

SASKATCHEWAN



ASSOCIATION

**THE REGISTERED NURSE
SCOPE OF PRACTICE:**

**SPECIAL NURSING
PROCEDURES AND
NURSING PROCEDURES
BY TRANSFER OF
MEDICAL FUNCTIONS
1993**

**The Registered Nurse
Scope of Practice:**

**Special Nursing Procedures and
Nursing Procedures by Transfer
of Medical Functions
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Preamble

The practice of nursing requires the application of knowledge and the simultaneous exercise of judgment and skill. Practice takes place in a context of change and development that may result from advances in research, changes in health services policies, and new approaches to professional practice.

Education, research, and experience form the foundation on which nurses exercise judgment and skill. The range of responsibilities which falls to individual nurses is related to professional standards, code of ethics, personal experience, education, and skill. This range of responsibilities is referred to as the “scope of professional nursing practice.” **This document sets out the Saskatchewan Registered Nurses’ Association (SRNA) criteria on which any adjustment to the scope of professional nursing practice should be based.**

Introduction

The Saskatchewan Registered Nurses' Association (SRNA) has published this document for use by registered nurses, health care facilities, and organizations throughout Saskatchewan. It is intended that this publication will:

1. Clarify the scope of practice of registered nurses in Saskatchewan as mandated in *The Registered Nurses Act, 1988*.
2. Assist health care facilities and organizations to establish policies and procedures for safe client care.
3. Provide criteria for a procedure to be transferred from medicine to nursing.

The Saskatchewan Registered Nurses' Association emphasizes that no agency policy or professional statement can relieve individual registered nurses of accountability for their own actions. Individual registered nurses should not perform any procedure for which they do not feel competent.

ASSUMPTIONS UNDERLYING THE DOCUMENT

In the development of this document, the Nursing Practice Committee made the following assumptions:

1. Registered nurses have access to the SRNA publications which define and describe the scope of general nursing practice, **including but not limited to:**

- *Competency Profile of the Beginning Graduate Nurse, 1990.*
- *Roles and Functions for Registered Nurses Employed by Indian Health Authorities in Northern Saskatchewan, 1990.*
- *Roles and Functions for Registered Nurses Providing Primary Health Care in Northern Saskatchewan, 1988.*
- *Standards of Emergency Nursing Practice for the Registered Nurse Practicing in Health Care Facilities Providing Emergency Services, 1992.*
- *Standards for the Registered Nurse Providing Home Health Care, 1990.*
- *The Registered Nurse Scope of Practice: Guidelines for Decision-Making and Delegation, 1992.*

2. Registered nurses have access to a variety of resources to clarify specific issues, **including but not limited to the:**

- *The Registered Nurses' Act, 1988*
- Saskatchewan Registered Nurses' Association
- College of Physicians and Surgeons of Saskatchewan
- Bylaws 1993, Saskatchewan Registered Nurses' Association

- Basic nursing education programs at:
 - College of Nursing, University of Saskatchewan
 - Kelsey Institute, SIAST
 - Wascana Institute, SIAST
 - Code of Ethics for Nursing, Canadian Nurses Association, 1991.
 - Canadian Nurses Protective Society (CNPS)
 - Saskatchewan Pharmaceutical Association
3. The governing body of the agency retains legal responsibility for establishing policies to safeguard clients. However, no policy or professional statement can relieve individual registered nurses of accountability for their own actions.
 4. Basic nursing education programs provide a foundation for professional practice and a means of preparing nurses with the necessary knowledge, skills, and judgment to assume responsibility as a registered nurse. The SRNA document, *Competency Profile of the Beginning Graduate Nurse, 1990*, identifies competencies which graduate nurses must be capable of demonstrating to be eligible for initial registration in Saskatchewan.
 5. Continuing education provides registered nurses with additional theory and/or skills necessary to meet the needs of clients, families, and communities.
 6. Registered nurses have an annual performance appraisal which includes evaluation of continued competence.

