

Registered Nurse Scope of Practice Statement The Roles and Responsibilities for RNs Working with Cardiac Monitoring

The mandate of the SRNA is to ensure safe, competent, ethical registered nursing for the people of Saskatchewan. The SRNA supports the Saskatchewan Ministry of Health's directive for 'better health', 'better care', 'better value' and 'better teams' in Saskatchewan health care.

The SRNA is committed to interdisciplinary practice between RNs, RN(NP)s, physicians, pharmacists and other allied health professionals, as well as intraprofessional collaborative nursing practice between RNs, LPNs and RPNs. Depending on the practice setting, and the type of client care conditions, the scope of practice for regulated health care professionals may overlap. In settings and client care conditions where this occurs, it is important that clear roles and responsibilities, and good communication between all health care professionals are established. The SRNA recommends the implementation of the RNAO (2006), *Healthy Work Environments, Best Practice Guidelines, Collaborative Practice among Nursing Teams* as a framework for building collaborative practice in a work environment that is experiencing a rapid rate of change and the composition, context and structure of new teams.

RN practice entails a high level of critical thinking that allows for nursing care to be provided in a variety of practice settings, for clients with stable to highly critical and rapidly changing needs. The roles and responsibilities of the RN increases "to provide the full range of care, assess changes and re-establish priorities and determine the need for additional resources" (CNO, 2011, p.11) in any practice setting when the client care situation becomes more complex (e.g., client care is unpredictable and rapidly changing, has systemic or a wide range of responses, signs and symptoms are subtle and difficult to detect, there is a high risk of negative outcomes etc.), and the environment more dynamic (e.g., changing practice supports, resource stability, etc.). The SRNA provides scope of practice statements as a supplement to the scope of practice documents. The statements are to further guide RNs in their practice responsibilities when working collaboratively with other health providers in complex care settings when there is a variation in the acuity needs of clients. All RNs are responsible to be familiar with the RN scope of practice documents and their application to their work roles and the practice setting where they are employed.

This scope of practice statement addresses:

- **the fundamental roles and responsibilities of RNs when working with other health care providers in an acute care setting where cardiac monitoring (e.g., surveillance, telemetry) is performed; and**

- **the criteria required by the RN to practice in this setting (including but not limited to: critical care, progressive or step down units, emergency departments, operating rooms, etc.).**

What is cardiac monitoring?

The cardiac conduction system controls the rate and direction of electrical impulse conduction in the heart. The goals of continuous cardiac monitoring have shifted from simple heart rate and arrhythmia monitoring to identification of ST-segment changes, advanced arrhythmia identification, diagnosis, and treatment (White Winters, 2005, p. 582, 587). The purpose of cardiac monitoring, (e.g., telemetry) is to detect important variations including life threatening arrhythmias to facilitate early therapeutic interventions (Winnipeg Regional Health Authority, 2012). Cardiac monitoring entails in-depth knowledge of cardiac diseases or disorders (eg., chest pain, congestive heart failure, acute coronary syndrome, syncope, electrolyte disorders, pulmonary disease/respiratory distress and others), and technological expertise to detect complex dysrhythmias (Chen & Hollander, 2007). Competencies for this RN practice area include but are not limited to: the ability to manage computerized technology to recognize, interpret and respond appropriately to the client's condition; validate the client's condition with a thorough assessment; and detect subtle warning signs of the client's condition that may not trigger a monitor's alarm (Drew et al., 2004).

Post-entry to practice RN competency

Cardiac monitoring is a RN specialty practice that utilizes a procedure. Specialty practices include skills, treatments or interventions that are within the scope of the RN, have competencies that are built upon an entry-to-practice RN education program and are identified as present, new and evolving RN practices (SRNA, 2015). When employed in a practice setting where cardiac monitoring is required, the RN will require post entry-to-practice competencies including but not limited to: ECG abnormalities, general electrophysiologic concepts, proficiency in monitoring skills and the type of monitoring system that is used, specific methods of documentation, and other skills (Drew et al., 2004).

