Collaborative
Decision-making Framework:
Quality Nursing Practice

December 7, 2016
Please note: For consistency, when more than one regulatory body is being discussed in this document, the regulatory bodies are listed alphabetically.
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Introduction

Dynamic client needs and evolving health care environments impact multiple roles and team approaches to client care in clinical settings province-wide. In recognizing the critical value of integrated team environments, this document is an initiative undertaken by Saskatchewan’s three nursing regulatory bodies to strengthen collaboration, clarify nursing roles, and focus on the client as the primary driver of care needs and services provided by all professional nursing groups.

Each regulatory body has the authority to interpret the scope of practice of their respective health care providers within legislation and bylaws. While Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Registered Psychiatric Nurses (RPNs) all share a common body of nursing knowledge, defining the scope of practice is the responsibility of each respective regulatory body.

Decision-makers need to consider the overlapping and distinct scopes of practice of LPNs, RNs and RPNs to ensure the appropriate utilization of each of their expertise in the practice setting. In order to achieve this, the Collaborative Decision-making Framework: Quality Nursing Practice document developed and endorsed by, the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS), the Saskatchewan Association of Licensed Practical Nurses (SALPN), and the Saskatchewan Registered Nurses’ Association (SRNA) is to be utilized in all healthcare environments.

Purpose

The purpose of this document is to outline a decision-making framework that defines the key similarities and differences among professional nursing roles for client-focused collaborative nursing care. It is intended to assist the healthcare team including nursing groups, multi-disciplinary healthcare providers, employers, educators, government, and the public to have an improved understanding of:

- the scope of practice, roles and responsibilities of each nursing profession;
- the unique value and key contributions of each professional nursing group as part of collaborative team-focused care environment;
- the collaborative expectations among healthcare providers to promote high functioning teams; and
- how the framework can assist nursing and non-nursing leaders to determine the optimal staff mix of LPNs, RNs and RPNs so each client receives the right care, at the right time, from the right nursing care provider resulting in optimal health outcomes.
Collaborative Nursing Practice

Collaborative nursing practice is a cooperative venture of the three nursing groups in the discipline of nursing (LPNs, RNs, and RPNs) with the shared goal of providing quality nursing care. All nurses contribute to patient-centred care goals, drawing upon effective communication skills and shared decision-making, supported in a climate of mutual understanding and acceptance of each other’s roles, and respect for both the shared and unique competencies of each member of the discipline of nursing.

Collaboration is the ethical foundation of effective teamwork and professional partnerships. There is mutual recognition of distinct and shared competencies and respect for the interests, roles and responsibilities of all team members. Providers fulfill complementary roles based on their foundational knowledge and competencies, the patient care needs at hand, and the context of care (College of Licensed Practical Nurses of BC, 2015).

The main goal of this project was to decrease ambiguity about the roles of LPNs, RNs, and RPNs in order to optimize the contributions of all nursing professionals in the provision of safe and client-centered high-quality healthcare in Saskatchewan.

Overarching Principles

We agree to the following overarching principles when developing the collaborative decision-making framework:

Focus on Clients and Client Engagement
Clients are integral members of a collaborative practice healthcare team and are actively engaged in managing their own healthcare, rather than passive recipients of healthcare. Effective communication between team members and clients leads to improved client satisfaction and better client outcomes.

Population Health
A population health approach uses the social determinants of health to address client needs. Clients and health professionals work together in determining how clients can effectively improve health and/or manage illness.

Trust and Respect
Members of a collaborative practice healthcare team must have a basic understanding and respect for each other’s roles, and trust that all team members will consult and collaborate appropriately when clients’ needs are beyond their scope of practice.
Existing nursing culture strongly influences team performance within an organization, department or unit. During the consultation process, it was identified repeatedly by participants that each individual’s actions and behaviours within the workplace impact whether the culture is healthy and positive, or dysfunctional and negative, and that leadership support was crucial.

**Effective Communication**

Effective communication is an essential component of collaborative practice and central to a common philosophy of care and knowledge exchange. It is also a crucial component in organizations that value patient safety. The team must understand the concerns, perspectives, and experiences of the client and family, as well as the care environment. This understanding, and the capacity to communicate this to others, leads to positive client outcomes.

**Guiding Principles for Collaborative Practice in Healthcare Settings**

1. The client, the nursing professional, and the environment - all three factors - must guide decisions about which nursing professional is appropriate for a client’s care.

2. When determining the appropriate nursing professional, the main focus should be centered on the needs of the client and decisions should be guided by evidence, nursing research, and national best practice standards.

3. All nurses practice within their own level of competence and seek direction and guidance from other health professionals when aspects of care required are beyond their individual competence. Strong collaborative teams demonstrate trust in, and mutual respect for their colleagues.

4. All LPNs, RNs, and RPNs have a professional obligation to intervene if they become aware of unsafe or unethical care.

5. The practice of each individual nursing professional is based on nursing experience and the integration of knowledge including skill, judgment, critical thinking and personal attributes. It cannot be reduced to a list of tasks.

6. Members of the three nursing professions are not interchangeable. This is because there are differences in the legislated scope of practice, standards of practice, and basic education of each nursing profession.

7. There is overlap in the scope of practice of the nursing professions. This means that, in some situations, all three may have the knowledge, skill, judgment and personal attributes to provide care. In some situations, only one may have the required knowledge, skill, judgment and personal attributes required. When client acuity and/or complexity and/or variability increase, LPNs require additional support.
from RNs or RPNs. This support may involve increased consultation with the RN or RPN, sharing part of the client assignment with the RN or RPN, the RN or RPN taking the lead role in collaborative delivery of client care, or the RN or RPN accepting full responsibility for the care of the client.

8. Members of all three professions are responsible, accountable, and legally liable for the nursing services they provide. A member of one regulatory body cannot assume responsibility for the nursing care provided by a member of another regulatory body.

9. Employers have an obligation to provide essential support systems to enable nurses to meet practice standards and adhere to their respective code of ethics. Support systems include:
   - continuity of client care;
   - staffing decisions that take into account the client, the nursing professional and environmental factors;
   - collaboration, communication and consultation;
   - role and job descriptions that reflect and respect the scope of practice for each of the three nursing professions;
   - professional development systems (e.g., continuing education and skills development, and performance appraisal);
   - adequate nurse-client ratios; and
   - organizational support for collaborative practice.

No employer or agency directive (policy, procedure or guideline) relieves the nurse of professional accountability or supersedes the legislation or regulatory body requirements.

10. Regulatory bodies are responsible for regulating the practice of nursing for protection of the public interest. Each professional nursing regulatory body provides consultation for members, employers and the public.

11. This document focuses on collaboration and consultation among the three nursing professions in SK. However, collaboration and consultation does occur with other members of the multi-disciplinary team in all healthcare settings.

**Framework for Nursing Practice**

Legislation, nursing practice standards, education, employer policies, collaborative guidelines, and individual competencies all impact the practice of nursing. All nurses must follow their respective legislative authority in order to safely provide nursing care within Saskatchewan and adhere to the nursing practice standards and code of ethics.
Employer policies and the nurse’s individual competencies are unique to the practice environment and influence each nurse’s individual scope of practice, but does not authorize the nurse to practice outside their scope of practice.

**Scope of Practice**

Nurses receive direction for their scope of practice in a variety of ways. These four main factors influence scope of practice and outline what nurses are educated and authorized to do:

1. Legislation;
2. Standards of practice;
3. Employer policies and procedures, job descriptions; and
4. Individual education and competence.

![Figure 1: Factors that Limit Scopes of Nursing Practice](image)

All four factors are necessary to provide safe, competent, and ethical care. Each factor successively narrows a nurse’s practice. However, the overall scope of practice for any profession sets the outer limits of practice for all members, yet at the same time retains flexibility so that establishing rigid boundaries does not threaten the ability of the profession to grow and develop (Lillibridge, Axford, and Rowley, 2000).

Legislation provides the authority to practice as an LPN, RN, or RPN. Each regulatory body interprets the applicable legislation and sets standards of practice, against which individual practice can be measured. Standards of practice provide a guide to the knowledge, skills, judgment and attitudes that are needed to practice safely. Employer policies may restrict a nurse’s practice in a particular agency or unit. Individual nurses require the competence to safely carry out all aspects of nursing care they provide.
LICENSED PRACTICAL NURSES

The practice of practical nursing is defined in the Licensed Practical Nurses Act (2000) and the regulatory bylaws made pursuant to that Act. The Licensed Practical Nurses Act (2000) states, “Practice as a licensed practical nurse” means to provide services, within the education and training of Licensed Practical Nurses, for the purposes of providing care, promoting health and preventing illness.” The scope of practice of LPNs involves the application of the nursing process, using nursing knowledge, critical thinking and clinical judgment. LPNs collaborate with other healthcare providers to achieve positive patient outcomes.