The Scope of Nursing Practice

Historically, basic nursing education prepared nurses to perform at a predetermined level of competence within the scope of practice. The reality is that nursing practice and education are continually shaped by developments in health care and treatment.

As the future unfolds, even greater changes in health care will call for nurses to practice within a wide range of settings and circumstances. The whole health care system will be influenced by changing socioeconomic realities, and nursing must make transitions into newer roles which better utilize nurses' knowledge, skill and judgment.

Therefore, the SRNA has developed the following document that provides the basis to ensure nursing practice remains dynamic while safely meeting client care needs.

General Nursing Procedures

General nursing procedures are taught in basic nursing education programs, where students acquire both the knowledge and the clinical practice needed to perform competently.

In providing client care, nurses carry out a variety of interventions in many different settings. Client safety demands that nurses perform only those procedures for which they have had appro-

priate educational preparation. An individual nurse may not have performed a general nursing procedure for some time and may not feel competent. **Individual registered nurses should not perform any procedure for which they do not feel competent.** Providing opportunities for a nurse to achieve competence can be done through such strategies as buddying with a registered nurse who is competent in the procedure, in-service education with related work experience, and orientation programs.

Special Nursing Procedures

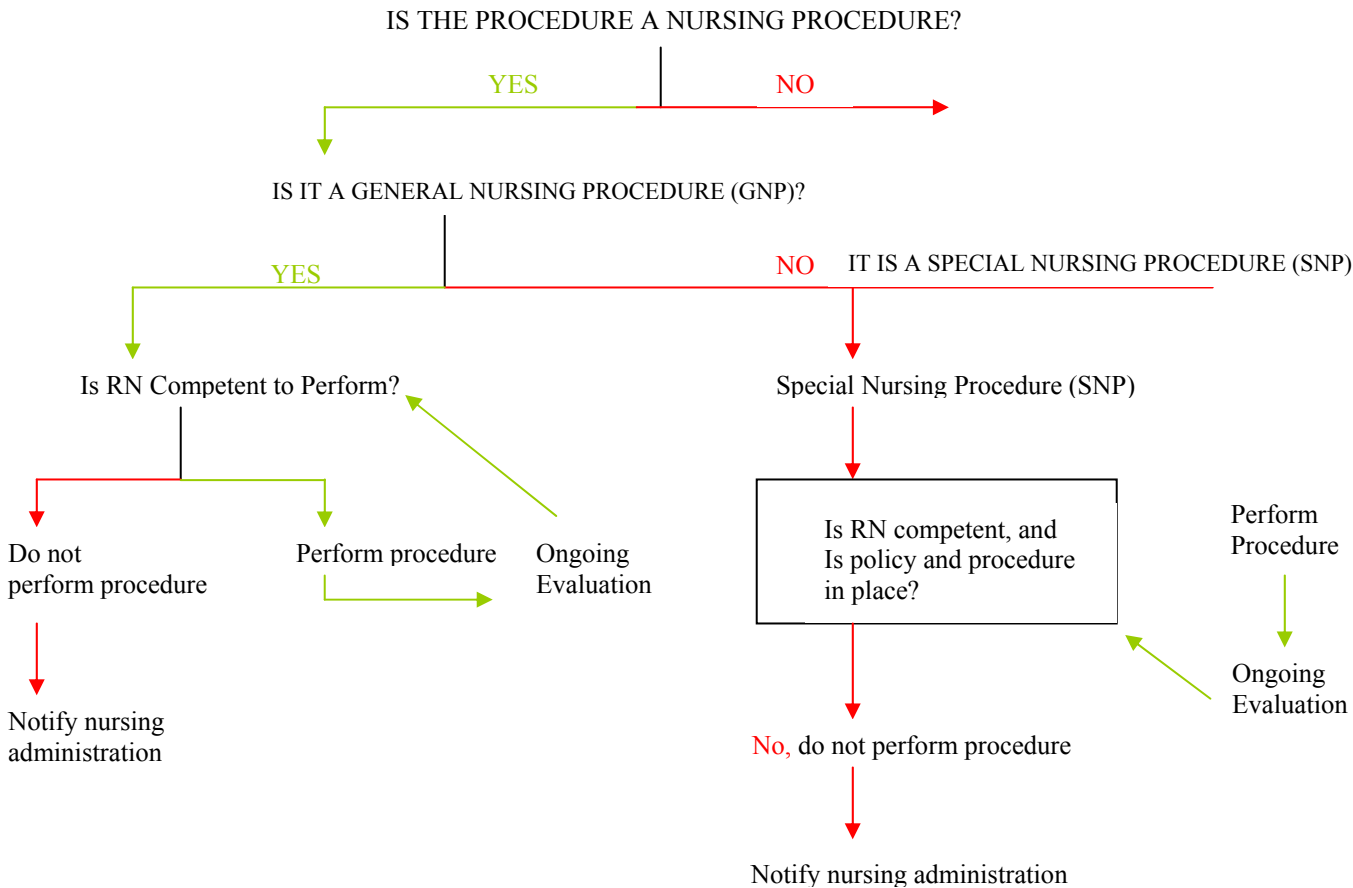
Special nursing procedures are procedures in the practice of nursing for which the basic nursing education programs provide neither **specific** theory nor clinical practice. These procedures are not taught in basic nursing education programs, either because they are not needed by many clients or because they are required only in specialty areas of practice. The agency is responsible for providing the nurse with the education and the experience needed to perform the procedure.

