



SRNA POSITION STATEMENT

24 Hour Registered Nurse Coverage

Competent, caring, knowledge-based registered nursing for the people of Saskatchewan

It is the position of the Saskatchewan Registered Nurses' Association (SRNA) that in the public interest, the expertise of the registered nurse (RN) is required on a 24 hour basis in all regulated health care facilities/settings. Given the complexity of the current health care, the **presence of a RN** in health care settings on a 24 hour basis is integral to managing varying levels of complexity of care and promotion of self care, for individuals of all ages throughout the lifespan.

The scope of practice of RNs is defined in *The RN Act (1988)*. The Act identifies the responsibility of **all RNs** to coordinate healthcare services as well as provide direct registered nursing care utilizing the nursing process (assessment, planning, implementation and evaluation). In order to coordinate care for a specific client population the RN must be at the point of care*, that is the RN must be in attendance and knowledgeable about the healthcare facility, the client population being served, and the specific needs of the clients in their care.

Every RN is professionally and legally accountable for assuring clients in regulated health care settings receive safe, competent care by the most appropriate care provider(s). It is essential that RNs at both the administrative and direct care levels are involved in determining how and where RNs are utilized in the provision of health care services, including determining safe staffing levels and staff mix based on client needs.

RNs draw on the expertise of all health care professionals and work collaboratively with all members of the health care team in the provision of care. In clinical areas where the needs of clients are consistent with the competencies of a registered psychiatric nurse (RPN), the SRNA recognizes that a RPN may assume client care responsibilities.

Recognition of the value of the RN role in providing care to clients is vital to the delivery of quality client care. The essence of registered nursing practice is the implementation of knowledge, skill, judgment and critical thinking in the delivery of health care services. RN expertise is required in today's health care settings as clients are more acute with more complex needs than they were in the past and require more specialized and intensive care (CHSRF, 2006). In all care settings complexity is increasing, and clients may be experiencing acute as well as chronic health conditions, decreased functionality, cognitive impairment and/or depression and dementia. As such, the RN is the nursing professional with the greatest breadth and depth of nursing education to provide the high level of nursing care required to address the increasingly complex health care needs of clients in all health care facilities and settings.

* *The point of care means where the registered nurse is knowledgeable of the individual client's needs based on ongoing nursing assessment and is responsible for the overall care for the client.*

BACKGROUND

RNs make up the largest group of regulated health care providers in Saskatchewan. RNs work autonomously and collaboratively with clients and other members of the health care team. RNs obtain their education from a specialized body of knowledge including nursing theory as well as knowledge of biological, physical, behavioral, psychological and sociological sciences. When compared to other professional nursing groups, the basic educational preparation for the RNs has the greatest breadth and depth of nursing knowledge to provide nursing care for clients, families, communities and populations with needs ranging from stable to very complex. “RNs make a significant and positive contribution to client outcomes, health team functioning and the health-care system as a whole” (CNA, 2007, p. 1).

Evidence supports the role of the RN in the delivery of quality care. Ensuring the availability of RNs in the care environment positively influences client outcomes by reducing the number of adverse events. Studies show associations between increased RN staffing and lower odds of hospital related mortality and adverse patient events (Kane et al., 2007). Lower 30-day mortality rates were associated with hospitals that had a higher percentage of RN staff (Tourangeau et al., 2007). The more hours of care provided by RNs are related to fewer postoperative problems among hospitalized children (Mark et al, 2007). In 2011, Needleman et al., reported that staffing of RNs below target levels was associated with increased mortality which reinforces the need to match RN staffing with patient’s needs for nursing care.

Longer duration of direct care provided by RNs is associated with better health outcomes for nursing home residents. Long term care research supports the positive contribution of achieving a net cost savings by reducing adverse outcomes when RNs are present to provide care. More RN direct care time per resident per day was associated with fewer pressure ulcers, hospitalizations, and urinary tract infections; less weight loss, catheterization, and deterioration in the ability to perform activities of daily living; and greater use of oral standard medical nutritional supplements (Horn et al., 2005).

“Research supports the link between RN practice and positive client, nurse and system outcomes. For example, client outcomes consistently shown to have been affected by registered nursing interventions across a variety of health-care settings include:

- clinical outcomes (control or management of symptoms such as fatigue, nausea and vomiting, dyspnea, and pain)
 - functional outcomes (physical and psychosocial functioning and self-care abilities)
 - safety outcomes (adverse incidents and complications such as pressure ulcers, falls)
 - perceptual outcomes (satisfaction with nursing care and with the results of care)”
- (Doran, 2003; White, Pringle, Doran & McGillis Hall, 2005, as cited in CNA, 2007, p. 19).

Research indicates that increasing the proportion of care provided by RNs in nursing homes and hospitals achieved a net cost saving by reducing the length of stay, adverse outcomes and mortality rates (Dorr et al., (2005), Needleman & Buerhaus (2006), Tschannen & Kalisch (2008), and Dall et al., (2009)).

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