



# **Collaborative Decision-making Framework: Quality Nursing Practice**

**SALPN, SRNA and RPNAS**

**Councils Approval**

**Effective Sept. 9, 2017**

**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 healthcare 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 the three nursing designations within the profession of nursing, and with other members of the multi-disciplinary team in all healthcare settings.

Each regulatory body has the authority to interpret the scope of practice of their respective healthcare 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 should consider the distinct scopes of practice of LPNs, RNs and RPNs as well as the aspects of nursing care that all three nursing designations provide to ensure the appropriate utilization of each of their expertise in the practice setting. 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 designed to be utilized in healthcare environments. Based on the client needs, the staff-mix complement may not include all three nursing designations and the employer is responsible for determining the complement of staff required. LPNs, RNs and RPNs are responsible and accountable to identify issues that may negatively impact patient safety or patient outcomes and to collaborate on seeking a resolution to those issues.

## Purpose

The purpose of this document is to assist the healthcare team including each professional nursing designation, 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 designation;
- the unique value and key contributions of each professional nursing designation as part of collaborative team-focused care environment;
- the collaborative expectations of 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 professional obligation of the three nursing designations within the profession of nursing (LPNs, RNs, and RPNs) with the shared goal of providing quality nursing care. All LPNs, RNs, and RPNs contribute to client-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 profession of nursing.

Collaboration is the ethical foundation of effective teamwork and professional partnerships. There must be 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.

## **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 an 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.

## **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.

## **Key Terms**

*\*\* Please note: It is recognized that the way the key terms impact care settings may vary. However, for the purposes of this document they apply as defined.*

**Autonomously/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 healthcare team.

**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.

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

**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).

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

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

## 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 at the point of care, the main focus should be centered on the needs of the client and decisions should be guided by evidence, nursing research, and best practice standards.
3. All LPNs, RNs, and RPNs 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 designations within the profession of nursing 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 designations. 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.
8. All members of the nursing profession are responsible, accountable, and legally liable for the nursing care 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 provide essential practice supports to enable nurses to meet practice standards and adhere to their respective code of ethics. Practice supports 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 designations within the profession of nursing;
  - professional development systems (e.g., continuing education and skills development, and performance appraisal);

- adequate nurse-client ratios that take into account the client, the nurse and environmental factors; 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. Each regulatory body is responsible for regulating their respective members for protection of the public interest. Each professional nursing regulatory body provides consultation for members, employers and the public.
11. While this document focuses on collaboration and consultation among the three designations within the nursing profession in Saskatchewan, it is essential that collaboration and consultation does occur with other members of the multi-disciplinary team in all healthcare settings.

*Geographical assignment, or the practice of assigning patient care in room blocks (rooms 1-6, 7-12) is not based on current best practice evidence. When assigning patient care, decisions should be based on client factors, nurse factors and environmental factors. Depending on the model of care, a block of rooms may be assigned to a team including LPNs, RNs and RPNs and further care decisions will be managed by the team members. However, when a primary care model is in place, geographical assignment is not congruent with or supported by the collaborative decision-making framework.*

## **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 application of the nurse’s competencies are unique to the practice environment and influence each nurse’s practice. However, this does not authorize the nurse to practice outside their scope of practice.

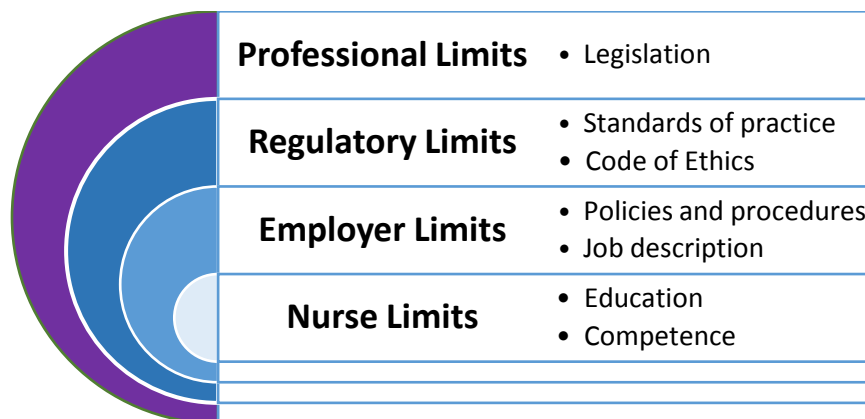


## Scope of Practice

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 and Code of Ethics;
3. Employer policies and procedures, job descriptions; and
4. Education and competence.