Safety of the client demands that a registered nurse perform these procedures only after successfully completing an educational program of specific theory and practice. **Individual registered nurses should not perform any procedure for which they do not feel competent.**

The registered nurse and graduate nurse may perform a special nursing procedure when the following criteria have been met:

1. Nursing administration must identify that each special nursing procedure is reasonable, appropriate and consistent with professional nursing practice in Saskatchewan, as defined by the SRNA.
2. A written agency policy must identify the special nursing procedure and its implementation.
3. An educational program of theory and practice, designated by nursing administration, must be available to the nurse prior to performing the special nursing procedure. The program should include the following:
 - (i) theory to enable the nurse to understand the procedure;
 - (ii) opportunity to acquire dexterity; and
 - (iii) a method of testing competence which meets the requirements and standards of nursing administration.
4. The nurse must successfully complete the educational program.
5. The nurse must perform the special nursing procedure often enough to ensure competence and the provision of safe client care.
6. There is provision for evaluation of the policy and educational program by nursing administration at the end of an established period of time.

DECISION-MAKING FRAMEWORK FOR NURSING PROCEDURES



Nursing Procedures by Transfer of Medical Functions

Nursing procedures by transfer of medical functions are those medical functions primarily performed by physicians and outside the usual scope of nursing practice but which may be transferred to **specific** nurses in the interests of client care. A qualified physician must provide the initial educational program, including clinical practice. After this initial program, formally prepared nurses can also act as instructors. The medical authority retains accountability for the decision to transfer the procedure.

The appropriateness of transferring a medical function will vary in accordance with an agency's ability to provide resources for instruction, supervision, in-service, and continuing certification. As well, the agency must also consider the accessibility of a physician, range of support services, and client population in determining the need to transfer a medical function to nursing.

When a medical function has been transferred to and accepted by nursing, the nurse is responsible and accountable for competent performance. **Individual registered nurses should not perform any procedure for which they do not feel competent.**

The following criteria must be met before a procedure can be transferred from medicine to nursing:

1. The transfer of function is deemed to be in the interest of the client.
2. There is a demonstrated need for the registered nurse to **regularly** perform the procedure in the provision of quality safe client care. The Nursing Advisory Committee, Staff/Management Committee, and/or nursing staff meetings can provide the forum for such discussions.
3. The medical authority, in collaboration with nursing administration, and subject to the approval of the governing body, determines the medical function that may be transferred in that agency.
4. There is agreement by the nursing administration and the individual registered nurse, in collaboration with SRNA, that the function to be transferred is deemed to be reasonable, appropriate, and consistent with professional nursing practice in Saskatchewan. This transfer of function is limited to registered nurses only and does not apply to graduate nurses or students of nursing in order to ensure the safety of the public and the legal protection of the nurse.
5. There is a written agreement among administration, nursing and medical staffs stating shared responsibility for the transferred procedure.

