

Registered Nurse Scope of Practice Statement Roles and Responsibilities for RNs Working in Long-term Care

The mandate of the SRNA is to ensure safe, competent, ethical registered nursing for the people of Saskatchewan. The SRNA supports the 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 collaborative practice between RNs, RN(NP)s, physicians, pharmacists and other health professionals; and interprofessional collaborative practice between RNs, RPNs and LPNs. Depending on the practice setting, and the type of resident care conditions, the competencies within the scope of practice for various regulated health professionals may overlap. Where this occurs, it is important that clear roles and responsibilities, and good communication between all health professionals are established. The SRNA recommends the RNAO (2006), *Healthy Work Environments, Best Practice Guidelines, Collaborative Practice among Nursing Teams* as a framework for building collaborative practice in work environments experiencing rapid changes including the composition, context and structure of teams. Further, pending the completion of a Saskatchewan-focused Collaborative Framework document, SRNA recommends utilizing the following documents in order to make evidence-based decisions about most appropriate care provider based on client needs, health care providers, and environment:

- Canadian Nurses Association (2012), *Staff Mix: Decision-making Framework for Quality Nursing Care*;
- Draft – Decision-making Framework – Quality Nursing Practice; and
- Collaborative Guiding Principles.

Background

A recent report of Regional Health Authority (RHA) Chief Executive Officers (CEO) Long Term Care Facility Visits identified a number of quality-of-care concerns (Government of Saskatchewan, 2014). Also, in the recent report from Ombudsman Saskatchewan (2015), there were a number of general quality of care concerns and broad recommendations that the Ministry of Health, in consultation with the health regions and other stakeholders outlined. This included the need to: (a) identify the care needs of current and future long-term care residents, (b) identify the factors affecting the quality of long-term care delivery, and (c) develop and implement a strategy to meet the needs of long-term care residents and to address the factors affecting the quality of long-term care in Saskatchewan; and make the strategy public. The RN scope of practice, breadth and depth of education, and knowledge, skill and judgment, positions RNs to take leadership roles in working with residents, families, employers, and health care professionals to improve the nursing care concerns in these reports.

Introduction

The SRNA provides scope of practice statements as a supplement to the RN scope of practice documents. The statements are to further guide RNs in their practice responsibilities when working collaboratively with other health providers in care settings where there is a variation in the health needs of residents. All RNs are responsible to practise according to the RN scope of practice documents, standards and competencies, and all SRNA scope of practice documents.

This scope of practice statement addresses:

- **some of the fundamental roles and responsibilities for RNs¹ providing care to residents in long-term care (LTC) settings (e.g., special-care homes) and when working with other health care providers in a LTC setting. Additional roles and responsibilities arise from the standards and competencies for the practice of registered nurses.**

RNs' contribution to long-term care

In Saskatchewan, the term “special-care home” refers to a nursing home or other facility designated by the government, and is operated by a Regional Health Authority (RHA), or an affiliated or contracted agency of a RHA. Special-care homes provide long stay, respite, day program, convalescence, and palliative care services (Government of Sask, 2013b). The health care needs of the residents are complex ranging from chronic conditions with multiple co-morbidities, chronic pain, debilitating physical and mental illnesses, end-of-life care, individuals requiring technology for life function, and others. The majority of residents are elderly; however younger individuals with various health conditions and disabilities also reside in the homes. Special-care homes employ various care providers RNs/RPNs/LPNs, Unregulated Care Providers (UCPs) and other health care professionals. Sections (4) and (7) of *The Housing and Special Care Homes Regulations*, support 24 hour RN coverage in special care homes (Government of Saskatchewan, 2011). The SRNA position statement on 24 hour RN coverage supports this regulation and further advocates that due to the nature of care that is required by LTC residents, it is necessary that a visible presence of RNs practising at the point of care occurs at all times.

RN practice entails a high level of critical thinking that enables care to be provided in a variety of practice settings, for residents with stable to highly critical and rapidly changing needs. The roles and responsibilities of a RN increases “to provide the full

¹ In LTC, RPNs will assume similar roles and responsibilities as RNs. RPNs should consult their regulatory body for specific guidance.

range of care, assess changes and re-establish priorities and determine the need for additional resources” in any practice setting as the client’s care 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), and the environment more dynamic (e.g., changing practice supports, resource stability) (CNO, 2011, p.11). Additionally, RNs are expected to form therapeutic relationships that may involve working with challenging family dynamics, residents with impaired decision-making abilities and other situations. The roles and responsibilities of RN practice are unique based on what RNs are educated and authorized to perform, which is different from those of other care providers. Therefore, the RN role is not interchangeable with other care providers.