**Figure 1: Factors that Limit Scopes of Nursing Practice**



All four factors are necessary to provide safe, competent, and ethical care. Each factor successively narrows a nurse's practice. Legislation provides the authority to practice as a LPN, RN, or RPN and sets the outer limits of professional practice. Each regulatory body interprets the applicable legislation and sets standards of practice for their respective members, against which individual practice can be measured. Standards of practice outline 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 based on the care needs of the patient population. LPNs, RNs, and RPNs require the competence to safely carry out all aspects of nursing care they provide.

## Educational Preparation

LPNs, RNs and RPNs 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. It is understood that a nurse's expertise develops over a career. This is true whether the nurse is a LPN, a RN, or a

RPN. Each nurse enters their respective profession with entry level or foundation competencies as required by their respective regulatory body. As nurses gain knowledge and experience, they become experts in their practice however, professional designation and scope of practice do not change in this manner. Movement within the nursing profession can only occur by completing the formal education and credentialing process.

## **Entry-Level or Foundation Competencies**

Entry-Level Competencies (ELCs) or (Standards and) Foundation Competencies are used to outline the requirements for the curriculum in schools of nursing and by the regulatory bodies when approving nursing education programs. In addition, these competencies also serve as a guide for the public and employers to make them aware of what to expect from new graduates.

All LPNs and RPNs in Saskatchewan are accountable to meet the following competencies within their context of practice.

ELCs for LPNs 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](http://www.salpn.com/images/Member/Entry_Practice_Comps/IJLPN_Entry_to_Practice.pdf)

ELCs for RPNs 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).

<http://www.rpnas.com/wp-content/uploads/RPNAS-Entry-Level-Competencies.pdf>

All RNs in Saskatchewan are accountable to meet the Standards and Foundation Competencies for the Practice of Registered Nurses within their context of practice.

[http://www.srna.org/images/stories/Nursing\\_Practice/Resources/Standards\\_and\\_Foundation\\_2013\\_06\\_10\\_Web.pdf](http://www.srna.org/images/stories/Nursing_Practice/Resources/Standards_and_Foundation_2013_06_10_Web.pdf)

*\*\* Please note: Each regulatory body is responsible for outlining their respective section independently within the document. Member and stakeholder feedback was considered, but ultimately the decision regarding content was made by the regulator.*

## **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.

LPNs are self-regulated healthcare professionals who work autonomously and in collaboration with allied health professionals. LPNs are prepared to work with diverse populations in a variety of roles in direct practice, administration, education, research, policy development and regulation.

LPNs can practice independently when the client needs are less to more complex and more predictable, and practice in support of other professionals when client care needs are more complex and less predictable. The LPN cannot maintain an individual assignment when care needs fall at the far-right side of the Continuum of Care. However, the LPN can assist another provider and utilize competencies within the authority of LPN scope of practice.

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

LPNs use the nursing care plan to guide their decisions and prioritize nursing actions. 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 licensed practical nurses, and are aware of the responsibilities of self-regulation.

## Registered Nurses

*The Registered Nurses Act (1988)* provides the Saskatchewan Registered Nurses' Association (SRNA) with the legislated authority to regulate the profession, including setting standards of education, competencies and scope of practice, to ensure members are safe, competent and ethical practitioners. The scope of practice for registered nurses is based on the interpretation of section 2(k) within the Act.

(k) "practice of registered nursing" means the performance or co-ordination 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 care services;

for the purpose of promoting, maintaining or restoring health, preventing illness and alleviating suffering where the performance or co-ordination 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);

(v) skill or judgment acquired through nursing practice other than that mentioned in subclause (iii); or

(vi) other knowledge of biological, physical, behavioural, psychological and sociological sciences that is relevant to the knowledge, skill or judgment described in subclause (iii), (iv) or (v);

The practice of registered nursing includes the delivery of healthcare services to clients of all levels of complexity. RNs work autonomously and in collaboration with allied health professionals. They contribute to the healthcare system through their work in direct care delivery, education, administration, research and policy development in all settings.

A major focus for RNs is the completion of a comprehensive holistic nursing assessment of the client and ensuring that a nursing care plan is in place that identifies priority problems, targets outcomes, and specifies nursing interventions. Assignment of nursing care occurs at the beginning, and throughout the shift, as client care needs change. The RN making the assignment is responsible and accountable for the coordination of care and the decision to assign and reassign client and/or client care functions appropriately. This responsibility cannot be delegated. In the event of a deterioration in client condition, it is the RN that has the depth and breadth of knowledge to manage the clients needs during this complex time.

