

RN Responsibility for Initial and Ongoing Assessments

Q I am a RN working in multiple clinical areas. What is my responsibility and accountability for assessment of clients?

A As required in legislation, all RNs are accountable for the initial and ongoing assessment of clients in their care (Province of Saskatchewan, 1988). "In collaboration with the client, the RN performs an assessment of physical, emotional, spiritual, cognitive, developmental, environmental, social, and learning needs and the client's beliefs about health and wellness" (SRNA, 2007, p. 8). RNs collect this information utilizing assessment skills of observation, interview, history taking, interpretation of data and physical assessment.

RNs are then responsible to synthesis and analyze this information in making a determination of client needs, and a plan of care.

It is important for RNs to be aware that assessment includes not

only identification of needs but also the required planning and intervention of care, with outcome identification and evaluation.

Documentation of assessment and the subsequent plan of care is the final component in the assessment process. RNs have great depth and breadth of nursing knowledge and critical thinking to assess clients to determine the severity and acuity

RNs must be cognizant of their accountabilities and responsibilities for the assessment process in order to uphold the legislative and professional obligations inherent in the role.

of the presenting problem. Continual reassessment of the client by a RN is also necessary as a client's condition may change. When the client's condition changes and becomes increasingly complex, and the assigned care provider is no longer able to manage the nursing care, a RN must be available to consult with and/or assume care of the client.

RNs utilize assessment information to determine client assignments to the appropriate care provider (RNs, GNs, LPNs). Once client care assignments



have been made, the RN continues to be responsible for leading, participating in, and coordinating the planning and delivery of care. This requires effective team work, collaboration and communication in order to meet the needs of the client. The responsibility and accountability of the RN initial assessment cannot be assigned or delegated to other health care providers.

RNs must be cognizant of their accountabilities and responsibilities for the assessment process in order to uphold the legislative and professional obligations inherent in the role. One of the top three complaints against RNs in Saskatchewan in 2009 was lack of appropriate assessment, needs identification, outcome identification, planning, and intervention skills.

Failure to fulfill the practice standards related to assessment could result in an investigation of practice (See Terri Belcourt, RN's article in this Newsbulletin).

The SRNA practice team is available to assist RNs with any questions or concerns relating to accountability and responsibility for the RN assessment process.

To contact a Practice Advisor:
1.800.667.9945 or 359.4200 (Regina)
or Email: practiceadvice@srna.org.

References

Province of Saskatchewan. (1988).
The Registered Nurses Act, 1988.
Regina, SK: Author.
Saskatchewan Registered Nurses'
Association. (2007).
Standards and foundation
competencies for the practice
of registered nurses. Regina, SK:
Author.

Upcoming Joint SRNA, SALPN and RPNAS Collaborative Nursing Practice Presentations

The purpose of these presentations is to enhance the understanding of the roles and the value of each professional nursing group and to promote collaborative nursing.

May 17-20 Cypress and Five Hills

June 14-17 Sunrise and RQHR
rural

Sept 20-23 Kelsey Trail

Watch for posters with dates and locations in your Health Regions.

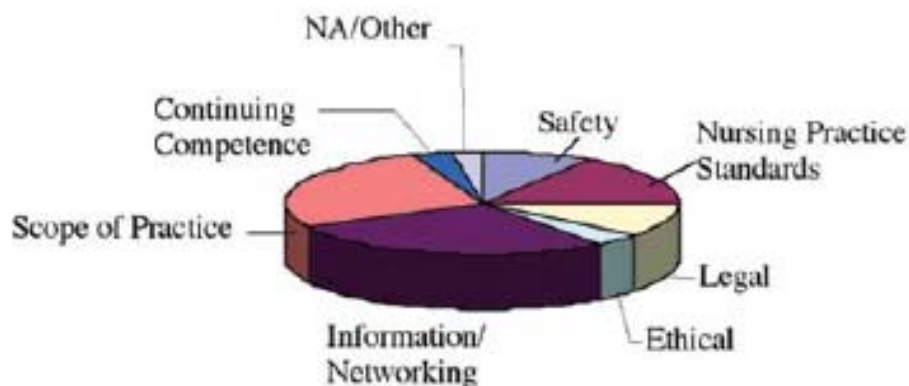
Supporting RN Practice – Practice Calls by the SRNA Practice Team

The SRNA Practice Team is available for consultation on professional practice issues. We provide a confidential service that is designed to enhance and promote safe, ethical and competent practice. The protection of the public is our primary goal.

The provision of support, advice, information and resources assists RNs to meet practice standards, promotes good nursing practice and prevents poor nursing practice.

For 2009 (January 1 – December 31), there were 615 practice calls, relating primarily to scope of practice, information/networking and nursing practice standards as graphically depicted below:

Purpose of Call



48% of all the calls we received came from direct care RNs, 28% from administrative RNs, 10% from RNs in education, 1% research and 13% were non-RN calls. Over half (52%) of the calls came from an urban location, 24% were rural, 5% were from the north, 15% were unknown or not applicable and 4% were from multiple locations.

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