6. There is a written agency policy identifying the function to be transferred and a written procedure outlining implementation of the policy.

7. There is an educational program of theory and practice, resulting in certification of the registered nurse who demonstrates competence in performing the transferred procedure. The educational program is designated by the medical authority in collaboration with nursing administration.

(i) Only physicians and formally prepared nurses shall act as instructors for these educational programs.

(ii) In the event that an educational program is not available to the registered nurse in the agency, an alternative opportunity must be provided to obtain the needed instruction.

(iii) After successful completion of the program, the nurse shall receive a certificate denoting:

- competence in a particular procedure,
- name of the nurse and date certified, and
- signatures of the nurse and instructor.

(iv) Certification is granted for a specific period of time that shall not exceed twelve (12) months.

8. There is a monitoring system established by the agency to ensure that the procedure is performed only by those registered nurses who have successfully completed the educational program.

9. There is an understanding that certification for a transfer of function is specific, that is, it applies to a particular registered nurse, for a particular time, in a designated setting or agency, or with a particular employer.

10. There is provision for written evaluation of the policy for any nursing procedure by transfer of medical function by the medical, nursing, and administrative personnel at the end of an established period of time.

Individual physicians, the medical authorities of agencies, and nursing administration are expected to exercise judgment when developing policies transferring the performance of specific medical functions to nurses. The College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Registered Nurses' Association should be contacted for assistance if there are difficulties in determining the appropriateness of the transfer of the medical function.

Nursing Procedures by Transfer of Medical Functions

Should this be a nursing procedure by transfer of medical function?

1. Would clients benefit from nurses performing this procedure?

↓ ↓
Yes No _____ Stop

2. Is the performance of this procedure consistent with safe client care as defined by SRNA?

↓ ↓
Yes No _____ Stop

3. Is there a demonstrated need for the nurse to routinely perform the procedure?

↓ ↓
Yes No _____ Stop

4. Can a nurse manage the potential complications inherent in this procedure?

↓ ↓
Yes No _____ Stop

5. Is it possible to achieve a written agreement between the nursing administration and the medical staff stating shared responsibility for the transferred function?

↓ ↓
Yes No _____ Stop

6. Is the nursing administration and the medical staff prepared to develop a written agency policy identifying:

- who performs the procedure
- the theory and practice required of the nurse performing the procedure
- under what circumstances the procedure may be performed
- review date for the policy

↓ ↓
Yes No _____ Stop

7. Does the agency have the resources (technical, human, financial) to develop, implement and maintain a certification program?

↓ ↓
Yes No _____ Stop

It is possible to make this a nursing procedure by transfer of medical function.

Glossary

In order to facilitate the understanding of the terms used in this document, the following definitions were assumed by the Nursing Practice Committee.

Competence: The display by a nurse, in the professional care of a client(s), the knowledge, skill and judgment required in the practice situation. The nurse functions with care and regard for the welfare of the client and in the best interests of the public, nurses and the nursing profession.

General Nursing Procedures: Nursing procedures taught in basic nursing education programs, where students acquire both the knowledge and the clinical practice needed to perform competently.

Graduate Nurse: A person who is registered pursuant to Section 20, *The Registered Nurses Act*, 1988, and whose registration has not been suspended or revoked.

Nursing Procedures by Transfer of Medical Functions: Nursing procedures by transfer of medical functions are those medical functions

primarily performed by physicians and outside the usual scope of nursing practice but which may be transferred to specific nurses in the interests of client care.

Setting: Any place where nurses work, agency or community-based, as employees or self-employed.

Special Nursing Procedures: Procedures in the practice of nursing for which the basic nursing education programs provide neither **specific** theory nor clinical practice. These procedures are not taught in basic nursing education programs, either because they are not needed by many clients or because they are required only in specialty areas of practice.

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