Fundamental responsibilities for RNs in administration/managers²

- Are obliged by the RN standards and competencies and code of ethics to provide policies and procedures that support models of care and staff skill mix that are safe for residents, and adhere to the scope and standards of practice for RNs and all care providers under their employment. This includes appropriate scheduling of staff and established contingency plans (e.g., RNs are unavailable, the ability for the RN to call in additional staff when required) to ensure adequate staffing levels exist to provide the required level of care.
- Conduct a risk assessment to mitigate potential concerns for resident and staff safety, and ensure appropriate oversight of staff members occurs and is supported in policy. This includes communication regarding the clear lines of reporting authority between care providers (e.g., who is responsible when the point of care RN is not in the facility to coordinate care), and ensure there are opportunities for regular communication between all care providers to provide updates on residents.
- Are knowledgeable of an individual resident’s care plan when providing supervision and assuming responsibility for the residents.
- Ensure agency policies, procedures, and job descriptions clearly articulate the roles and responsibilities for a RN at the point of care and for all care providers. Role descriptions for each care provider are specific, and clearly delineate each care provider’s responsibilities.
- Ensure adequate resources (e.g., human, equipment and services) are provided that allow RNs and other care providers to meet their standards of practice and provide safe resident care.

² In settings where a non-RN is the administrator/manager, the individual is responsible to ensure they are familiar with the RN scope and standards of practice, and ensure a RN is available at all times for appropriate clinical consultation when it is required.

- Ensure appropriate orientation, education and training for all staff. Ongoing education should be provided to ensure health care providers obtain information including current best practices for residents experiencing different health care needs, new models of care, communication methods and others.
- Provide care provider evaluations and take corrective action for substandard performance. Non-RN managers are responsible to ensure alternate processes are in place to provide an evaluation to a RN on his/her clinical practice.
- Routinely assess the effectiveness of care delivery models (staff skill mix) and implement when appropriate, any changes utilizing evidence-informed research.
- Advocate for residents and their care needs, and adequate support for the staff.

Fundamental responsibilities for RNs at the point of care

- Are obliged by the RN scope of practice, standards and competencies, and code of ethics to provide safe, competent and compassionate care for residents, and families.
- Utilize RN competencies and clinical expertise to deliver specialized evidence-informed gerontological care to residents who are frail elderly, special needs, cognitively impaired, have dementia and others.
- Are responsible to complete the initial resident care assessment and use the nursing process (assessment, planning, implementation and evaluation) to deliver care.
- Are responsible to ensure each resident has a holistic care plan that is individualized, evidence-based, and current.
- When assuming the role of charge RN, ensure the appropriate assignment of staff to resident care needs occurs, and re-assign residents to the appropriate care provider as the resident care needs change, become unstable and/or unpredictable. Charge RNs or point of care RNs are not accountable for the actions of others, when they have no way of knowing of those actions (CNO, 2011). However, a RN is accountable for his/her own actions in relation to the action of others, and must provide appropriate supervision, and re-assign resident care when the resident's needs become complex (e.g., unstable and unpredictable) and beyond the assigned care provider's scope of practice or job description and competencies.
- Assume greater oversight of the resident (e.g., care responsibilities) when the assigned care provider requests or requires assistance with providing care. The RN will need to ensure he/she has an understanding of the resident's health needs and care plan.
- Provide supervision and support to staff to ensure residents obtain appropriate care and take appropriate action as stated in the employer policy when substandard care occurs.

- Ensure the delegation of activities to an UCP is appropriate and safe for a resident.
- Provide information and education to a resident and his/her family/or significant other as appropriate.
- Advocate for residents' safety and care needs.

RN roles in the long-term care setting

The following provides additional guidance on specific competencies that are expected of all RNs practicing in LTC settings.

