

ASK A PRACTICE ADVISOR

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Emergency Services: RN Responsibility and Accountability When Physicians Are Not Available

Question: I am an RN working in a rural hospital providing emergency services. At times our physician is not available but we are still being asked to provide emergency services. What do we need to know in these situations?

The factors that need to be considered in answering this question include relevant legislation, public/client safety, public expectations of health services, scope of practice and contingency planning.

The Facility Designation Regulations, 2005, outlines what services must be provided by a facility according to their designation (e.g. health centre, hospital, special care homes, etc.). Hospitals (community, northern, district, regional or provincial), or health centres, are required to minimally provide emergency stabilization services and physician/medical services. If a physician is no longer available to provide services in your hospital or health centre to meet the requirements of this legislation, the facility must assess the situation and take corrective action.

Management and staff from the Regional Health Authority (RHA) and facility must meet and strategize to address the situation. Human resources must be evaluated to determine what services can continue to be provided, taking into consideration the scope of practice of the available health care professionals.

If it is determined that the healthcare facility can no longer provide the services that the relevant legislation requires, the facility has no choice but to discontinue providing emergency services. The RHA then has an obligation to inform the public of this change to service provision as soon as possible.

A public awareness campaign is paramount to client safety in emergent situations where time is of the essence. The community must know where they can access the services they need prior to an emergency occurring. Advertising in a timely manner through

public media, radio, newspapers, and where ever people gather, e.g. local schools, halls, and recreation centres will be key to safe and appropriate access to emergency services. In addition, all "H" signs on the highway, in the community, and on the building, that designate the facility as a hospital, should be covered. Information should be posted on all facility entrances indicating ER services are no longer offered, or if so, at what times, and where the nearest ER is located to access the necessary services.

EMS is a critical partner in this plan and must be involved and informed so they too can do their job to ensure client safety.

In the event that a client does appear at your ER entrance, basic first aid and nursing care that does not require a physician's order can be provided. Transport to the nearest emergency department should be arranged as soon as possible. RNs are not able to provide advanced emergency services without working collaboratively with a physician.

Finally, contingency plans should be developed by your RHA and facility prior to the occurrence of unforeseen events affecting the provision of health care services to the community. Contingency plans are meant to be short term. If they are invoked on a regular basis, the institution must address this operational reality with a different strategy (see SRNA AAPA Contingency Plans, 2001. http://www.srna.org/nurse_resources/pa/2004_pa_contingency.pdf).

References:

Government of Saskatchewan. 2005. The Facility Designation Regulations, 2005. Retrieved December 10, 2007 from <http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/R8-2R6.pdf>

Saskatchewan Registered Nurses' Association. 2001. Ask a practice advisor. Contingency Plans. Regina, Author.