



# **Registered Nurse (Nurse Practitioner) Practice Standards**

Effective December 1, 2017

## Overview of Standards

As a self-regulating profession, Saskatchewan Registered Nurses' Association (SRNA) sets the professional standards for Registered Nurse (Nurse Practitioner) [RN(NP)] practice in Saskatchewan. Practice standards are developed in collaboration with RN(NP)s and provide the public, educators, government, employers and other health care providers information on what to expect of RN(NP) practice in Saskatchewan.

A standard is a desired and achievable level of performance against which actual performance can be compared. Standards are broad statements and are the minimal requirements for RN(NP) practice. RN(NP) standards assist the practitioner to make safe and effective decisions in their nursing practice.

RN(NP) practice standards are reviewed every five years or revised as required to reflect new developments in RN(NP) practice. SRNA staff rely on feedback from SRNA council members, employers, key stakeholders, RNs and RN(NP)s to ensure the documents reflect current practice.

The current SRNA *Registered Nurse (Nurse Practitioner) Practice Standards* are used in addition to the SRNA *Registered Nurse (Nurse Practitioner) Entry-Level Competencies*. These two documents replace the following:

- *Registered Nurse (Nurse Practitioner) RN(NP) Standards and Core Competencies*, (2011).
- *Clinical Expectations for RN(NP)s*, (2003).

## Responsibilities

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### Individual RN(NP)s

RN(NP)s are responsible for understanding the practice standards and applying them to their practice, regardless of their role, setting or area of practice. As self-regulating professionals, RN(NP)s are responsible to act professionally and be accountable for their own practice. This accountability is not relieved by agency policies of employers or other organizations.

### SRNA Responsibilities

In addition to developing standards and competencies, and approving RN and RN(NP) education programs, the SRNA promotes patient safety and supports RN(NP) practice by providing confidential consultation to assist RNs and RN(NP)s with practice issues. The SRNA does not restrict the practice setting in which an RN(NP) practices. However, it does limit the RN(NP) to practise within the RN(NP) specialty as defined in the current SRNA *Bylaws* in which they are licensed.

### Guiding Principles for RN(NP) Practice

The guiding principles include key values and assumptions regarding RN(NP) practice in Saskatchewan (SRNA, 2010).

- RN(NP) practice standards are built on the SRNA RN(NP) entry-level competencies.
- RN(NP)s are accountable for the knowledge, skills, abilities and judgment necessary to independently provide a full range of comprehensive health care services to clients, families, communities and the public.

- The competencies for the RN(NP) will be progressive, always evolving, encompassing a wide range of nursing knowledge, skills, experience and judgment.
- The scope of practice of the RN(NP) encompasses the activities for which the RN(NP) is competent to perform, and is influenced by the setting in which they practise, and the needs of the clients.
- The RN(NP) maintains accountability for competencies inherent to the RN(NP) role.

## Standards for RN(NP) Practice

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### Standard 1 - Professional Responsibility and Accountability

The RN(NP) is responsible for professional conduct and accountability in all areas of practice. The RN(NP) will:

1. Maintain a current SRNA licence to practise as an RN(NP) in Saskatchewan.
2. Demonstrate professional conduct and competence while practising in accordance with the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses* and the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses*.
3. Practise safely and competently in accordance with the SRNA *RN(NP) Entry-Level Competencies* and SRNA *RN(NP) Practice Standards*.
4. Practise in accordance with federal and provincial legislation relevant to RN(NP) practice. (See Appendix A for some of the federal and provincial legislation).
5. Practise in accordance with agency policy that pertains to RN(NP) practice.
6. Practise in accordance to SRNA guidelines.
7. Maintain competence in clinical RN(NP) practice through independent and continuing education opportunities.
8. Assist in developing medical directives for RN specialty practices.
9. Demonstrate professional judgment and clinical reasoning.

### Standard 2 - Knowledge-based Practice

RN(NP)s are knowledgeable of advanced practice clinical judgment and clinical reasoning and practise safely, competently, and ethically. The RN(NP) will:

10. Understand the full legislated scope of practice for RN(NP)s and apply that knowledge to practise.
11. Understand the role and scope of other team members as it relates to safe, quality patient care.
12. Demonstrate clinical decisions and treatments based on best available evidence and evidence-informed knowledge.
13. Demonstrate the use of evidence-informed practice, evidence from experiential practice and bases decision-making on the client's condition and context of care.
14. Perform client-centred care and collaborate with interprofessional health care providers for optimal patient outcomes.