Educational Preparation
LPNs are educated to provide safe, ethical and competent care at the entry level when they graduate from an approved school of practical nursing (or equivalent), and have successfully completed the Canadian Practical Nurse Registration Exam (CPNRE) or equivalent. Since its introduction in 2008, the minimum requirement for entry-to-practice to become an LPN in Saskatchewan is a diploma. The initial practical nursing education program allows students to gain the knowledge, skills, attitudes and judgment needed for a beginning practitioner entering the profession.

Entry-Level Competencies (ELCs)
The SALPN establishes competencies that entry-level practical nurses in Saskatchewan are expected to demonstrate upon graduation. Standards for practical nursing practice and practical nursing education have been established to facilitate the SALPN’s mandate of regulating the profession of licensed practical nursing in the public interest and to protect the public. Entry-Level Competencies (ELCs) are used to guide the curriculum in schools of practical nursing and by the SALPN when approving practical nursing education programs. In addition, ELCs also serve as a guide for the public and employers to make them aware of what to expect from new graduates. All LPNs in Saskatchewan are accountable to meet the competencies within their context of practice. ELCs are outlined in the Canadian Council for Practical Nurse Regulators (CCPNR) Entry to Practice Competencies for Practical Nurses (2013) document.

http://www.salpn.com/images/Member/Entry_Practice_Comps/IJLPN_Entry_to_Practice.pdf

Roles
LPNs are self-regulated healthcare professionals who work autonomously and in collaboration. LPNs are prepared to work with diverse populations in a variety of roles in direct practice, administration, education, research, policy development and regulation. They practise in a variety of settings including, but not limited to: hospitals,
clinics, long-term care facilities, family practice, community, private agencies, public health, businesses, educational facilities and regulatory bodies.

Responsibilities
LPNs rely on nursing knowledge to guide their critical thinking and clinical judgment in performing assessments and nursing skills, and providing care to the client. Clients include individuals of all ages, groups, communities and populations.

The LPN, autonomously and in collaboration with the RN or RPN, uses critical thinking to review the plan and make a clinical judgment or determination about the client’s level of predictability. LPNs apply practical nursing knowledge to make nursing care decisions autonomously when client health outcomes are predictable. The LPN and the RN or RPN increase the level of collaboration and consultation when client health outcomes become moderately complex, less predictable, and at higher risk for negative client outcomes. Certain aspects of client care, or full responsibility for client care is transferred to the RN or RPN when client care outcomes are considered to be highly complex, care needs are unpredictable, and/or high risk for negative client outcomes.

LPNs manage and facilitate care via a nursing care plan; develop a nursing diagnosis and a care plan based on assessment findings; evaluate client responses to interventions; teach clients and their families/significant others; advocate for individuals of all ages; deliver health promotion programs; participate in the development of broad health policies, and participate in data collection for research purposes. Leadership is the responsibility of LPNs in all domains of practice. LPNs provide leadership through formal and informal roles, act as a preceptor to LPN students and a mentor to novice nurses, and are aware of the responsibilities of self-regulation.

Decision-making
LPNs are involved in many elements of the clinical decision-making process, which can be applied autonomously or collaboratively, depending upon the needs of the client. LPNs are authorized to make clinical decisions independently through an established nursing care plan for clients with predictable/stable health outcomes. As the needs of the client increase in intensity, the LPN works in collaboration with the RN or RPN to make clinical decisions. The need for collaboration and consultation increases as the client’s care needs become more complex. Regardless if the decision was made autonomously, collaboratively or in consultation, the LPN is able to provide care resulting from the care decision, as long as the individual LPN is competent and functioning within his/her accepted scope of practice.
Facilitation of Care

Care facilitation for the LPN involves the enactment of the nursing care plan. LPNs use the nursing care plan to guide their care decisions and prioritize nursing actions. Care is client-centred and based on the findings of ongoing patient assessments and evaluation. Nursing actions or interventions are reviewed and updated by the LPN as long as the client is achieving expected outcomes. Facilitation may include direct care provision or the assigning of direct care to another care provider such as other LPNs or assistive personnel. In either instance, the LPN is accountable to make certain that client evaluations are as anticipated and outcomes are achieved. When outcomes are not as anticipated or achieved, the LPN is accountable to consult with the RN or RPN, and other members of the multi-disciplinary healthcare team.

REGISTERED NURSES

The Registered Nurses Act (1988) provides the Saskatchewan Registered Nurses’ Association (SRNA) with the legislated authority to self-regulate the profession, determine the scope of practice for its members and to regulate the practice of registered nursing in the public’s interest. The scope of practice for registered nurses is based on the interpretation of The Registered Nurses Act (1988), section 2(k) which states: “the ‘practice of registered nursing’ means the performance or coordination of health care services including but not limited to:

(i) observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and
(ii) the counselling, teaching, supervision, administration and research that is required to implement or complement health services for the purpose of promoting, maintaining, or restoring health, preventing illness and alleviating suffering where the performance or coordination of those services requires:
(iii) the knowledge, skill or judgment of a person who qualifies for registration pursuant to section 19 or 20;
(iv) specialized knowledge of nursing theory other than that mentioned in subclause (iii); or
(v) skill or judgment acquired through nursing practice other than that mentioned in subclause (iii); or
(vi) other knowledge of biological, physical, behavioral, psychological and sociological sciences that is relevant to the knowledge, skill, and judgment described in subclause (iii), (iv), or (v)”.

The practice of registered nursing includes the delivery of healthcare services to patients of all levels of complexity, plus the coordination, assessment, planning,
implementation, evaluation, counselling, teaching, supervision, administration and research of nursing services.

**Educational Preparation**

RNAs are educated to provide safe, ethical and competent care at the entry-level when they graduate from an approved educational program, and successfully complete a national licensure examination. Since 2000, the baccalaureate degree in nursing has been the required basic level of education for those entering the RN profession in Saskatchewan. In Saskatchewan, all past and present approved education programs have prepared graduates for the opportunity to successfully complete a national licensure exam. All RNs have successfully completed the national exam and are held to the standards of practice as determined by the SRNA.

**Entry-Level Competencies (ELCs)**

RNAs usually complete a four year post-secondary university nursing program to become a generalist registered nurse. The program contains theory and clinical instruction in medical and surgical nursing, maternal/child, pediatric, mental health and community nursing. It includes in-depth study of concepts, such as:

- humanities;
- nursing theory;
- physical and biological sciences;
- primary health;
- professional ethics;
- social and behavioural sciences; and
- therapeutic relationships.

The program prepares the RN to give direct care and to take on the role of coordinating care for individuals, families, groups, communities and populations in a variety of healthcare settings and with a variety of health professionals. Clinical instruction prepares the RN to take a leadership role across the continuum of care from less to highly complex situations.


**Roles**

RNAs are self-regulated healthcare professionals who work autonomously and in collaboration. RNAs are prepared to work with diverse populations in a variety of roles within the practice of nursing. They practise in a variety of settings including, but not limited to: hospitals, clinics, long-term care facilities, family practice, community, private agencies, public health, businesses, educational facilities and regulatory bodies.
RNs contribute to the healthcare system through their work in direct care delivery, education, administration, research and policy development in a wide variety of settings [subsection 2(k) and subsection 24(3), The RN Act, 1988].

**Responsibilities**
RNs apply in-depth nursing knowledge, skills and judgment in providing care to the client - individuals of all ages, families, groups, communities and populations in all settings. They meet the nursing needs of: clients with stable health conditions and predictable health outcomes; clients with increasing levels of complexity; and clients whose health conditions are or are becoming unstable with unpredictable health outcomes.

A major focus for RNs is the completion of a comprehensive nursing assessment that includes the social determinants of health that influence the client’s health outcomes and contributes to determining the complexity of the client’s condition.

Registered nurses think critically using an in-depth nursing knowledge to interpret client data by assessing data whose significance has yet to be determined. RNs accomplish this by evaluating the findings of client assessments in the context of their unique knowledge base, the overall care requirements of the client, and the available supports in the practice environment. The purpose of the RN’s interpretive process is to develop the nursing care plan (set the baseline) by identifying priority client issues and optimal health outcomes, coordinate resources for the client, and determine the overall complexity of the client care.

The RN is accountable to ensure that each client has a nursing plan of care in place that appropriately identifies priority problems, targets outcomes, and specifies nursing interventions. When determining the appropriate care provider, the RN bases the assignment of care on their assessment of the client needs, nurse factors, and environmental factors. Assignment occurs not only at the beginning of the shift, but throughout the shift as client care needs change. The RN making the assignment is responsible for the decision to assign and reassign client and/or client care functions appropriately. They must be familiar with the client population, the practice setting and the nursing practice within the setting to make safe and appropriate decisions about assignment, makes an overall determination of client status, and decides which category of nurse has the required competencies to meet client care needs. The RN uses a collaborative approach to assign clients and/or functions and to clarify responsibilities related to the assignment, and provides support to the nurses and other healthcare team members providing care. The RN is responsible for identifying agency policies and supports regarding assignment, following the agency process for evaluating assignment
decisions, and for providing feedback to employers related to this process. The RN works collaboratively with other members of the healthcare team while coordinating care based on an analysis of the care plan.