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 profession-led regulation.

## 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, counselling, expert knowledge and professional judgment, and the competencies required to manage complex mental healthcare and co-occurring medical conditions.

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.

RPNs are self-regulated healthcare professionals who work autonomously and in collaboration with allied health professionals. RPNs are prepared to work with diverse populations in a variety of roles within the practice of psychiatric nursing.

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.

RPNs assign, 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.

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

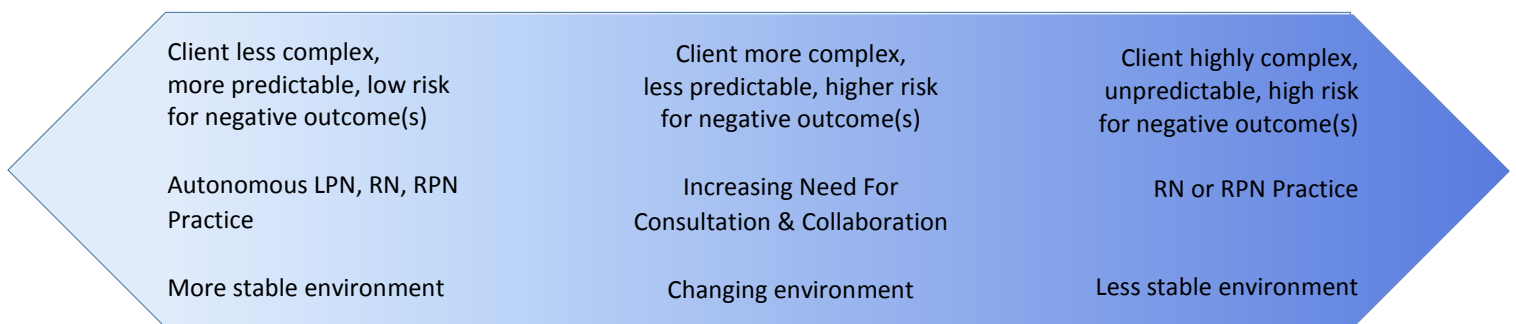
LPNs, RNs, and RPNs care for stable clients – those who have less complex, more predictable care needs, and are at low risk for negative outcomes. RNs and RPNs, because of their greater depth and breadth of foundational knowledge, also care independently for clients that are highly complex, unpredictable, and at high risk for negative outcomes. When a client falls between the two ends of this care continuum, a LPN may meet some or all of the client’s care needs in collaboration and consultation with a 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 ensure that there are mechanisms in place (job descriptions, policies, procedures, guidelines) and other resources that support staff utilization decisions. These practice supports 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 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.

### Continuum of Care



*\*\* Please note: In some cases, LPNs may support the RN or RPN in meeting the client’s care needs when they fall toward the right end of the Continuum of Care.*




## Client Factors

Decisions about the utilization of a 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 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, moving in a right or left direction. These factors are dynamic in nature and may vary at any point in time within or across practice environments.

All nurses can autonomously care for clients who have been identified as 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 direct care based on the client's needs. The decision to assign an RN or RPN to provide care is based on matching client care needs to most appropriate care provider. RNs and RPNs are not interchangeable.

| Client Factors  | Autonomous Practice<br>LPN, RN, RPN   | Changing Client<br>Factors Impacts the<br>Amount of<br>Consultation and<br>Collaboration<br>Required | Autonomous Practice<br>RN, RPN   |
|---|---|--|--|
| Complexity of client care needs (includes bio-psycho-social, cultural, emotional and health learning needs) | <ul style="list-style-type: none"> <li>• care needs well-defined</li> <li>• coping mechanisms and support systems in place and effective</li> <li>• health condition well-controlled or managed</li> <li>• little fluctuation in health condition with few factors influencing client's health</li> <li>• client is an individual, family, group, or community</li> </ul> |                    | <ul style="list-style-type: none"> <li>• care needs not well defined or changing</li> <li>• coping mechanisms and supports unknown, not functioning or not in place</li> <li>• health condition not well-controlled or managed</li> <li>• fluctuating health condition with many factors influencing client's health</li> <li>• client is an individual, family, group, community or population</li> <li>• requires close, frequent monitoring and reassessment</li> </ul> |
| Predictability  | <ul style="list-style-type: none"> <li>• predictable outcomes</li> <li>• predictable changes in health condition</li> </ul>   |                  | <ul style="list-style-type: none"> <li>• unpredictable outcomes</li> <li>• unpredictable changes in health condition</li> </ul>  |
| Risk of negative outcomes in response to care   | <ul style="list-style-type: none"> <li>• predictable, localized and manageable responses</li> <li>• signs and symptoms are obvious</li> <li>• low to moderate risk for negative outcomes</li> </ul>   |                  | <ul style="list-style-type: none"> <li>• unpredictable, systemic or wide-ranging responses</li> <li>• signs and symptoms are subtle and difficult to detect</li> <li>• high risk for negative outcomes</li> <li>• effect may be immediate, systemic and/or create an urgent or emergent situation</li> </ul>   |

