



ADMINISTRATIVE MANUAL

POLICY/PROTOCOL

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Applies To:	All IWK Nurses - includes Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)		

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PREAMBLE

The IWK is committed to safe, effective, ethical patient and family care provided by the most appropriate health care provider(s) within the context of care.

The nursing practices of Registered Nurses and Licensed Practical Nurses must also evolve to meet population health needs. RNs and LPNs are required to practice within their scope of practice and code of ethics laid out by their respective regulating bodies. All RNs and LPNs have entry level competencies. However, efficient and safe patient care can be enhanced by optimizing and extending the scope of practice.

RNs and LPNs are always accountable to judge the appropriateness of implementing the procedure, treatment, intervention in all situations.

Any decisions related to optimizing, extending and modification of the nursing scope of practice must be made in a collaboration with appropriate stakeholders.

GUIDING PRINCIPLES AND VALUES

The IWK is committed to the protection of the care to patients and families in a timely, efficient manner.

Scope of practice of a profession must be flexible to respond to changing health care needs. The nursing practices of Registered Nurses and Licensed Practical Nurses must also evolve to meet population health needs. Modification of scopes of practice may be required to respond to health system needs and changing patient populations.

POLICY STATEMENTS

The following policy statements are applicable to the following:

- Approval and performance of Beyond Entry Level Competencies (BELC) by RN's and LPN's at the IWK Health Centre.
- Approval and performance of Delegated Functions by RN's at the IWK Health Centre.
- Approval and performance of Care Directives by RN's at the IWK Health Centre.
- Approval and performance of modifications to the RN Scope of Practice

1. RNs and LPNs are accountable for making professional judgments about when an activity is beyond their scope of practice and competency.
2. The development and approval of BELC's, Care Directives, Delegated Functions, and modifications of nursing scope of practice must follow the policy # 100.1 (Policy, Protocol, Procedure, Practice Guidelines (PPPG) Development, Approval, Implementation and Evaluation process)

3. LPN's who perform BELC's, at the IWK Health Centre must successfully complete and maintain the required certification/competency and recertification.
4. All RN's who perform BELC's, Care Directive, Delegated Functions and use a modification of their scope of practice at the IWK Health Centre must successfully complete and maintain the required certification/competency and recertification.
5. LPN may implement the actions in a care directive when the action is within their scope of practice and the RN has determined (based on their assessment) that the patient meets the inclusion criteria.
6. Individual care teams must identify and provide the supports and resources necessary when enacting BELC, Care Directives and Delegated Functions and modification of scope of nursing practice
7. Recertification for BELC's must be decided by individual care teams based on frequency of performance and determinants of risk to patients (see Appendix F).
8. Each RN or LPN must keep a record of certifications and recertifications.
9. A temporary RN or LPN license holder is not permitted to perform a care directive, delegated function or a modification of nursing scope of practice.
10. Nursing students must not perform Care Directives or Delegated Functions. Nursing students may only perform BELC if they have the adequate theoretical knowledge, opportunity to apply the knowledge in a simulated setting and must be directly observed by a RN who has certification and competency in the required BELC.

PROTOCOL

PROTOCOL FOR DEVELOPMENT AND APPROVAL OF A BEYOND ENTRY LEVEL COMPETENCY, DELEGATED FUNCTION, CARE DIRECTIVE IN A CARE AREA: (see algorithm)

- Please see Appendix D for Considerations for Modifications of Scope of Practice.
- The development, approval and implementation process will be initiated by the care team upon identification of the need for an optimization, extension or modification of scope of practice requiring a BELC, Delegated Function, Care Directive. The need is based on the context of practice, patient population, provider competence and agency policy. This will be consistent with policy 100.1 (Policy, Protocol, Procedure, Practice Guidelines (PPPG) Development, Approval, Implementation and Evaluation Process).
- The Nursing Professional Practice Council, IWK Policy and Practice Committee, will notify the care team in writing/electronically of the approval of policy and proposed education program.

PROTOCOL FOR RECERTIFICATION OF A BEYOND ENTRY LEVEL COMPETENCIES, CARE DIRECTIVES AND DELEGATED FUNCTIONS IN A CARE AREA

- Recertification for the Delegated Functions, BELC will be determined by the individual care teams based on frequency of performance and determinants of risk to health of patients (Appendix F)
- The Registered Nurse will be recertified based on self-assessment of competency, recertification time frame and/or transfer to another area.
- Recertification will occur before the established time frame if there is:
 - Self-assessment of the need for competency development
 - Return from Leave of Absence (>12 months).