RNs retain responsibility and accountability for the overall assignment and for coordination of care. This responsibility cannot be delegated.

RNs 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 and participate in and/or conduct research to improve nursing practice and advance nursing knowledge (CRNNS, 2007). Leadership is the responsibility of RNs in all domains of practice. RNs provide leadership through formal and informal roles, act as a preceptor to students and a mentor to novice nurses, and are aware of the responsibilities of self-regulation.

**Decision-making**
RNs can autonomously make clinical nursing decisions whether health needs are predictable, acute, complex, or rapidly changing. However, RNs are expected to work collaboratively with clients and all members of the healthcare team to achieve client-centred care. Due to the client population for whom they provide care, the settings in which they work, and the roles expected of them, RNs are involved in all aspects of clinical decision-making, particularly, where client complexity is increased. The RN must be available to collaborate with the LPN when an LPN is providing care to a client whose client health outcome becomes more complex. When the client’s condition is considered unstable and/or health outcomes are unpredictable, the RN collaborates and provides consultation to the LPN until the complexity of the client condition warrants that the RN assumes care, or until the client’s condition improves.

**Coordination of Care**
RNs have the competency, responsibility, and accountability to coordinate client care at a broad level by managing the sequence, timing and efficiency of care across the care continuum for a group of clients regardless of complexity. This means coordinating activities related to client care needs and collaborating with all members of the multidisciplinary healthcare team.

**Registered Psychiatric Nurses**
The Registered Psychiatric Nurses Act (1993) provides the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) with the legislated authority to self-regulate the profession, determine the scope of practice for its members, and to regulate the practice
of registered psychiatric nursing in the public’s interest. The scope of practice for RPNs includes elements found within the scope of practice of the LPN and RN, the core of the nursing process, as well as the requirement of specialized skills such as mental health and addictions, forensic nursing, expert knowledge and professional judgment, and the competencies to manage complex care.

**Educational Preparation**

**Diploma:** The Psychiatric Nursing program within Saskatchewan is currently a diploma program. It provides knowledge, skills, values and attitudes necessary to work in a wide variety of mental health settings. Students learn how to help clients with mental illness, psychiatric disorders and developmental and/or cognitive difficulties to function at their maximum potential. All RPNs have successfully completed the national exam and are held to the standards of practice as determined by the RPNAS.

Psychiatric nursing education includes aspects of women’s health, complex surgical care, critical care, and pediatric care as it relates to the mental health needs of these patients. The program concentrates its focus on the field of severe and persistent mental illnesses, psychosocial rehabilitation, and geriatric psychiatry.

**Degree:** Baccalaureate prepared RPNs play an invaluable role in the delivery of quality mental health services to clients with increasingly complex needs. They also contribute in roles related to leadership and management, education and research.

**Entry-Level Competencies**
The psychiatric nursing education curriculum in Canada reflects contemporary, evidence-informed psychiatric nursing theory, research, education and clinical practice. The programs prepare entry-level RPNs to apply general nursing and psychiatric nursing knowledge to work with clients who have complex psychosocial, mental health and physical needs. Clinical and practicum experiences in the psychiatric nursing education program provide opportunities for experiential learning of curriculum concepts and content linked to attaining the entry-level competencies. All RPNs in Saskatchewan are accountable to meet the competencies within their context of practice. ELCs are outlined in the document titled, *Registered Psychiatric Nurse Entry-level Competencies* by the Registered Psychiatric Nurse Regulators of Canada (RPNRC) and endorsed by RPNAS council (2014).


**Roles**
RPNs are self-regulated healthcare professionals who work autonomously and in collaboration. RPNs are prepared to work with diverse populations in a variety of roles
within the practice of psychiatric nursing in direct practice, administration, education, research, policy development and regulation. They practise in a variety of settings including, but not limited to: hospitals, clinics, long-term care facilities, family practise, the community, private agencies, public health, businesses, educational centres and regulatory bodies.

Responsibilities
RPNs apply in-depth nursing knowledge to guide their critical thinking and clinical judgment, and apply the nursing process with a focus on mental health and addictions. They utilize nursing skills and judgment in providing care to the client - individuals of all ages, families, groups, communities and populations. In settings where registered psychiatric nurses work, they meet the nursing needs of clients with stable health conditions and predictable health outcomes, as well as when the complexity of the client’s condition increases and health conditions become unstable and health outcomes become unpredictable.

A major focus for RPNs is the completion of a comprehensive nursing assessment that includes the determinants of health that influence the client’s health outcomes and establishes the complexity of the client’s condition.

It is generally accepted that the client’s level of complexity is made evident through the plan of care. The RPN is accountable to ensure that each client has a nursing plan of care in place that appropriately identifies priority problems, targets outcomes and specifies nursing interventions. When determining the appropriate care provider, the RPN works collaboratively with other members of the healthcare team to make decisions and coordinate care based on an analysis of the overall plan of care utilizing the Collaborative Decision-making Framework: Quality Nursing Practice document.

RPNs 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 and participate in and/or conduct research to improve nursing practice and advance nursing knowledge. Leadership is the responsibility of RPNs in all domains of practice. RPNs provide leadership through formal and informal roles, act as a preceptor to students and a mentor to novice nurses, and are aware of the responsibilities of self-regulation.

Decision-making
RPNs can autonomously make clinical nursing decisions whether health needs are predictable, acute, complex or rapidly changing. Due to the client population for whom they provide care, the settings in which they work, and the roles expected of them,
RPNs are frequently involved in all aspects of decision-making. Therefore, RPNs are equipped to make clinical decisions for all clients, and in particular, where client complexity is increased. The RPN must be available to collaborate with the LPN when an LPN is providing care to a client whose client health outcome becomes more complex. When the client’s condition is considered unstable and/or health outcomes are unpredictable, the RPN collaborates and provides consultation to the LPN until the complexity of the client condition warrants that the RPN assumes care or until the client’s condition improves.

**Coordination of Care**
RPNs have the competencies and ethical responsibility to coordinate client care at a broad level by managing the sequence, timing and efficiency of care across the care continuum for a group of clients regardless of complexity. This means coordinating activities of the healthcare team and all members of the multi-disciplinary healthcare team.

**Factors to Consider for the Most Effective Utilization of LPNs, RNs, and RPNs**
LPNs, RNs, and RPNs care for stable clients – those who have less acute, less complex and variable care needs, and more predictable outcomes. RNs and RPNs, because of their greater depth and breadth of foundational knowledge, also care for clients with more complex care needs and less predictable outcomes. When a client falls between the two ends of this care continuum, an LPN may meet some of the client’s care needs in collaboration and consultation with an RN or RPN. The need for collaboration and consultation with the RN or RPN increases as a client’s care needs become more complex.

All direct care nurses and nursing management are engaged in decision making about staff mix and effective utilization of all nursing team members. Therefore, employers and managers of practice environments are accountable to ensure that there are mechanisms in place (job descriptions, policies, procedures, guidelines) and other resources that support staff utilization decisions. These mechanisms should:

- be evidence-based and take into account client, nurse and environmental factors;
- include the time and resources needed for nurse collaboration and consultation as often as necessary to safely meet client needs;
- include clear and well-understood role and job descriptions and responsibilities; and
- support professional nursing practice and the continuity of client care.
The Client Continuum of Care model below requires an analysis of three factors when making decisions about the most effective utilization of LPNs, RNs and RPNs - client factors, nurse factors, and environmental factors.

**Client Continuum of Care for a Multi-disciplinary Team**

![Continuum Graphic](image)

**Client Factors**

Decisions about the utilization of an LPN, RN, or RPN are influenced by:

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

2. **Predictability**: The extent to which a client’s outcomes and future care requirements can be anticipated.

3. **Risk of negative outcome(s)**: The likelihood that a client will experience a negative outcome as a result of the client’s health condition or as a response to treatment.

The three client factors described above combine to create a representation of the client that can be placed on the client care continuum. The client care continuum graphic will be used throughout the document to illustrate where the client falls on the continuum at initial assessment, and to illustrate movement along the continuum as their care needs change. The client care continuum can illustrate movement of a patient from any point along the continuum to any other point. The client care continuum ranges from less complex, more predictable and at low risk for negative outcomes, to highly complex, unpredictable and at high risk for negative outcomes.