1) Leadership

Leadership is a foundational competency of RN practice and is essential for ensuring quality health care outcomes for residents. In LTC, a RN has both formal (e.g., CEO, director, manager, in-charge RN) and informal (e.g., RN at the point of care) leadership roles. As a leader, a RN wears identification with first and last name, demonstrates professionalism, and is visible and available to residents and families to provide information and education as required. RNs provide leadership when working collaboratively with other professionals and co-workers by providing clear communication, support and being an advocate. Leadership characteristics and skills demonstrated by a RN include: skilled communication, trust, respect, conflict resolution, mentorship, professionalism, and others. The RNAO document, *Developing and Sustaining Nursing Leadership, Best Practice Guideline* (2013) is a resource that a RN can use to enhance his/her leadership skills.

2) Coordination of care

Section 2(k) of *The Registered Nurses Act* (1988) identifies that RNs are responsible for the coordination of resident care in all settings. The coordination of care by a RN is multi-functional that includes responsibilities for: completing comprehensive physical and mental health assessments; identifying, monitoring and reporting changes in a residents health; assigning care to the appropriate care provider; planning, implementing and evaluating an individualized care plan; providing health teaching and counselling; delegating appropriate nursing interventions; collaborating with other care providers in the management of a resident health care; and other responsibilities as outlined in the current SRNA, *Standards and Foundation Competencies for the Practice of Registered Nurses*.

3) Assignment and delegation

Assignment and delegation are two responsibilities performed routinely by RNs in the LTC setting. Assignment of resident care is a decision regarding the most

appropriate care provider for the provision of a resident's care. The RN (charge RN or RN at the point of care) retains accountability for the appropriate assignment and oversight of resident care. Geographical assignment for resident care that is based on the layout of a ward is not appropriate when working with care providers who have different scopes of practice, foundational education, and roles and responsibilities or function within a job description.

Delegation is based on a number of factors including: a current resident assessment; the complexity of a resident's health that requires monitoring; the acuity level of the resident's condition; the availability of staff for consultation and assistance; the assigned care provider's: scope of practice, level of competence to provide the required care, and the type of resident they can be assigned; and other factors as appropriate. RN scope of practice responsibilities cannot be delegated away in entirety to another care provider, and "blanket delegation" of a number of tasks to an UCP is unsafe for a resident and should not occur.

A RN cannot assume an UCP has the knowledge and judgment to perform any procedure that is performed by a RN (CNO, 2013). A RN is responsible to determine when it is appropriate to delegate a task to an UCP, and have first-hand knowledge of an UCP's competence to perform the task. Activities that cannot be delegated include but are not limited to: developing a nursing care plan, administering medications, administering oxygen, inserting urinary catheters, performing sterile or invasive procedures. Additional information on assignment and delegation are found in the current SRNA document, *Interpretation of the RN Scope of Practice*, (2015).

4) Supervision and teaching

Supervision is the active process of directing, assigning, delegating, guiding and influencing the outcome of an individual's performance of an activity. Supervision in this sense is not the same as management responsibilities (CNO, 2013). RNs coordinate care and are accessible to staff when they have been assigned to this role. The RN (charge or point of care) who assigns the task must also supervise the UCP who is performing a task. Depending on the task assigned the supervision can be direct or indirect, however a RN is responsible to ensure an UCP communicates with him/her regularly about the resident's status.

Teaching involves providing the appropriate education to an UCP to complete a task. UCPs do not have practice standards or educational preparation to do RN

activities, therefore they will require an adequate amount of information to perform a task safely. The RN providing the education is responsible to ensure the UCP has obtained the appropriate knowledge and has demonstrated he/she can perform the task. A RN should periodically observe an UCP's performance of a task to ensure it is being performed appropriately and is safe for the resident.

5) Advocacy

Residents who reside in a LTC facility are a vulnerable population due to their high dependence on others for assistance with many activities of daily living and maintaining a quality life. RNs as ethical practitioners use “an ethical decision-making framework to identify ethical responsibilities and resolve ethical dilemmas” (ARNNL, 2013). RNs collaborate with residents and families and advocate on their behalf when they cannot do this themselves. As an advocate, a RN works with others to address health care issues that impact the safety and quality of care of residents. The CNA, *Code of Ethics for Registered Nurses* (2008), provides additional guidance for the RN's role with advocacy.

6) Full optimization of RN scope of practice

The SRNA supports the optimization of the RN role in LTC settings. With the changing landscape of health care there are many opportunities to fully utilize RN expertise in this practice setting. The SRNA encourages RNs to obtain the CNA specialized certification in Gerontology or access other continuing education resources, and to use best practice guidelines to maintain competence in this area.

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.

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