When a Registered Nurse or Licensed Practical Nurse returns from Leave of Absence greater than 12 months, an individual learning needs self-assessment will be performed upon return to work as part of the reorientation process.

PROTOCOL FOR REMOVAL OF BEYOND ENTRY LEVEL COMPETENCIES, CARE DIRECTIVES AND DELEGATED FUNCTIONS IN A CARE AREA:

- In the event that a care team wishes to have a BELC, Care Directive or Delegated Function removed, the care area is required to submit a letter of request to the Nursing Professional Practice Council and Nursing Professional Practice Office (only for a care directive or delegated function). The letter will include the competency to be removed, reason for the request and a contingency plan to provide the competency when required in the future.

REFERENCES

Legislative Acts/References

RN Act <https://nslegislature.ca/sites/default/files/legc/statutes/registered%20nurses.pdf>

LPN Act <https://clpnns.ca/wp-content/uploads/2013/05/LPNAct2006.pdf>

Other

College of Registered Nurses of Nova Scotia (2013). Entry-Level Competencies for Registered Nurses in Nova Scotia.

College of Registered Nurses of Nova Scotia (2015). Interpreting and Modifying the Scope of Practice of the Registered Nurse.

College of Registered Nurses of Nova Scotia (2017). Guidelines for Effective Utilization of RNs and LPNs in a Collaborative Practice Environment.

College of Registered Nurses of Nova Scotia (2017). Delegated Functions – Guidelines for Registered Nurses.

Regina Qu'Appelle Health Region (2016). RN Specialty Practices.

RELATED DOCUMENTS

Policies

IWK Policy # 100.1 - Policy, Protocol, Procedure, Practice Guidelines (PPPG) Development, Approval, Implementation and Evaluation Process

http://policy.nshealth.ca/Site_Published/IWK/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=71075

APPENDICIES

Appendix A - Definitions

- Entry Level Competencies – those competencies that are foundational to perform complex cognitive functions and highly technical skills. The entry-level skills are acquired during nursing education (CRNNS, 2015).
- Beyond Entry Level Competencies (BELCs) – those competencies that are within the scope of nursing, but may not have been acquired during basic nursing education and may be specific to a particular area that require additional training and education to acquire the skills (CRNNS, 2013).
- Care Directive - A Care Directive is an organizational policy developed in consultation with prescriber(s) for an intervention or series of interventions to be implemented by another care provider for a range of clients with identified health conditions or needs when specific circumstances exist. The purpose of a Care Directive is to provide safe, timely, effective and efficient client care and to optimize the practice of all care providers (CRNNS, 2018).
- Delegated Function – The process of transferring a specific intervention (task, procedure, treatment or action within explicit and limited situations having clearly defined limits) that falls within the scope of practice of one healthcare profession (delegator), however, in the interest of client care, has been approved to be performed by a member) of another healthcare profession (delegate) for whom the intervention is outside their scope of practice, but who has the required competence (certification/recertification) (CRNNS, 2017).
- Full Scope of Practice – full utilization of role, responsibilities and competencies for which a person is educated and are authorized to perform (CRNNS, 2015).
- Modification of Scope of Practice – major proposed change in competencies or profession's scope of practice requiring actual changes in the current legislation or initiating a modification of scope of practice through the process outlined in the Nova Scotia Regulated Health Profession Network Act (2012). A modification to the scope of practice may be required when (1) the role, function or accountability is not currently within the scope of practice of nursing or (2) the new addition is restricted by a statute regulating the practice of another health profession. A modification also might be required when the role, function or accountability may be considered within the scope of practice of nursing, but the risk is significant enough to consider a legislative change to the scope of practice for the profession (CRNNS, 2015).

Appendix B – Requirements for Care Directives

All care directives require:

- The identification of the client population to which the Care Directive applies.
- An assessment process to assist RNs and LPNs in making the decision to implement the Care Directive.
- A clear description of the intervention, treatment or procedure.
- Names, date and signature of an authorized prescriber.
- Specific client clinical conditions and situational circumstances that must be met before the Care Directive can be implemented.
- Identification of the health care professionals who can perform the intervention.
- Specific monitoring parameters and/or reference to appropriate emergency care measures.
- Identification of contraindications to implementation.
- Identification of any educational requirements.
- Date and confirmation of policy approval.