*\*\* Please note There may be clients whose care needs fall between the two columns. The middle column represents the transition of client factors between autonomous LPN, RN, RPN and autonomous RN, RPN practice. At this stage, consultation and collaboration is necessary. The required amount of consultation and collaboration varies in order to meet the client care needs. Respectful communication is the key aspect of effective consultation.*



## **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.

It is important to remember that regardless of additional education, experience or competencies, LPNs, RNs and RPNs are different designations 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. 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. Required competencies for each nursing designation develop throughout the transition from a novice to an expert practitioner. However, the degree of mastery of each element of competency will improve throughout this typical progression. Experienced professionals can do everything that the new entrant can, but with a higher degree of mastery and an increased level of confidence.

If nurses change areas of practice, they will need to review and possibly enhance their level of expertise in the competencies required to meet the needs of the clients in that area. 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. Examples of this might include a novice practitioner and an expert practitioner within the same nursing designation, or nurses from different nursing designations consulting collaboratively within the same team. 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 when 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.

It is important to consider how the impact of caring for an additional client may affect workload and the 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 their colleague, an LPN, RN or RPN;
- the LPN may provide aspects of care for clients currently assigned to the RN or RPN, within the scope of practice of the LPN;
- the manager or charge nurse may need to review available resources in order to manage the unit's workload while providing safe patient care; or
- the client's care needs may require that they are transferred out of that particular care environment.

The following chart identifies a compilation of the nurse factors and practice expectations of nurses.

|            | LICENSED PRACTICAL NURSE  | REGISTERED NURSE   | REGISTERED PSYCHIATRIC NURSE<br><i>with a focus on mental health and addictions, across a variety of healthcare settings</i>   |
|------------|---|--|--|
| ASSESSMENT | <ul style="list-style-type: none"> <li>Establishes client baseline assessment, performs ongoing assessments of the client’s health status, and facilitates care for less complex and more predictable clients</li> <li>Assesses, identifies and makes autonomous decisions on status of actual or potential client challenges, limitations and strengths</li> <li>Anticipates and identifies physiologic and psychosocial client changes in more predictable, less complex clients</li> <li>Selects and utilizes standardized tools, care pathways and guidelines to aid assessment</li> <li>Communicates and consults routinely with multi-disciplinary team members</li> <li>Uses critical inquiry to assess, analyze and solve problems after seeking information based on the plan of care</li> </ul> | <ul style="list-style-type: none"> <li>Establishes client baseline assessment, and performs ongoing assessments of the client’s health status, and appropriately assigns care</li> <li>Assesses, identifies and makes autonomous decisions about actual or potential client challenges, limitations and strengths</li> <li>Anticipates and identifies physiologic and psychosocial changes in both less predictable and more complex clients</li> <li>Selects and utilizes standardized tools, care pathways and guidelines to aid assessment</li> <li>Communicates and consults routinely with multi-disciplinary team members</li> <li>Draws on a comprehensive range of options to interpret, analyze and solve problems after seeking information, based on assessment data, and the plan of care</li> </ul> | <ul style="list-style-type: none"> <li>Establishes client baseline assessment, and performs ongoing assessments of the client’s health status, and appropriately assigns care</li> <li>Assesses, identifies and makes autonomous decisions about actual or potential client challenges, limitations and strengths</li> <li>Anticipates and identifies physiologic and psychosocial changes in both less predictable and more complex clients</li> <li>Selects and utilizes standardized tools, care pathways and guidelines to aid assessment</li> <li>Communicates and consults routinely with multi-disciplinary team members</li> <li>Draws on a comprehensive range of options to interpret, analyze and solve problems after seeking information, based on assessment data, and the plan of care</li> </ul> |