### Standard 3 - Ethical Practice

The RN(NP) utilizes the principles in the current *Code of Ethics for Registered Nurses* for professional judgment and practice decisions (Canadian Nurses Association, 2008). The RN(NP) “engages in critical inquiry to inform clinical decision-making, establishes therapeutic, caring, and culturally safe relationships with clients and the health care team” (SRNA, 2013, p. 15). The RN(NP) will:

15. Practise in accordance with the federal and provincial privacy legislation.
16. Demonstrate culturally appropriate individual, family, and community-centered care.
17. Recognize and manage potential or actual breaches of confidentiality or conflict of interest.
18. Utilize mechanisms in place to prevent prescription fraud or diversion.
19. Not obtain any personal reward or benefit from prescribing or dispensing medication.
20. Not diagnose, treat or prescribe for oneself, friends, co-workers, or family members that the RN(NP) determines is not under their authority to treat and when other physicians or RN(NP)s are available.

### Standard 4 - Service to the Public

The RN(NP) ensures all care is comprehensive and in the interest of the clients. The RN(NP) “protects the public by providing and improving health care services in collaboration with clients, other members of the health care team, stakeholders, and policy makers” (SRNA, 2013, p. 16). The RN(NP) will:

21. Protect the public by providing and improving safe health care services.
22. Work with agencies/organizations to improve standards of care when they do not meet the needs of the client, or do not reflect best practice.
23. Collaborate with clients to coordinate care and set priorities for the overall coordination of care.
24. Collaborate with interprofessional health care providers for optimal client outcomes.
25. Make every effort to ensure processes are in place for follow up of care needs in a timely manner.
26. Not use their professional designation to endorse or advertise products.

### Standard 5 - Self-Regulation

The RN(NP) “demonstrates an understanding of professional self-regulation by advocating in the public interest, developing and enhancing own competence and ensuring safe practice” (SRNA, 2013, p. 17). The RN(NP) will:

27. Understand the difference between the RN and RN(NP) scope of practice and assume accountability for the additional competencies required to practise as an RN(NP).
28. Perform skills and activities that are within the scope of practice of the RN(NP) and that the individual RN(NP) is competent to perform.
29. Restrict practice activities to the RN(NP) specialty in which the RN(NP) is licensed.
30. Practise in accordance with SRNA standards and guidelines, and agency policies to maintain safe record keeping of client health records.

31. Contribute to the development and revision of RN(NP) competencies, standards, guidelines and other documents relevant to RN(NP) practice.
32. Engage in ongoing professional development.
33. Complete the continuing competence requirements as outlined by the SRNA.

## Standard 6 - Therapeutic Management

The RN(NP) integrates evidence-informed knowledge to synthesize assessments and diagnostic findings in order to determine appropriate therapeutic management for clients. The RN(NP) will:

34. Perform a comprehensive and focused health assessment appropriate to the client's situation and condition.
35. Synthesize health assessment information utilizing appropriate assessment tools and critical inquiry.
36. Order, perform, receive and interpret screening and diagnostic tests in accordance with SRNA *Bylaws* when providing evidence-informed client care.
37. Make an accurate diagnosis based on appropriate differential diagnosis, analysis and interpretation of all relevant findings.
38. Formulate a plan of care based on client preferences, assessments, diagnosis and evidence-informed practice.
39. Prescribe and dispense medications in accordance with the SRNA *Bylaws* in consultation with the client.
40. Prescribe medications utilizing best practice information systems such as the Saskatchewan Pharmaceutical Information Program.
41. Participate in the *Saskatchewan Prescription Review Program* in accordance with the SRNA *Bylaws* based on diagnostic results, dialogue with the client, and assessment outcomes.
42. Proactively review medication profiles and make appropriate adjustments to medication to ensure optimal patient outcomes.
43. Participate in ongoing communication of health assessment findings, diagnoses, and therapeutic management.
44. Perform minor surgical and invasive procedures in accordance with the SRNA *Bylaws* that are relevant to client needs.
45. Monitor, evaluate, and revise therapeutic interventions in collaboration with client goals, preferences, health status and outcomes.
46. Document all pertinent findings and patient outcomes.
47. Consult with a collaborating physician and other health care professionals when client care needs are beyond the legal scope of RN(NP) practice or beyond individual RN(NP) competence.
48. Question agency standards of care when standards or policies do not reflect the needs of the client or best practice.
49. Discuss with clients and families any concerns that may impact the RN(NP)-client relationship.
50. Advocate for processes to be in place for critical and non-critical laboratory and diagnostic test results to facilitate follow up in a timely manner.

