assign care to unregulated health care team members according to their scope of employment and the DHA/facility Policies and Procedures
- ❖ Supervise assigned care of unregulated health care providers.
- ❖ Participates actively in meetings and attends assigned committees, as able, and carries out assigned responsibilities.
- ❖ Identifies system (e.g. environmental/unit) limitations and offers recommendations for change.
- ❖ Appears professionally attired with proper identification at all times
- ❖ Guides and supports students and other personnel as appropriate.

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- Practice Guideline: Utilization of RNs and RPN's. College of Nurses of Ontario. 2005
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V.P. Patient Care

Appendix B

Definitions:

Throughout this document there are a number of terms that may be open to interpretation, consequently for the purpose of clarity and consistency these definitions are provided:

Accountability: Answering for the professional, ethical, and legal responsibilities within one's role (i.e. decisions, activities, interventions): can never be shared or delegated. (CRNNS, 2011) *A/so:* an obligation or willingness to accept responsibility or to account for one's actions and to achieve desired outcomes. (CLPNNS, 2011)

Acuity: The degree of severity of a patient's/client's condition and/or situation (CRNBC, 2005).

Assignment: Allocation of clients (patients) and client care activities among care providers in order to meet client care needs (CRNNS, 2011).

Assistive Personnel (in Acute Care): For the purposes of this document, assistive personnel is a broad term that applies to unregulated employees involved in the provision of care, in a role that currently exists or that may be created/embraced to meet the needs of a patient population in a particular facility (e.g. Care Team Assistant or CTA). *See CTA, unregulated healthcare provider definitions below.*

Autonomy: Autonomy refers to the ability to make decisions and the freedom to act independently, in accordance with one's professional knowledge, competence, and authority (CRNNS, 2011). The LPN's level of autonomy (ability to make a decision independently) changes in relation to the predictability or lack of predictability of the client (CLPNNS, 2011).

Collaboration: A joint communication and decision-making process with the expressed goal of working together toward identified health outcomes while respecting the unique qualities and abilities of each member of the group or team (CRNBC, 2005).

Common Competencies: When both RNs and LPNs possess the similar knowledge, skills, and judgment required to competently perform a specific task or function (CRNNS, 2004).

Complexity: The degree to which a patient's condition and/or situation is characterized by or influenced by a range of variables (e.g., multiple medical diagnoses, impaired decision-making ability, challenging family dynamics) (CRNBC, 2005).

Care Team Assistant (CTA) or Continuing Care Assistant (CCA): An individual who assists the patient or client with personal care and support services while promoting healthy and independent living. CTAs/CCAs hold provincial certification from a recognized educational program (HANS, 2009).

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. (CRNNS 2011)

Independent: makes nursing decisions and/or performs all aspects of nursing procedure, activity, or intervention independently. Makes decisions about the procedure, activity, or intervention and is able to predict and manage the outcomes of the procedure, activity, or intervention. The independent care provider assumes accountability for decisions and outcomes (CLPNNS 2011).

In Consultation: makes nursing care decisions and/or performs a nursing procedure, activity, or intervention following the advice of a health care provider competent to provide consultation with regard to the procedure, activity, or intervention. Shares accountability with consultant; however, the consulting nurse has the responsibility to communicate and update the consultant in regard to patient outcomes (CLPNNS 2011).

Predictable: extent to which one can identify in advance a client's response on the basis of observation, experience, or scientific reason (Government of NS, 2006).

Responsibility: an activity, behavior or intervention expected or required to be performed within a professional role and/or position: may be shared, delegated or assigned (CRNNS 2011).

Scope of Employment: The range of responsibilities defined by a specific employer through job descriptions and policies (CRNNS, 2004).

Scope of Practice: The scope of practice of a profession outlines the range of roles, functions, and accountabilities its members are legislated, educated and authorized to perform. In Nova Scotia, the scope of practice of RNs is defined in the RN Act and the scope of practice for LPNs is defined in the LPN Act (CRNNS, 2011; CLPNNS, 2011; Government of NS, 2006). The scope of practice for CTAs is defined by the Health Association of Nova Scotia (HANS 2009).

Stable: situations in which the client's health status can be anticipated with predictable outcomes (Government of NS, 2006).

Supervision: The act, by a regulated health care professional (e.g. RN or LPN), of providing initial direction and periodic monitoring of an intervention or activity, as authorized by the employer, to a CTA who has the required competency. Additionally, supervision is the provision of guidance, direction, evaluation, and follow-up for the

purpose of achieving appropriate care outcomes. Supervision may be direct or indirect. Direct supervision is the direct observation of care/services being delivered. Indirect supervision is being available for report and consultation (HANS 2009).

Unpredictable: patient health outcomes that cannot reasonably be expected to follow an anticipated path (Government of NS, 2006).

Unregulated Healthcare Provider: A paid health care worker who is not registered with a regulatory body. They have no legally defined scope of practice, do not have a mandatory education requirement and do not have established standards of practice (CRNM, 2010). The scope of employment is defined by the employer based on the care provider's qualifications and educational preparation, and they are accountable for their individual actions and decisions (CNA, 2008; CRNNS, 2004). See *Assistive Personnel, CTA*.

Unstable: situations in which a patient's/client's health status is fluctuating, with atypical responses, where the care is complex requiring frequent assessment of the client and modification of the care plan and the client is managed with interventions that may have unpredictable outcomes or risks (Government of NS, 2006).