|          | LICENSED PRACTICAL NURSE  | REGISTERED NURSE  | REGISTERED PSYCHIATRIC NURSE<br><i>with a focus on mental health and addictions, across a variety of healthcare settings</i>  |
|----------|---|---|---|
| PLANNING | <ul style="list-style-type: none"> <li>• Develops nursing diagnosis and care plans based on assessment data</li> <li>• Facilitates care planning processes within collaborative teams</li> <li>• 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</li> <li>• Consults the RPN or RN as care becomes more complex or outcomes become more unpredictable</li> </ul> | <ul style="list-style-type: none"> <li>• Develops nursing diagnosis and care plans based on assessment data</li> <li>• Coordinates care planning processes within collaborative teams regardless of complexity and predictability</li> <li>• Plans care broadly in consultation with client (day-to-day, medium, and long-range plans)</li> <li>• Makes changes in the plan of care when the client is/is not achieving established or optimal health outcomes</li> <li>• Plans for anticipated as well as unusual or unexpected changes in client condition</li> </ul> | <ul style="list-style-type: none"> <li>• Develops nursing diagnosis and care plans based on assessment data</li> <li>• Coordinates care planning processes within collaborative teams regardless of complexity and predictability</li> <li>• Plans care broadly in consultation with client (day-to-day, medium, and long-range plans)</li> <li>• Makes changes in the plan of care when the client is/is not achieving established or optimal health outcomes</li> <li>• Plans for anticipated as well as unusual or unexpected changes in client condition</li> </ul> |

|                | LICENSED PRACTICAL NURSE  | REGISTERED NURSE  | REGISTERED PSYCHIATRIC NURSE<br>with a focus on mental health and addictions, across a variety of healthcare settings  |
|----------------|---|---|--|
| IMPLEMENTATION | <ul style="list-style-type: none"> <li>• Selects and implements appropriate nursing interventions according to the plan of care</li> <li>• Facilitates care of less complex clients with more predictable outcomes</li> <li>• Provides care or elements of care for more complex clients in consultation and collaboration with the RPN, RN coordinating that client’s care</li> <li>• Meets current identified client care needs drawing from the assessment and the available resources included in the care plan</li> <li>• Performs nursing interventions and responds appropriately to changing situations or emergencies</li> <li>• Implements health programs, including teaching</li> </ul> | <ul style="list-style-type: none"> <li>• Coordinates and oversees the overall care and provides clinical expertise and leadership for the plan of care</li> <li>• Coordinates the care of clients regardless of acuity, complexity and predictability in collaboration with other healthcare team members</li> <li>• Directs plans of care for clients regardless of acuity, complexity and predictability in collaboration with other healthcare team members</li> <li>• Meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and a wide range of options</li> <li>• Manages multiple nursing interventions simultaneously in rapidly changing situations</li> <li>• Designs, coordinates and implements health programs, including teaching</li> </ul> | <ul style="list-style-type: none"> <li>• Coordinates and oversees the overall care and provides clinical expertise and leadership for the plan of care</li> <li>• Coordinates the care of clients regardless of acuity, complexity, variability and predictability in collaboration with other healthcare team members</li> <li>• Directs plans of care for clients regardless of acuity, complexity and predictability in collaboration with other healthcare team members</li> <li>• Meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and a wide range of options</li> <li>• Manages multiple nursing interventions simultaneously in rapidly changing situations</li> <li>• Designs, coordinates and implements health programs, including teaching</li> </ul> |

|            | LICENSED PRACTICAL NURSE   | REGISTERED NURSE  | REGISTERED PSYCHIATRIC NURSE<br>with a focus on mental health and addictions, across a variety of healthcare settings   |
|------------|--|---|---|
| EVALUATION | <ul style="list-style-type: none"> <li>• Collaborates in the development, review and revision of care plans to address client needs and preferences and to establish clear goals that are mutually agreed upon by the client and the healthcare team</li> <li>• Recognizes deviations from predicted client response(s) and consults appropriately</li> <li>• Communicates evaluation findings from client care as part of collaborative team processes</li> <li>• Evaluates effectiveness of teaching processes and learning of client</li> </ul> | <ul style="list-style-type: none"> <li>• Collaborates with client to monitor, interpret and evaluate changes in client status and goal achievement and revises the plan of care as necessary</li> <li>• Recognizes, analyzes and interprets deviations from predicted client response(s); modifies plan of care</li> <li>• Communicates evaluation findings from client care as part of collaborative team processes</li> <li>• Evaluates effectiveness of teaching processes and learning of client</li> </ul> | <ul style="list-style-type: none"> <li>• Collaborates with client to monitor, interpret and evaluate changes in client status and goal achievement and revises the plan of care as necessary</li> <li>• Recognizes, analyzes and interprets deviations from predicted client response(s); modifies plan of care</li> <li>• Communicates evaluation findings from client care as part of collaborative team processes</li> <li>• Evaluates effectiveness of teaching processes and learning of client</li> </ul> |