All nurses can autonomously care for clients who are less complex, more predictable and at low risk for negative outcomes. The more complex the care requirements, the less predictable and the higher risk for negative outcomes, increases the need for consultation and collaboration. As the need for RN or RPN consultation increases due to patient complexity, unpredictability and high risk for negative outcomes, the RN or RPN must be available for ongoing assessment and support and may be required to provide the full spectrum of care.
<table>
<thead>
<tr>
<th>Client Factors</th>
<th>LPN, RN, RPN</th>
<th>RN, RPN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complexity of client care needs (includes bio-psycho-social, cultural, emotional and health learning needs)</td>
<td>Care needs well-defined and established:</td>
<td>Changing care needs or care needs NOT well-defined/established:</td>
</tr>
<tr>
<td></td>
<td>• coping mechanisms and support systems in place and effective</td>
<td>• coping mechanisms and supports unknown, not functioning or not in place</td>
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<td></td>
<td>• health condition fairly well-controlled or managed</td>
<td>• health condition not well-controlled or managed</td>
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<td>• little fluctuation in health condition over time (few factors) influencing client’s health</td>
<td>• fluctuating health condition many factors influencing client’s health</td>
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<td></td>
<td>• client is an individual, family, group, community or population</td>
<td>• client is an individual, family, group, community or population</td>
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<td>• requires close, frequent monitoring and reassessment</td>
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<td>Predictability</td>
<td>• predictable outcomes</td>
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<td></td>
<td>• predictable changes in health condition</td>
<td>• unpredictable changes in health condition</td>
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<tr>
<td>Risk of negative outcomes in response to care</td>
<td>• predictable, localized and manageable responses</td>
<td>• unpredictable, systemic or wide-ranging responses</td>
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<td></td>
<td>• signs and symptoms are obvious</td>
<td>• signs and symptoms are subtle and difficult to detect</td>
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<td>• low to moderate risk for negative outcomes</td>
<td>• high risk for negative outcomes</td>
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<td></td>
<td></td>
<td>• effect may be immediate, systemic and/or create an urgent or emergent situation</td>
</tr>
</tbody>
</table>
Nurse Factors
The factors that affect a nurse’s ability to provide safe and ethical care to a given client include leadership, decision-making and critical-thinking skills. Other factors include the application of knowledge, knowing when and how to apply knowledge to make evidence-based decisions, and having the required resources available to consult as needed.

It is important to remember that regardless of additional education, experience or competencies, LPNs, RNs and RPNs are different categories of nurses with different scopes of practice and differing capacities to make autonomous nursing decisions. Although there is overlap in the tasks or interventions they perform, the nursing roles are different. Evidence supports that the practice differences between nurses exists in the areas of initial nursing knowledge and application of that knowledge in leadership and decision-making. These differences exist because of the different educational programs for LPNs, RNs and RPNs. After completing their entry-level education, all nurses continue to consolidate their knowledge and skills as they gain experience. They also build on their education to develop and maintain the specific competencies required to meet the needs of clients in their areas of practice. If nurses change areas of practice, they may need to develop new competencies. Identifying the practice expectations within these key areas can help nurses make decisions about the appropriate category of care provider.

Nurses consult with one another when a situation demands nursing expertise that is beyond their individual competence. Consultation involves seeking advice or information from a more experienced or knowledgeable nurse or other healthcare professional. The amount of consultation required is determined by the complexity of the client care needs and the nurse’s individual competence and scope of practice. The practice setting influences the availability and accessibility of these consultation resources.

Nurses must be clear about their reasons for consulting and determine an appropriate course of action. Unless a decision is made to transfer care, the nurse seeking consultation retains accountability for the client’s care.

Consultation results in one of the following:

a) The nurse receives advice and continues to care for the client,
b) The nurse transfers an aspect or aspects of care to the consultant, or
c) The nurse transfers all aspects of the client’s care to the consultant.
When any care is transferred from one nurse to another, the accountability for that care must also be transferred.

When the nurse transfers all aspects of the client’s care to the consultant, it would be expected that the team would readjust the workload to ensure that all clients are continuing to have their care needs met and the workload of each nurse on the team is manageable and reasonable. The transferring nurse continues to play an important role within the team.

The following chart identifies a compilation of the nurse factors and practice expectations of nurses.
<table>
<thead>
<tr>
<th>LICENSED PRACTICAL NURSE</th>
<th>REGISTERED NURSE</th>
<th>*REGISTERED PSYCHIATRIC NURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establishes client baseline assessment and performs ongoing assessments of the clients health status</td>
<td>• Establishes client baseline assessment and appropriately assigns care utilizing the Collaborative Decision-making Framework in collaboration with the healthcare team</td>
<td>• Establishes client baseline assessment and appropriately assigns care utilizing the Collaborative Decision-making Framework in collaboration with the healthcare team</td>
</tr>
<tr>
<td>• Assesses, identifies, and makes autonomous decisions on status of actual or potential client challenges, limitations and strengths</td>
<td>• Assesses, identifies and makes autonomous decisions about actual or potential client challenges, limitations and strengths</td>
<td>• Assesses, identifies and makes autonomous decisions about actual or potential client challenges, limitations and strengths</td>
</tr>
<tr>
<td>• Anticipates and identifies physiologic and psychosocial client changes in more predictable, less complex clients</td>
<td>• Anticipates and identifies subtle and dynamic physiologic and psychosocial changes in both less predictable and more complex clients</td>
<td>• Anticipates and identifies subtle and dynamic physiologic and psychosocial changes in both less predictable and more complex clients</td>
</tr>
<tr>
<td>• Selects and utilizes standardized tools, care pathways and guidelines to aid assessment</td>
<td>• Selects and utilizes standardized tools, care pathways and guidelines to aid assessment</td>
<td>• Selects and utilizes standardized tools, care pathways and guidelines to aid assessment</td>
</tr>
<tr>
<td>• Communicates and consults routinely with multi-disciplinary team members</td>
<td>• Communicates and consults routinely with multi-disciplinary team members</td>
<td>• Communicates and consults routinely with multi-disciplinary team members</td>
</tr>
<tr>
<td>• Makes decisions based on the assessment of available information and plan of care</td>
<td>• Makes decisions after actively seeking information and by drawing on a comprehensive range of options to interpret, analyze and solve problems</td>
<td>• Makes decisions after actively seeking information and by drawing on a comprehensive range of options to interpret, analyze and solve problems</td>
</tr>
</tbody>
</table>

*RPNs apply in-depth knowledge to guide their critical thinking and clinical judgement and apply the nursing process with a focus on mental health and addictions, across a variety of healthcare settings.
<table>
<thead>
<tr>
<th>PLANNING</th>
<th>LICENSED PRACTICAL NURSE</th>
<th>REGISTERED NURSE</th>
<th>*REGISTERED PSYCHIATRIC NURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Develops nursing diagnosis and care plans based on assessment data</td>
<td>• Develops nursing diagnosis and care plans based on assessment data</td>
<td>• Develops nursing diagnosis and care plans based on assessment data</td>
</tr>
<tr>
<td></td>
<td>• Facilitates care planning processes within collaborative teams</td>
<td>• Coordinates care planning processes within collaborative teams regardless of complexity and predictability</td>
<td>• Coordinates care planning processes within collaborative teams regardless of complexity and predictability</td>
</tr>
<tr>
<td></td>
<td>• Independently reviews and evolves the plan of care focusing on current needs of the client as long as the client is achieving established or optimal health outcomes</td>
<td>• Plans care broadly in consultation with client (day-to-day, medium, and long-range plans)</td>
<td>• Plans care broadly in consultation with client (day-to-day, medium, and long-range plans)</td>
</tr>
<tr>
<td></td>
<td>• Consults the RPN or RN as care becomes more complex or outcomes become more unpredictable</td>
<td>• Makes changes in the plan of care when the client is not achieving established or optimal health outcomes</td>
<td>• Makes changes in the plan of care when the client is not achieving established or optimal health outcomes</td>
</tr>
<tr>
<td></td>
<td>• Plans for anticipated as well as unusual or unexpected changes in client condition</td>
<td>• Plans for anticipated as well as unusual or unexpected changes in client condition</td>
<td>• Plans for anticipated as well as unusual or unexpected changes in client condition</td>
</tr>
</tbody>
</table>

*RPNs apply in-depth knowledge to guide their critical thinking and clinical judgement and apply the nursing process with a focus on mental health and addictions, across a variety of healthcare settings.
<table>
<thead>
<tr>
<th>IMPLEMENTATION</th>
<th>LICENSED PRACTICAL NURSE</th>
<th>REGISTERED NURSE</th>
<th>*REGISTERED PSYCHIATRIC NURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Selects and implements appropriate nursing interventions according to the plan of care</td>
<td>Coordinates and oversees the overall care and provides clinical expertise and leadership for the plan of care</td>
<td>Coordinates and oversees the overall care and provides clinical expertise and leadership for the plan of care</td>
</tr>
<tr>
<td></td>
<td>Coordinates care of less acute, less complex, less variable clients with more predictable outcomes</td>
<td>Coordinates the care of clients regardless of acuity, complexity, variability and predictability in collaboration with other healthcare team members</td>
<td>Coordinates the care of clients regardless of acuity, complexity, variability and predictability in collaboration with other healthcare team members</td>
</tr>
<tr>
<td></td>
<td>Provides elements of care for moderately complex clients in consultation and collaboration with the RPN, RN coordinating that client’s care</td>
<td>Directs plans of care for highly complex clients</td>
<td>Directs plans of care for highly complex clients</td>
</tr>
<tr>
<td></td>
<td>Meets current identified client care needs drawing from the known range of options included in the care plan</td>
<td>Meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and a wide range of options</td>
<td>Meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and a wide range of options</td>
</tr>
<tr>
<td></td>
<td>Performs nursing interventions and responds appropriately to changing situations or emergencies</td>
<td>Manages multiple nursing interventions simultaneously in rapidly changing situations</td>
<td>Manages multiple nursing interventions simultaneously in rapidly changing situations</td>
</tr>
<tr>
<td></td>
<td>Teaches and delivers elements of established health programs</td>
<td>Designs, coordinates and implements health programs, including teaching</td>
<td>Designs, coordinates and implements health programs, including teaching</td>
</tr>
</tbody>
</table>