## References

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## Resources

- All SRNA documents can be found at [www.srna.org](http://www.srna.org)
- Association of Registered Nurses of Newfoundland and Labrador. (2013). *Standards for nurse practitioner practice in Newfoundland and Labrador*. Retrieved from [https://www.arnnl.ca/sites/default/files/Standards\\_for\\_NP\\_Practice\\_in\\_NL.pdf](https://www.arnnl.ca/sites/default/files/Standards_for_NP_Practice_in_NL.pdf)
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Saskatchewan Registered Nurses' Association. (2014c). *Family physicians and nurse practitioners working together for patient-centered care*. Regina, SK: Author.

## Appendix A

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### Federal Legislation

Federal acts and regulations that are relevant to RN(NP) practice:

This is not an exhaustive list.

- *New Classes of Practitioner Regulations, Food and Drug Act and Regulations, Controlled Drugs and Substances Act* relating to federal legislation of controlled drugs and substances.
- *The Food and Drug Act* relating to the distribution of drug samples.

### Provincial Legislation

All current provincial acts and regulations that are relevant to RN(NP) practice can be found at the Publications Saskatchewan website available at:

<http://www.publications.gov.sk.ca/freelaw/>

This is not an exhaustive list.

- *The Ambulance Act* and *The Ambulance Regulations* relating to the provision of ambulance services in Saskatchewan.
- *The Attending Health Professionals Regulations* relating to authority of nurse practitioners to treat in-patients and out-patients.
- *The Cancer Agency Act* relating to the provision of cancer care services.
- *The Child and Family Services Act* relating to the wellbeing of children in need to protection.
- *The Coroners Act* and *The Coroners Regulations* relating to Coroner involvement when there is a death.
- *The Drug Schedules Regulations* relating to the prescriptive authority of health care providers (part of *The Pharmacy and Pharmacy Disciplines Act*).
- *The Emergency Medical Aid Act* relating to non-liability for the provision of emergency medical services or first-aid assistance.
- *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act* relating to duty to report if believe person less than 18 is subjected to sexual abuse.
- *The Gunshot and Stab Wounds Mandatory Reporting Act and Regulations* relating to reporting by health employees to the police.
- *The Health Administration Act and Regulations* relating to vaccines, laboratories, medically related transportation, programs for physical disabilities, alcohol and drug abuse programs and obligation to disclose information to minister, aids to independent living, end-stage renal disease and paraplegia and drug plan medical supplies.



- *The Health Care Directives and Substitute Health Care Decision Makers Act* relating to health proxies.
- *The Health Information Protection Act* and *The Health Information Protection Regulations* relating to collection, storage, use and disclosure of personal health information.
- *The Hospital Standards Act and Regulations* relating to the operation of hospitals including RN(NP) authority to complete medical history prior to surgery.
- *The Human Tissue Gift Act* relating to post-mortem gifts of human tissue.
- *The Licensed Practical Nurses Act* relating to the practice of licensed practical nurses.
- *The Mandatory Testing and Disclosure (Bodily Substances) Act and Regulations* relating to the mandatory testing of bodily substances for communicable diseases.
- *The Mental Health Services Act and Regulations* relating to mental health services.
- *The Midwifery Act* relating to the practice of midwives.
- *The Prescription Drugs Act* relating to the acquisition and distribution of drugs by practitioners and formulary drugs.
- *The Public Health Act* relating to communicable diseases, disease control, newborn screening and public health.
- *The Regional Health Services Act* relating to the delivery of health services, establishing and governing health regions and regional health authorities.
- *The Registered Nurse Act* relating to the practice of registered nursing.
- *The Saskatchewan Assured Income for Disability Regulations* relating to the long-term income support for individuals with disabilities.
- *The Traffic Safety Act* relating to suspension of the person's driver's licence.
- *The Vital Statistics Act* and *The Vital Statistics Regulations* relating to vital statistics, medical certificate of death and registration of stillbirth.
- *The Workers' Compensation Act* relating to compensation for injured workers.

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## Notes

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