(CRNNS, 2018)

Appendix C – Requirements for Delegated Medical Functions

All Delegated Functions require:

- Name and description of the intervention.
- An assessment process to be used by the delegate in making the decision to implement the Delegated Function.
- Identification of the contraindications for implementing the Delegated Function.
- Identification of resources essential to performing the intervention.
- Specific monitoring parameters and reference to appropriate emergency care measures.
- An education plan and modules developed by the facility or a well-established and accepted external education program that includes current best practices.
- Annual certification/recertification process.

(CRNNS, 2017)

Appendix D – Considerations for Modification of Scope of Practice

Legislation and Scope:

- Does the new role, function or accountability meet the definition of the practice of nursing as defined by the RN or LPN Act?
- Is the new role, function or accountability a major change to the RN or LPN scope of practice which has never been part of the RN or LPN scope?
- Is the new role, function or accountability within the domain of another regulated health profession? If not, is the new role, function or accountability within the public domain?
- Is adding the new role, function or accountability prohibited by any other health professional legislation, bylaws or policies?

Client:

- Is there a client need for this addition to the RN/LPN scope of practice?
- Will the client benefit from this addition to the RN/LPN scope of practice?
- Has there been a client assessment to determine that it is appropriate for the RN/LPN to perform this new task or activity?
- Have you considered the consequences of not adding the new role/function in terms of client care?

Evidence:

- Is there appropriate evidence (best practices and literature) to support or refute this addition to the RN/LPN scope of practice?

Risk:

- Has there been an assessment of the risk to the client, RN/LPN and/or organization?
- Are you comfortable with the level of risk associated with the addition to RN/LPN scope?
- Is there a plan for nursing to manage any unexpected outcomes for the addition to the scope of practice? If so, what are they?
- Would a reasonable and prudent RN/LPN implement the intervention?
- Has there been an investigation of possible implications for liability coverage with Canadian Nurses Protective Society (CNPS) or CRNNS?
- Is there a plan/mechanism for ongoing monitoring and regular evaluation for the addition to the RN/LPN scope to practice?
- Is the new role, function or accountability consistent with public health policy and models of care?

Competence and Education:

- What new competencies (knowledge, skill, judgement) are required for RN/LPN to add this to their scope of practice?
- What education programs are required to support this addition to the RN/LPN scope of practice?
- Is there an appropriate plan/mechanism for the review and maintenance of competence and is the responsible person/group of people identified?

Employer Support:

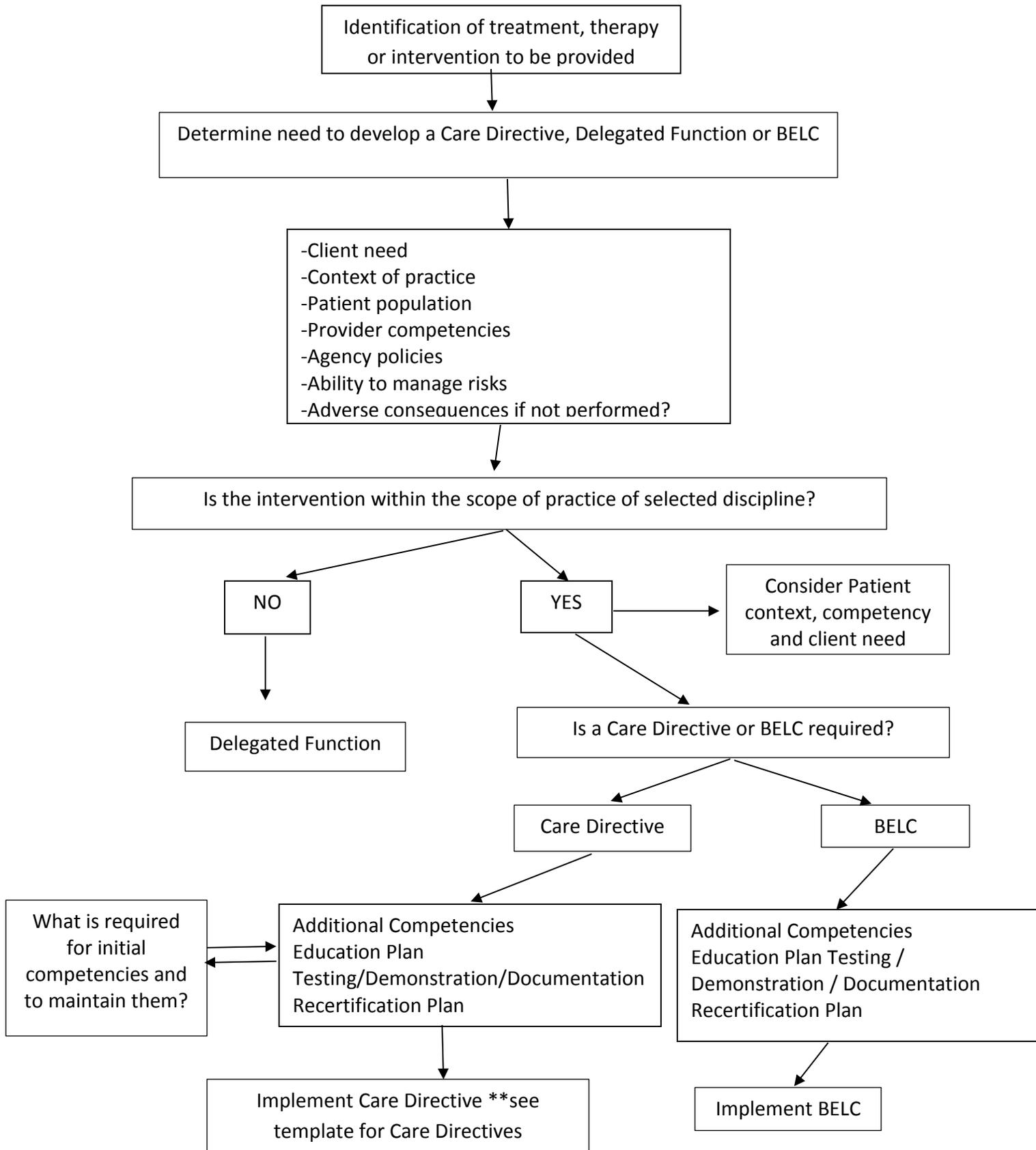
- What is required for the employer to support this addition to the RN/LPN scope of practice?
- Does the employer have the appropriate resources to support this addition to the RN/LPN scope of practice?
- Would new employer resources be required to support this addition to the RN/LPN scope of practice?
- Are new policies and/or procedures required to support the addition to the scope of practice?
- Does the organization have a quality practice environment with appropriate support for the RN/LPN?
- Will the organizational culture and interprofessional team accept the change?

Consultation:

- Which other health professionals will be impacted by the new addition to the RN/LPN scope?
- Has there been consultation with professional practice leaders, managers and Director of Nursing?
- Has the proposed addition been discussed with the IWK Nursing Practice Office, College of Registered Nurses of Nova Scotia (CRNNS), College of Licensed Practical Nurses of Nova Scotia (CLPNNS), Canadian Nurses Protective Society (CNPS), Nova Scotia Regulated Health Professions Network?

(Adapted from CRNNS, *Interpreting and Modifying the Scope of Practice of the Registered Nurse*, 2015)

Appendix E: Algorithm for Determining Need for Beyond Entry level Competencies, Care Directives, and Delegated Functions



Appendix F - Guidelines for Recertification Criteria (BELC, DF) for RN and LPN Practice

Beyond Entry level Competency (BELC) and Delegated Medical Functions (DMF) Level of Risk				
		High Risk	Medium Risk	Low Risk
Frequency of performance	Daily	12 months	18 months	24 months
	Monthly	12 months	18 months	18 months
	Annually	6 months	12 months	12 months

- Parameters of recertification are 6 to 24 months.
- Care teams are responsible for categorizing frequency factor (frequency of performance).
- In selected practice settings, agencies may determine that certain BELCs are essential to competent practice and after nurses' initial certification, may recognize that frequency of performance as the criteria for demonstrating continued competence. This will be noted in the particular policy that directs care.

Approved by Nursing Professional Practice Committee, June 2009.

District Health Authority/IWK Policies Being Replaced

325.1 – Approval and Performance of Delegated Functions (DFs) By Nurses at the IWK Health Centre

326.1 – Nursing Student Participation in Beyond Entry Level Competencies (BELCs)

330.0 – Approval and Performance of Medical Directives by Nurses at the IWK Health Centre

324.2 – Approval and Performance of Beyond Entry Level Competencies (BELCs) by Registered Nurses at the IWK Health Centre

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)