*RPNs apply in-depth knowledge to guide their critical thinking and clinical judgement and apply the nursing process with a focus on mental health and addictions, across a variety of healthcare settings.*
<table>
<thead>
<tr>
<th>EVALUATION</th>
<th>LICENSED PRACTICAL NURSE</th>
<th>REGISTERED NURSE</th>
<th>*REGISTERED PSYCHIATRIC NURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Collaborates with client to monitor and recognizes changes in client status and response to interventions and participates in revising the plan of care</td>
<td>• Collaborates with client to monitor, interpret and evaluate changes in client status and goal achievement and revises the plan of care as necessary</td>
<td>• Collaborates with client to monitor, interpret and evaluate changes in client status and goal achievement and revises the plan of care as necessary</td>
</tr>
<tr>
<td></td>
<td>• Recognizes deviations from predicted client response(s) and consults appropriately</td>
<td>• Recognizes, analyzes and interprets deviations from predicted client response(s); modifies plan of care</td>
<td>• Recognizes, analyzes and interprets deviations from predicted client response(s); modifies plan of care</td>
</tr>
<tr>
<td></td>
<td>• Communicates evaluation findings from client care as part of collaborative team processes</td>
<td>• Communicates evaluation findings from client care as part of collaborative team processes</td>
<td>• Communicates evaluation findings from client care as part of collaborative team processes</td>
</tr>
<tr>
<td></td>
<td>• Evaluates effectiveness of teaching processes and learning of client</td>
<td>• Evaluates effectiveness of teaching processes and learning of client</td>
<td>• Evaluates effectiveness of teaching processes and learning of client</td>
</tr>
</tbody>
</table>

*RPNs apply in-depth knowledge to guide their critical thinking and clinical judgement and apply the nursing process with a focus on mental health and addictions, across a variety of healthcare settings.
Environmental Factors
Environmental factors include practice supports, consultation resources and the stability/predictability of the environment. Practice supports and consultation resources support nurses in clinical decision-making. There may be an impact upon the stability of the environment when large volumes of patient turnover occurs. In acute care settings, there is an expectation that patient turnover is frequent. However, in times when the numbers of patient turnover is high, this may lead to environmental instability.

There is a correlation between environmental stability and the need for ongoing consultation and collaboration. The less available the practice supports and consultation resources are, the greater the need for more in-depth nursing competencies and skills in the area of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management.

<table>
<thead>
<tr>
<th>Environmental Factors</th>
<th>More Stable Environment = Autonomous Practice LPN, RN, RPN</th>
<th>Less Stable Environment = Increased Need for Consultation and Collaboration</th>
</tr>
</thead>
</table>
| Practice supports     | • clear and identified procedures, policies, care directives, protocols, plans of care, care pathways and assessment tools  
                       | • a high proportion of expert nurses or a low proportion of novice  
                       | • a balance of nurses familiar with the environment  
                       | • clinical mentors and leaders identified  | • unclear, unidentified or absence of procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools  
                       | • low proportion of expert nurses or high proportion of novice nurses and unregulated staff  
                       | • low proportion of nurses familiar with the environment  | |
| Consultation resources | • many consultation resources available to manage outcomes  | • few consultation resources available to manage outcomes  |
| Stability and predictability of the environment | • few unpredictable events  | • many unpredictable events  |
The model of care that is currently being utilized in a particular unit will impact implementation of the collaborative decision-making framework. This should not prevent utilization of the framework, but is a consideration in application. For example, the decision-making that would occur in a setting with team-based approaches including a variety of nursing professionals might look different than a unit with all RN staff; team-based nursing might look different than a primary nursing assignment. Units that are chronically short staffed tend to have environments that are less stable which in turn impacts the ability for staff to provide optimal patient care. However, in each setting the framework will be valid and applicable and requires collaboration and excellent communication. Should you require assistance or support in utilizing the collaborative decision-making framework, please contact your regulatory body.

**Conclusion**

Collaboration and consultation are essential elements of safe, competent, ethical nursing practice. LPNs, RNs, and RPNs are expected to collaborate with clients, each other and members of the healthcare team for the benefit of the client.
## APPENDIX A: Myth Busters

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
</table>
| The current LPN diploma program is just like the old RN diploma program. | • LPNs, RNs and RPNs all study from the same body of nursing knowledge. However, the current LPN program is not the same as the old RN diploma program.  
  • LPNs study for a shorter period of time than RNs and RPNs. They have a basic foundation of knowledge in clinical practice, decision-making, critical thinking, research, and leadership.  
  • RNs and RPNs, study for a longer period of time to achieve a greater breadth and depth of knowledge in clinical practice, decision-making, critical thinking, research utilization, leadership, healthcare delivery systems and resource management.  
  • All nurses add to their basic education and foundational knowledge by pursuing ongoing learning throughout their careers (CNO, 2002). As the competencies have evolved, so have the basic educational programs for LPN, RN and RPN nursing programs. The revised basic entry-to-practice competencies are used to guide the curricula for LPN, RN and RPN educational programs. |
| Scope of practice is defined by what you are allowed to do.          | • From a regulatory perspective, scope of practice is a broad description of what the profession is educated in and authorized to do in legislation, and cannot be reduced to a list of functions and tasks.  
  • Although a very commonly used (one might say misused) phrase, there is no one commonly accepted definition for scope of practice. |
<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>A useful definition for scope of practice includes elements reflecting regulatory, education, and personal components such as: scope of practice is defined as healthcare professionals optimizing the full range of their roles, responsibilities and functions that they are educated, competent and authorized to perform (RPNAO, 2014).</td>
<td>Each individual nurse (LPN, RN or RPN) is solely accountable for the care they provide and all decisions they make regarding care, therefore RNs and RPNs are not accountable for the practices or actions taken by LPNs. However, the RN or RPN is responsible for assessing the client factors, the nursing factors and environmental factors, then for making appropriate decisions about assignment of care.</td>
</tr>
<tr>
<td>RNs and RPNs are ultimately accountable for the care provided by LPNs.</td>
<td>Each individual nurse is accountable for ensuring they have the required knowledge and skills to provide care; identifying when patient care needs are beyond their current knowledge, skill, and competency level; and communicating this to the appropriate member of the care team.</td>
</tr>
</tbody>
</table>
### Myth

As nurses, LPNs, RNs and RPNs understand each other’s roles.

### Fact

- There are currently six generations of nurses working together in the various practice settings, with four different basic educational program levels: (LPN certificate, LPN diploma, RN diploma, RN baccalaureate degree, RPN diploma, and RPN baccalaureate degree).
- Based on what the perceived truth was during early career development, this is the mental model that many nurses are still functioning under. Outside of educational programs, there are few opportunities for practising nurses to be updated, informed, or engaged regarding the changes to roles, knowledge, skills, and entry-to-practice competencies, this could lead to a lack of understanding and role confusion.
- The very existence of role tension, confusion, and ambiguity indicates that there is a need for dialogue within nursing about the three distinct, yet interconnected designations within the nursing profession.

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPNs must work under the direct supervision of an RN or an RPN. LPNs are assistants to the RN or the RPN.</td>
<td>• In Saskatchewan, The Licensed Practical Nurses Act (2000) allows LPNs to be self-regulated, autonomous professionals and therefore have the capability to practise without direct supervision based on: 1. patient care needs; and 2. personal competency – The LPN has the knowledge and skills required to function without supervision or assistance. • Since 2000, LPNs no longer work under the direction of an RN. • Where various designations of nurses exists (LPN, RN, RPN), it is logical that</td>
</tr>
<tr>
<td>Myth</td>
<td>Fact</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>outcomes (patient and work life) are more positive when nurses work in respectful collaboration. Nurses collaborate with each other and are expected to demonstrate professionalism.</td>
</tr>
</tbody>
</table>
APPENDIX B: Questions and Answers about Scope of Practice in Collaborative Settings

Question #1:
As an RN or RPN providing clinical supervision, am I responsible for the practice of the LPN?

Answer:
RNs and RPNs are not responsible for the practice of LPNs, however they are responsible for assessing patients and contexts of care to determine appropriate patient assignments. Like RNs and RPNs, LPNs are self-regulating professionals who are required to meet standards of practice and follow a code of ethics.