## 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.

| <b>Environmental Factors</b>                    | <b>More Stable Environment =<br/>Autonomous Practice<br/>LPN, RN, RPN</b>  | <b>Less Stable Environment =<br/>Increased Need for<br/>Consultation and<br/>Collaboration</b>  |
|---|--|---|
| Practice supports                               | <ul style="list-style-type: none"> <li>• clear and identified procedures, policies, care directives, protocols, plans of care, care pathways and assessment tools</li> <li>• a high proportion of expert nurses or a low proportion of novice</li> <li>• a balance of nurses familiar with the environment</li> <li>• clinical mentors and leaders identified</li> </ul> | <ul style="list-style-type: none"> <li>• unclear, unidentified or absence of procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools</li> <li>• low proportion of expert nurses or high proportion of novice nurses and unregulated staff</li> <li>• low proportion of nurses familiar with the environment</li> </ul> |
| Consultation resources                          | <ul style="list-style-type: none"> <li>• many consultation resources available to manage outcomes</li> </ul>   | <ul style="list-style-type: none"> <li>• few consultation resources available to manage outcomes</li> </ul>   |
| Stability and predictability of the environment | <ul style="list-style-type: none"> <li>• few unpredictable events</li> </ul>   | <ul style="list-style-type: none"> <li>• many unpredictable events</li> </ul>   |

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 same principles can be applied in an all RN unit, as well as a setting using a team-based approach that includes a variety of nursing designations; team-based nursing differs from 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.

## **Conclusion**

Collaboration and consultation are essential elements of safe, competent, ethical nursing practice. LPNs, RNs, and RPNs collaborate with clients, each other and members of the healthcare team for the benefit of the client.

As the practice of LPNs, RNs and RPNs continues to evolve to meet the healthcare needs of Saskatchewan residents, an increasing body of evidence strongly supports the need to match staffing to client needs resulting in optimal health outcomes.

Should you require assistance or support in utilizing the collaborative decision-making framework, please contact your regulatory body.



## Definitions

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

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

**Adverse events:** An event that results in unintended harm to the client, and is related to the care and/or services provided to the client rather than to the client's underlying medical condition.

**Autonomously/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 healthcare team.

**Client:** The client is the person or persons with whom the nurse is engaged in a professional therapeutic relationship. The client may include a family member of and /or substitute decision-makers for the individual client. The client may also be a family, group, entire community or population. In some settings, other terms may be used such as patient, resident, or health care consumer.

**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 care provided to the client at the point of care and provided at the organization and system levels over the entire care process.

**Environment:** Is defined as all that is internal and external to the person and is characterized by the physical, spiritual, political, cultural, social, ethical, technological and intellectual dimensions. Individuals do not exist in isolation, but rather interact with and relate to other individuals, families and communities within a constantly changing society. As such, they influence and are influenced by their environment.

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

**Nursing care plan:** A written care plan that provides direction for the individualized care of a client, based on a unique set of nursing diagnoses which are developed following a comprehensive assessment of the client and their healthcare needs (physical, psychosocial, functional, emotional, spiritual and communication). It provides for continuity of care, and is a means of communicating, organizing and documenting client needs and nursing interventions. The client and their family and /or substitute decision makers collaborate and provide input on treatment options and health-related goals to guide the care plan.

**Nursing plan of care:** A client-specific plan of care based on interventions ordered by a qualified health care professional and /or identified following a comprehensive nursing assessment and developed in collaboration with the client and their family and /or substitute decision-makers.

**Nurse:** \* Please note: For the purposes of this document which describes *Nurse Factors*- A nurse is a nursing professional who is registered or licensed by a nursing regulatory body. The following nursing designations are focused on within the document- Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Registered Psychiatric Nurses (RPNs). These three designations, plus Registered Nurse (Nurse Practitioners) [RN(NP)s] and Registered Nurses with Additional Authorized Practice [RN(AAP)] belong to the profession of nursing in Saskatchewan. This does not imply that all nursing designations can use the title 'nurse' when identifying themselves, but is a generic term to describe the set of factors which apply to the 3 designations outlined above.

**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 the roles, responsibilities and functions 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 healthcare 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.

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