Roles and responsibilities for RNs at the point of care

To ensure safe, competent, ethical RN client care, the following criteria are required:

- The RN practices according to the current SRNA scope of RN practice documents (eg., *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses*; *CNA Code of Ethics for Registered Nurses*; *Standards for Registered Nurse Specialty Practices*; *Joint Statement on RN Clinical Protocols between the College of Physicians and Surgeons of Saskatchewan (CPSS) and the Saskatchewan Registered Nurses' Association (SRNA) on Clinical Protocols*) and other SRNA documents as appropriate.

- The RN is responsible for the initial and ongoing client care assessment in this practice setting where client care can change rapidly, and the RN is required to provide rapid assessments and implement immediate actions.
- As part of the responsibility for the coordination of client care and assigning care, the RN (eg., RN, RN team leader, charge RN, etc.) must base the assignment on: a current client assessment; the complexity of the common diseases/disorders that require cardiac monitoring; the acuity level of the client's condition; the availability of staff for consultation and assistance; the assigned care providers: scope of practice, level of competence to provide the required care; and the type of client they can be assigned. Geographical assignment for client care that is based on the layout of a ward is not appropriate when working with care providers who have different roles and responsibilities, and different scopes of practice.
- If clinical protocols have been approved by the agency employer, registered nursing and medical personnel, and the RN has the appropriate competencies, the RN may independently implement a clinical protocol (e.g., defibrillation for a specific arrhythmia) without a client-specific order. For additional information on clinical protocols refer to the SRNA 2015 documents, *Standards for Registered Nurse Specialty Practices; Joint Statement on RN Clinical Protocols between the College of Physicians and Surgeons of Saskatchewan (CPSS) and the Saskatchewan Registered Nurses' Association (SRNA) on Clinical Protocols*.

Criteria for RN practice in the cardiac monitoring setting

- RN managers and RN clinical educators are obliged by the standards and competencies of RN practice to provide client care delivery processes including policy and evidenced-informed education that supports the roles and responsibilities of RNs at the point of care. The document, *Standards for Registered Nurse Specialty Practices (2015)* provides additional criteria for policy and education to support specialty practices.
- Agency policies, procedures, clinical protocols and role descriptions (e.g., job descriptions) set out the roles and responsibilities of the RN in a practice setting. These documents cannot expand the scope of practice of the RN beyond the SRNA's interpretation.
- The RN must receive additional education that focuses on the appropriate competencies for cardiac monitoring including but not limited to: operation of the monitoring equipment, cardiac rhythm monitoring techniques, the interpretation, and management of patient care needs with various cardiac conditions, (e.g., ability to respond to clients experiencing cardio-respiratory arrest, provide defibrillation/cardioversion, manage symptoms of bradycardia/tachycardia,

syncope, malfunctioning implanted devices, application of temporary pacing, etc.).

- The education is obtained from an evidenced-informed course offered by a qualified professional who has the competencies within their own scope of practice and have acquired the appropriate credentials through additional education (e.g., formal education or expert certification).
- Appropriate education includes didactic content, hands-on practice, and return demonstration (Drew et al., 2004) and the subsequent certification validates the RN has the required competencies.
- The agency policy includes the roles and responsibilities that are specific for each of the care providers who work in the setting. This includes: role descriptions that outline their roles and responsibilities, clear lines of reporting authority between care providers, ensuring regular communication between providers is established, etc. This includes established contingency plans (e.g., RNs are unavailable, the ability for the RN to call in additional staff, etc.) to ensure adequate staffing levels to provide the expected level of care.
- Adequate resources are provided that include human, equipment and services (e.g., access to physicians for client specific orders, laboratory, etc.) that allow RNs to meet their standards of practice and provide safe client care.

Resources

The SRNA Practice Advisors are available to provide consultation to RNs and employers at practiceadvice@srna.org; Regina (306)-359-4200; or Toll free: 1-800-667-9945.

References

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