All nursing professionals are responsible for communicating effectively within the collaborative team. As an RN or RPN providing clinical supervision, you are responsible for what you do with the information you are given by the LPN and the decisions that you make based on this information. By the same token, you cannot be responsible if you have not been fully informed. In order to provide clinical supervision, RNs and RPNs need to be familiar with the scope and role of LPNs in the practice setting, the client population, the nursing practice in the particular setting and the available supports. Effective communication is essential.

Question #2:
What are my responsibilities if I see evidence of unsafe or incompetent nursing practice that may pose a risk to clients?

Answer:
All nurses are encouraged to resolve professional practice issues at the lowest level possible, which generally means speaking directly with your colleague in an attempt to address the issues in a satisfactory manner. However, this may not be possible or appropriate, and it is an ethical and professional responsibility to report the unsafe practice or professional misconduct of regulated health professionals to the unit/facility manager and when appropriate, the regulatory body.
Question #3: Why are the rules different across practice settings, programs, and healthcare facilities in the same organization?

Answer:
Each practice setting, program, or healthcare facility may provide care to very distinct patient populations with distinct needs. Therefore, the required competencies for LPNs, RNs and RPNs providing care in those areas will reflect the patient needs. The main issue is what the patient population needs and the ability to maintain competency (How often is the skill required? Is there critical mass for maintaining competency?); it’s not about what the provider (nurse) is educated in or competent to do. For example, although care of patients with IVs is within the scope of practice for LPNs, if on a particular unit (e.g., Mental Health, Complex Continuing Care), this specific intervention is required very infrequently, this may then be assigned to one category of nursing professional only to ensure there is a smaller, core group that maintains competency in this area.

Question #4: I keep hearing the term “working to full scope”, but what does this actually mean?

Answer:
It is important to understand that scope of practice refers to activities that groups of professionals are educated and authorized to do rather than what any individual nurse can do. Understandably, then, the idea of “working to full scope” can be confusing. Nursing practice is so broad and varied that no one nurse would likely be competent to carry out all the practice activities within the regulated scope of practice. Questions often arise about whether an activity is ‘within the scope’ of an LPN, RN, or RPN.

To answer this question, it is helpful to think about the difference between the concepts of what a nurse ‘can do’ and what a nurse ‘should do.’ In many instances, the activities may fall within the legislated scope of practice of a nurse (can do), but this does not mean that it is appropriate for all nurses in all settings to carry out those activities (should do). For example, the facility may have set limits on nursing activity.
Question #5:
The unit I work on assigns patient care in room blocks (rooms 1-6, 7-12, etc.) How does this practice fit into the collaborative decision-making framework?

Answer:
What you are describing is geographical assignment and is not best practice, therefore it is not supported by the collaborative decision-making framework. When assigning patient care, decisions should be based on; client factors, nurse factors and environmental factors. Healthcare facilities are encouraged to review their practices in order to be congruent with the collaborative decision-making framework. Depending upon the model of care, a block of rooms may be assigned to a team including LPNs, RNs and RPNs. However, when a primary care model is in place, geographical assignment is not supported by the collaborative decision-making framework.

Question #6:
I just started a new job and because of the policy here I’m not able to do all the things I was able to do in my old job. What can I do?

Answer:
Nurses receive direction for their practice in a variety of ways. One of these is through standards of practice that set the expectations for the professions. Another way is through employer policies. The employer develops policies around what is appropriate practice for nurses to provide care in a particular setting. These policies can support practice or outline limitations based on what the employer believes is safest for the patients in that particular context of care. If you believe nurses at your new job could be working in different ways to provide safe, competent, ethical care to clients, talk to your manager or supervisor about how this can be explored.

Question #7:
What if I am asked to carry out an activity for which I am not competent?

Answer:
LPNs, RNs and RPNs are responsible and accountable for their own individual competence. They are expected to practise competently and to continually acquire new knowledge and skills in their areas of practice. When nurses are asked to carry out activities for which they are not competent, they must discuss with the person assigning the care who will make alternate arrangements for the provision of care. LPNs, RNs, and RPNs must provide only the care they are competent to give while seeking out ways to gain the competencies required in their role.
Question #8:
Do LPNs, RNs and RPNs need to document the consultation they have done with each other?

Answer:
LPNs, RNs and RPNs document client assessments, interventions and client responses to interventions, follow-up actions and any advocacy undertaken on the client’s behalf. When consultation occurs, nursing documentation includes the name of the person with whom the nurse has consulted, the information or concerns reported, the guidance provided and any follow-up actions in response to the consultation.

Question #9:
As an LPN, what do I do if I am concerned about the guidance given by the RN or RPN?

Answer:
All nurses have a professional and ethical responsibility to advocate for safe, competent, ethical client care. If, after consulting with an RN or RPN, you are concerned that you have not received appropriate guidance, you must continue to advocate in the client’s best interest. This may include further discussions with the RN or RPN, consulting with another healthcare provider or bringing your concerns forward to your manager or supervisor. Nurses must also ensure that they document any advocacy undertaken on the client’s behalf.

Question #10:
I am an RN or RPN providing clinical guidance to LPNs. If one of the clients deteriorates, do I have to take over that assignment in addition to my own assignment?

Answer:
If the condition of one of the LPN’s clients deteriorates, there are several different ways to provide support. The RN or RPN may:

- consult and provide advice to support the LPN to continue providing patient care within the LPN scope of practice; or
- collaboratively provide care to the client with some aspects of client care that may be outside of the LPN’s scope of practice or level of competence, being transferred to the RN or RPN; or
- decide with the LPN that all care will be transferred to the RN or RPN, if most aspects of care are outside of the LPN’s scope of practice or level of competence.
When the nurse transfers all aspects of the client’s care to the consultant, it would be expected that the team would readjust the workload to ensure that all clients are continuing to have their care needs met and the workload of each nurse on the team is manageable and reasonable. The transferring nurse continues to play an important role within the team.

It is important to consider how the impact of caring for an additional client may affect the RN’s or RPN’s workload and his or her ability to provide safe, competent, ethical care. Some examples of how this collaboration might occur are:

- the LPN may take over for another client currently assigned to the RN or RPN;
- the LPN may provide certain aspects of care for clients currently assigned to the RN or RPN; or
- the manager or charge nurse may need to obtain additional resources in order to manage the unit’s workload while providing safe patient care.
APPENDIX C: Examples of How to Apply the Collaborative Decision-making Framework: Quality Nursing Practice to Your Practice Setting

Case Study SCENARIO 1)

An LPN is caring for Mary Brown, an 86 year old widow living at home alone with a supportive family living nearby who takes her out at least once a week. Mary has arthritis, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). The LPN is regularly assisting Mary with the administration of bronchodilators and assessing their effectiveness. Mary’s care needs are well-defined and established. The LPN provides emotional support and teaches the client to watch for increased shortness of breath.

Care Plan: Based on Mary’s current condition and care needs, the LPN is able to provide care to Mary following the established care plan.

<table>
<thead>
<tr>
<th>Autonomous RN, RPN, LPN Practice</th>
<th>Increased Need for Consultation &amp; Collaboration</th>
<th>RN, RPN Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less complex, more predictable, low risk for negative outcome(s)</td>
<td>More complex, less predictable, higher risk for negative outcome(s)</td>
<td>LPN in Supportive Role</td>
</tr>
<tr>
<td>![LPN icon]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Changing Circumstances

The LPN observes that Mary is becoming short of breath with activity. Mary reports that she is spending more time in bed recently because she is finding it difficult to walk due to the shortness of breath and fatigue. Her family is away on vacation and she has not had any visitors for over two weeks. The LPN consults with the RN:

Situation: “I am with Mrs. Brown who is an 86 year old widow with shortness of breath.”

Background: “She has history of arthritis, CHF and COPD. She’s on several medications and I assist her with her bronchodilators because of her arthritis.”

Assessment: “She has increased shortness of breath. She is usually active but reports she is spending more time in bed because she finds it difficult to walk due to shortness of breath and resulting fatigue. Her family is usually very involved in her care but they are on vacation.”
**Recommendations:** “I think we need to check on her oxygen saturation and maybe she needs more frequent bronchodilators.”

The RN agrees with the LPN’s recommendation that she assess the client’s oxygen saturation. She also asks the LPN to assess whether Mrs. Brown has been taking her other medications and to call her back with additional information. The LPN reports that the client has run out of her diuretic and has not had the prescription refilled since her family has been away. The LPN has arranged for the pharmacy to refill and deliver her diuretic. Her oxygen saturation is 92%.

**Care Plan:** Based on Mary’s changing care needs, the LPN requires increased consultation with the RN.

**Continuing Consultation and Assessment**

A week later, Mary’s health status continues to decline. Her shortness of breath has worsened and she has edema on both legs. She is unable to walk because of her shortness of breath and a lack of energy. She requires oxygen and adjustments in her medications, and she has been started on a steroid inhaler. The nature and timing of outcomes and her responses to care are no longer predictable. Consequently, the LPN consults and collaborates with the RN who assesses Mary, and mutually determine that the competencies of an RN are required, and all of the care for Mary will be transferred to the RN. The RN will continue to assess the situation and transfer the care back to the LPN when Mary’s care needs become less complex and more predictable.

**Care Plan:** Mary’s care needs are now more acute and more complex with less predictable outcomes and the RN now needs to provide primary care for Mary.
If/when Mary’s health outcomes become more predictable, her care can once again be provided by any of the LPNs, RNs or RPNs, in conjunction with the interdisciplinary team.

**Client Continuum of Care for a Multi-disciplinary Team**

- **Autonomous RN, RPN, LPN Practice**
  - Less complex, more predictable, low risk for negative outcome(s)

- **Increased Need for Consultation & Collaboration**
  - More complex, less predictable, higher risk for negative outcome(s)

- **RN, RPN Practice**
  - LPN in Supportive Role
  - Highly complex, unpredictable, high risk for negative outcome(s)
Case Study SCENARIO 2)

Jack Smith is 76 years old with a history of heart failure and well-controlled type 2 diabetes. He lives on his own and has been recovering well from recent abdominal surgery. He has home support in place and his daughter drops in on a daily basis. Tonight Jack has been admitted to an inpatient unit at the local hospital for an infected surgical wound. A saline lock was initiated and he is now receiving intravenous antibiotics. His daughter is planning to stay with him for the rest of the night.

The staff on this unit use standardized assessment tools and an established care plan is in place. There are three senior RNs and two LPNs familiar with the practice setting working this night shift. The RNs and LPNs working the shift all have the education and experience to administer intravenous medications.

Care Plan: Based on Jack’s current condition and care needs, the LPN is able to provide care to Jack following the established care plan. The care needs are well-defined and predictable, there are family supports, and the environment has many supports and consultative resources. The LPNs working the shift have the education and experience to administer the intravenous medications. The LPN would consult with the RN should the needs of the client change.

Client Continuum of Care for a Multi-disciplinary Team

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Changing Circumstances

The LPN working the night shift notes a decrease in Jack’s urinary output and consistently elevated blood sugars. The care plan has been updated to monitor for signs of heart failure and incorporate more frequent blood glucose monitoring. There are two RNs and two LPNs on the shift.

The LPN consults with her RN colleague:

Situation: “I just assessed Jack and his urinary output is decreasing. I am noticing that his blood sugars have steadily been increasing, and he says that this is unusual for him. He is also asking for pain medications more frequently for increased discomfort at the wound site.”
**Background:** “As you know, Jack was admitted for treatment of a post-surgical wound infection.”

**Assessment:** “I would still consider his care needs to be moderately predictable. I am continuing to monitor for changes in his blood glucose levels, fluid balance and evidence of shortness of breath.”

**Recommendations:** “Please continue to monitor Jack’s urinary output, vital signs, blood sugars, wound status and pain scale, and any signs of shortness of breath, and let me know if there are any further changes.”

Jack’s care needs are moderately predictable, and any changes in health condition are fairly obvious through the frequent monitoring of his blood glucose levels, fluid balance and evidence of shortness of breath. The environment has many practice supports, such as the pre-developed care plan and assessment tool, however, only a moderate amount of consultative resources are available. The LPN and RN or RPN should continue to collaborate when making decisions about a change in the plan of care or when a change in health status is identified. The LPN should continue to care for the patient within their scope of practice. The LPN and RN or RPN would need to consult and collaborate to make a decision about transferring aspects of care, or assuming all care needs should Jack’s condition continue to deteriorate and becomes highly complex or unpredictable. The environment has many practice supports, such as the pre-developed care plan and assessment tool, however, only a moderate amount of consultative resources are available.

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**Circuitous Change Further**

It’s the night shift on a long weekend. One RN has called in sick, leaving one RN and two LPNs on shift. Jack has an IV of normal saline running at 125 cc/hr and is receiving IV antibiotics. He is complaining of increased pain around his wound. The LPN decides to remove the dressing to assess the incision, and notes that the surgical wound has increased redness, is starting to gape and oozing purulent drainage. His blood glucose levels remain consistently elevated. The doctor has been paged, but there has been no response yet.
The LPN and RN or RPN consult and collaborate again to determine the care needs of the client.

**Situation:** “I am quite concerned about what is happening with Jack Smith. His wound was becoming more painful, so I just removed the dressing to have a look. It looks like the infection is actually worse because the redness is increasing, the incision is starting to open up, and there was a lot of purulent drainage. He is now febrile and says he feels really unwell.”

**Background:** “I have been caring for Jack on my last couple of shifts and have seen a lot of change in his status since yesterday. Plus he has a history of heart failure and type 2 diabetes.”

**Assessment:** Jack’s condition is deteriorating. His care needs are moderate to highly complex because there are multiple and overlapping health conditions. Jack’s condition and response to the care is unpredictable, and his health outcomes are unknown. In addition, the environment has limited consultative resources.

**Recommendation:** The RN or RPN assesses Jack and determines that the competencies of an RPN or RN are required. The team decides that the RN or RPN will assume all of the care needs for Jack, while the LPN assumes the care needs of another patient on the unit whose health outcomes are more predictable. The LPN remains in a supportive role within this scenario, and communicates with Jack’s family.

**Client Continuum of Care for a Multi-disciplinary Team**

If/when Jack’s health outcomes become more predictable, his care can once again be provided by any of the LPNs, RNs or RPNs, in conjunction with the interdisciplinary team.
Case Study SCENARIO 3)

Amanda Clark is a 16 year old who was admitted to a surgical unit post-appendectomy. Her postoperative recovery is slower than anticipated. She reports a lot of abdominal discomfort and her abdomen is becoming distended. She is not able to tolerate the clear fluid diet.

The inpatient unit is short 2 staff members due to illness and who were not able to be replaced. The nurse assigned to care for Amanda is an RN with 4 months experience. On the care team as well is an LPN with 18 years of experience on this unit, an LPN with 6 years of experience and 2 RNs with 5 years of experience each, one of whom is the charge nurse.

Care Plan: Based on Amanda’s current condition and care needs, the RN with 4 months experience will complete a comprehensive nursing assessment and establish a nursing care plan. The care needs are not yet clearly defined and are unpredictable, and the environment has supports and consultative resources. The RN with 4 months experience would consult with the charge RN should the needs of the client change.

### Client Continuum of Care for a Multi-disciplinary Team

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Changing Circumstances

The RN completes a physical assessment and finds that there are no bowel sounds present, Amanda is nauseated and is not able to pass any flatus. Her abdomen is increasingly distended and Amanda is becoming anxious. There is a lot of activity on the unit with a new admission underway, a postoperative patient who is acutely ill, and both senior RNs are actively involved in direct patient care.

The physician is contacted and a nasogastric tube is ordered to be inserted and connected to intermittent low suction.

**Situation:** “The only experience that I have had with nasogastric tube insertion is in the simulation lab.”

**Background:** “The charge nurse is busy right now and I could sure use some assistance.”
**Assessment and Recommendation:** The LPN with 18 years of experience supports the RN with 4 months experience by:

- Verifying the physician’s order;
- Assisting him to gather up the required supplies;
- Reviewing the process of nasogastric tube insertion and gives tips on troubleshooting prior to entering the patient’s room;
- Being available at the bedside to guide and support the RN during the procedure; and
- Debriefs and gives feedback to the RN following the nasogastric tube insertion procedure.
**Case Study SCENARIO 4)**

Mark Miller is a 27 year old who sustained a spinal cord injury last year and is paralyzed from the waist down. He is currently engaged to his high school sweetheart, and lives in a rural long-term care facility waiting for his home to be made wheelchair accessible. Prior to his injury, Mark led a very active athletic life and swam several days a week and belonged to a soccer league. He has been an active fisherman and hunter.

The long-term care facility is typically staffed with an LPN, an RN, an RPN and a number of continuing care aides. A physiotherapist and occupational therapist have been involved in his care.

**Care Plan:** Based on Mark’s current condition and care needs, any of the LPN, RN, or RPN is able to provide care to Mark following the established care plan. The care needs are well-defined and predictable, there are family supports, and the environment has many supports and consultative resources.

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**Changing Circumstances**

The physiotherapist notes that Mark is unwilling to participate in his planned therapy session and is quiet and withdrawn. The fiancé has indicated to the RN that it is very difficult for her to come to the unit to see Mark on a regular basis because she is having a hard time coming to grips with Mark’s condition. She struggles to support him when he is angry or shuts her out.

**Situation:** The RN consults with her RPN colleague. (In the event that there was not an RPN on the team, mental health services could be contacted.)

“I had a discussion with Mark’s fiancé and she expressed her frustration with dealing with Mark’s anger. She feels he is shutting her out. The physiotherapist mentioned that they always had productive sessions, but she is finding him quiet and withdrawn.”

**Background:** “I checked with the aides and they said he has barely been touching his meal trays, and he is refusing to cooperate with them at bath time.”
**Assessment:** “I really feel that he needs some mental health assessment and suicide risk assessment, and you have the mental health expertise.”

**Recommendation:** Mark’s care is transferred to the RPN. The RPN completes a mental health assessment/suicide risk assessment and consults with a psychiatrist who diagnoses Mark with an adjustment disorder. The RPN works with Mark to develop a treatment plan and treatment is initiated.

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Once the acute phase of Mark’s adjustment disorder has stabilized and his health outcomes become more predictable, his care can once again be provided by any of the LPNs, RNs, or RPNs in conjunction with the continuing care aides and interdisciplinary team.
Case Study SCENARIO 5)

Mrs. Lily Rose is 85 years old and has been re-admitted to a 65 bed LTC facility with level 3 & 4 residents following a left hip pinning.

Staffing consists of 1 Resident Care Coordinator (RCC), 1 RN/RPN and 1 LPN with 7 CCA during the day. On evenings staffing is reduced to 1 RN/RPN, 1 LPN and 5 CCA’s. There is further decrease on nights with 1 LPN and 3 CCAs. There is an on call person during the night. For CCA’s there are 6 groups with 11 residents per group.

Mrs. Rose has a history of depression, CHF, hypertension, arthritis in lower back, history of falls, glaucoma and recent hip surgery. Her husband Mr. Rose has been living at the same nursing home for the past 2 1/2 years and they have been sharing the same room for 4 months.

The RCC or Charge Nurse (if RCC is not available) initiates and co-ordinates the re-admission process collaborating with the nursing team to gather information. Re-admission assessment is comprehensive and includes completion of admission form, medication reconciliation, confirmation of medication order and advanced care directives.

Care Plan: A resident centered care plan is completed by RCC with a collaborative approach with the nursing team on the unit. Although she was admitted from acute care, her care needs are less complex, more predictable, and low risk for negative outcomes.

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Changing Circumstances

Situation and Background: Two days after return from hospital, the night staff report that the resident has become agitated, and is constantly calling out for help. She has slept poorly and often tried to crawl over the side rails. She reports pain the left hip only with movement but has been receiving PRN Tylenol #3 every 6 hours since return from hospital as well as the maximum dose of PRN Ativan. Once the catheter was removed, staff noted an increase in her urinary incontinence and her urine was very foul smelling.
**Assessment:** The charge nurse on shift is an RPN. He assesses the resident.

**Recommendations:** The charge nurse instructs the staff to increase fluid intake (she has no dietary fluid restrictions); and the nursing staff to follow the physician’s PRN order for Tylenol 650 mg instead of Tylenol #3, and to withhold the PRN Ativan until Mrs. Rose’s condition improves. Staff are also to report immediately if any further changes occur and to continue to monitor.

**Circumstances Change Further**
At 1100 hrs, the LPN notices that Mrs. Rose’s overall function is declining and she now needs assistance with all ADL’s. Mrs. Rose is very unsettled and has had fluctuating periods of lethargy throughout the day. Staff observed she now has more difficulty following directions and was unable to concentrate during breakfast being easily distracted. LPN reports this to the charge nurse. The RPN completes a delirium screening tool and Mrs. Rose tests positive for delirium. Delirium is a medical emergency and is complex to treat. Taking into consideration Mrs. Rose’s presenting symptoms and a positive delirium screening tool, it is now appropriate for the RPN to assume care at this time.

**Care Plan:** The physician was informed of increased confusion, fluctuating periods of wakefulness, lethargy and inability to carry on a conversation. Orders rec’d to obtain urine spec for C&S, give Ativan PRN only, discontinue Tylenol #3 and give Tylenol 650mg BID and q6hr PRN. C & S results indicated a severe UTI and an antibiotic is started.

Mrs. Rose returns to the same level of functioning prior to her hip fracture.
Case Study SCENARIO 6)

Julia Smith is a 37 year-old patient post-ACL reconstruction who met discharge criteria from the PACU. During transfer to the surgical unit, Julia developed shortness of breath and chest pain, and is becoming diaphoretic and anxious. Monitors indicate increased heart rate, decreased blood pressure and decreasing oxygen saturation. Julia reports feeling lightheaded.

Upon arrival at the unit, the PACU nurse handing off care discovers that the unit staff is comprised of a combination of RNs and LPNs. The charge nurse on the unit is an RN with 14 years of surgical experience, there is an RN with 2 years of surgical nursing experience but who has only recently started in this unit, and two LPNs with 8-10 years of surgical experience on this unit. Julia requires a full assessment and for the physician to be called. Her current condition is complex, unpredictable and she is at high risk for negative outcomes.

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Case Study SCENARIO 7)

The Neonatal Intensive Care Unit is filled to capacity. The unit is staffed with RNs. Nurse A has completed the unit orientation and has been working fairly independently within the unit for 6 weeks. The remaining staff on this shift have all been working in NICU for at least 6 years. Nurse A is caring for a premature baby who was born at 33 weeks 36 hours ago to a mom who admitted to recreational drug use and a lack of prenatal care until late in the pregnancy.

Changing Circumstances
The baby is starting to become very irritable, diaphoretic and is developing tremors. Nurse A consults with one of her RN colleagues who provides her with the support and guidance she requires.

Circumstances Change Further
Situation: As the shift goes on, the baby starts to have vomiting, diarrhea, tachycardia, and experiences seizure activity.

Background: Nurse A consults again with her colleague and the charge nurse in the unit. “I have not had any experience with this, so I am wondering if I am the best person to be looking after him.”

Assessment: The baby appears to be in withdrawal.

Recommendation: The decision is made to adjust the workload so that one of the more experiences RNs in the unit will assume care for this baby and Nurse A will care for a baby whose care needs she is able to meet. Nurse A works already has a good relationship with the family of the baby so she collaborates with her colleague in
providing information and support to the family for the remainder of this shift. This also allows her the opportunity to learn more about the care requirements for this baby so she can further develop her competence.

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Definitions

Accountability: The obligation to answer for the professional, ethical and legal responsibilities of one’s activities, decisions and actions.

Acute: Patient condition that is deemed to be extremely serious or severe.

Acuity: The degree of severity of a client’s condition and/or situation.

Adverse events: The number of harmful and undesired effects resulting from a medication or other intervention(s), resulting in some degree of harm to the patient.

Autonomy/Autonomous Practice: Autonomous practice is characterized by independent, self-determined professional judgment and action. All nurses have the capability, ability and responsibility to exercise professional judgment within their scope of practice, and to professionally act on that judgment while collaborating within the health.

Collaboration: Working together with one or more members of the healthcare team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication between the members of the healthcare team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses, and other members of the healthcare team in the interest of client care.

Consultation: Seeking advice or direction from a more experienced or knowledgeable nurse or other health professional. The client’s care needs, the nurse’s job description and the nurse’s individual competence influence both the amount of consultation required and who to involve in the consultations. The resources available in the practice environment influence the opportunity for consultation.

Competency: The integrated knowledge, skills, judgment and attributes required of (a nurse) to practise safely and ethically in a designated role and setting.

Complex: Multiple variables that are dynamic in nature and are interrelated or interconnected.

Complexity: The degree to which a client’s condition and/or situation is characterized or influenced by a range of variables (e.g., multiple medical diagnoses, impaired decision-making ability, challenging family dynamics).
**Context of care:** Conditions or factors that affect the practice of nursing, including client population (e.g., age, diagnostic grouping), location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (complexity, predictability, and risk of negative outcomes), staffing (number, competencies); and availability of other resources (practice and consultation resources, and stability and predictability of the environment).

**Continuity of care:** Consistent, coordinated provided to the client at the point of care and provided at the organization and system levels over the entire care process.

**Evidence informed decision-making:** is a continuous interactive process involving the explicit, conscientious and judicious considerations of the best available evidence to provide care.

**Predictability:** The extent to which a client’s outcomes and future care requirements can be anticipated.

**Predictable outcomes:** Something that is easy to foresee or anticipate, i.e., outcomes that can reasonably be expected to follow an anticipated path with respect to timing and nature.

**Risk for negative outcomes:** the likelihood that a client will experience a negative outcome as a result of the client’s health condition or as a response to treatment.

**Scope of practice:** Healthcare professionals optimizing the full range of their roles, responsibilities and functions that they are educated, competent and authorized to perform.

**Stability:** The degree to which a client’s health status can be anticipated and the plan of care readily established and the degree to which it is managed with interventions that have predictable outcomes.

**Staff mix decision-making:** The act of determining the mix of the different categories of health-care personnel employed for the provision of direct client care.

**Unpredictable outcomes:** Client health outcomes that cannot reasonably be expected to follow an anticipated path with respect to timing and nature.
References


Licensed Practical Nurses Association of Prince Edward Island, the Association of Registered Nurses of Prince Edward Island, & PEI Health Sector Council (n.d.). *Exemplary care: Registered nurses and licensed practical nurses working together*. PEI: Author.
