

NB: Anaesthetic RN Policy has been incorporated into this policy

Policy Applies to:

All Mercy Hospital Nursing staff

Related Standards:

Health Practitioners Competency Assurance Act (HPCA) 2003

Cultural Considerations

Will use communication tools with individuals and whānau, in a way that is culturally appropriate and accessible to them

Nurses are required to demonstrate competency for cultural aspects of care throughout every stage of patient care. In Mercy Hospital, it is expected that within their scope of practice, nursing staff will communicate with individual patients and/or whānau, in a way that is understood, and that is acceptable and accessible.

Furthermore, Māori patients will be cared for following the principles outlined in the Te Whare Tapa Whā model of Māori wellbeing. This involves addressing the physical (taha tinana) whānau, spiritual (wairua), and mental health (taha hinengaro) aspects of care. Local Māori healthcare providers will be consulted if required.

Rationale

Mercy Hospital is committed to providing a safe healthcare environment for patients and health professionals. Patients have the right to be cared for by competent health professionals with the appropriate level of skill to meet their health needs and health professionals have the responsibility to practice within their scope of practice.

Nursing Council New Zealand: determines nurse's scope of practice to ensure competence and public safety.

Under the HPCA Act, every nurse has a scope of practice. The scopes of practice at Mercy Hospital include:

- Registered Nurse (RN)
- Enrolled Nurse (EN)
- Expanded Practice Roles identified by Mercy Hospital – Anaesthetic Nursing roles
- Nurse Practitioner (NP)

Definitions

Scope of Practice: The boundaries in which a health care provider may practice. It outlines the procedures, actions, processes and qualifications that define a nurse's practice.

Accountability: The acceptance of personal responsibility for the decisions and actions taken, or not taken, as an RN or EN. Each RN and EN is accountable for their practice. Being accountable means being answerable, chargeable, culpable, liable and responsible. Refer to page 5 'Guideline: responsibilities for direction and delegation of care to enrolled nurses.'

Direction: The active process of directing, guiding, monitoring and evaluating the nursing activities performed by another. This is provided:

- **Directly:** when the RN is actually present and observes, works with and directs the person.
- **Indirectly:** when the RN works in the same facility or organisation as the supervised person but does not constantly observe his/her activities. The RN must be reasonably accessible. This includes ensuring the person being supervised knows how, when and where to obtain assistance and further direction. An EN must be able to name the RN providing supervision.

Delegation: The transfer of responsibility for the performance of an activity from one person to a competent other with the former retaining accountability for the outcome. Delegation includes residual supervision.

For more information on understanding terminology refer to page 6 'Guideline: responsibilities for direction and delegation of care to enrolled nurses.'

Duty of Care

RN's and EN's must work within their scope of practice, recognising the boundaries of their qualifications, practicing certificates and/or endorsements, NZ laws and the policies of Mercy Hospital.

Extension of Practice

Extension of practice refers to the performance of tasks previously performed by another group.

Expansion of Practice

Expansion of the RN scope of practice occurs when a nurse with demonstrated expertise assumes responsibility for a health care role which is currently outside of their original scope of practice. Expanded practice may include areas of practice that have not previously been in the nursing realm or has been the responsibility of other health professionals e.g. nurse led discharge.

Responsibilities

Refer to page 8, 9 & 10 'Guideline: responsibilities for direction and delegation of care to enrolled nurses.'

Objectives: to ensure that:

- Nurses at Mercy Hospital are supported to work within their scope of practice
- Nurses understand and demonstrate the parameters of direction and delegation
- Patients are cared for by appropriately qualified staff who work within designated boundaries
- Nurses understand where to access information on how to progress their chosen education pathway.

Implementation

Nursing staff are responsible for their own efforts and ability to demonstrate ongoing competence as per Nursing Council of New Zealand. Specifically how they demonstrate Professional Responsibility, Provision of nursing care, Interpersonal relationships, Inter-professional health care and quality improvement.

Registered and enrolled nurses accept responsibility for ensuring their nursing practice and conduct meet the standards of professional, ethical and relevant legislative requirements.

Nursing staff will

Within 3 months of commencing work

1. Complete the healthLearn course 'Direction and Delegation'
Read & subsequently refer to NCNZ Guidelines for Direction and Delegation of Enrolled nurses (as referred to in the online course)
 2. Read internal guidelines and policy related to nursing scope of practice
Nursing Scope of Practice Policy and appendices, PDRP policy, PDRP Guide
- Have an agreed date for PDRP submission within 6-12 months of commencing work
 - be aware of, 'Professional Development Opportunities', document
 - be made aware of the appraisal process, and opportunity to discuss professional development opportunities during this time, including 'Mercy Hospital Professional Development Opportunities', document. The process for attending study days or other activities will be explained by senior staff in the area.
 - be supported to advance through post graduate education or other pathways, should they choose.

Evaluation

- Annual audit (Clinical Records Audit) acknowledges Registered Nurse oversight of Enrolled Nurses.
- Annual Practising Certificate process acknowledged by all RN and EN stating that all NCNZ competencies are met.
- All RN and EN demonstrate a minimum of 'competent' level through the PDRP process within 6-12 months of commencing work in Mercy. Competency 1.3 (see below) requires evidence of the direction, monitoring and evaluation of nursing care provided by nurse assistants, enrolled nurses and others.
- Te Kahui Kokiri Matanga PDRP Levels of Practice Definitions & PDRP completion records
- Direction and Delegation quiz completion – survey monkey summary of completion per department
- Direction and Delegation healthLearn course, hospital wide completion report
- Annual requirement (Nursing surgical assistants) for updated CV (relevant to practice)/Indemnity Insurance (EA to COO collates).

Internal

- Professional Development Opportunities document
- Nursing Model of Care/Clinical Handover Policy
- Mercy Hospital Professional Development and Recognition Program Policy
- Annual Revalidation form
- PDRP Guideline Mercy Hospital
- Human Resources Guidelines – Section 5, Learning and Development
- Clinical staff Training Document
- Job Description Registered Nurse Assistant to the Anaesthetist, RN, EN, NP
- Credentialing Policy

SCOPES OF PRACTICE

Registered Nurse

‘Registered nurses use their professional knowledge, judgment and skills to make decisions in partnership with health consumers based on their best interests. Registered nurses are responsible for ensuring enrolled nurses have the knowledge and skills to undertake delegated nursing activities. They should inform health consumers when they are delegating aspects of nursing care to enrolled nurses.’

Competency 1.3:

- *Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurse assistants and others.*

The Nursing Council definition of the Registered Nurse scope of practice is:

Registered Nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practice independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct Enrolled Nurses and Nurse Assistants. They provide comprehensive nursing assessments to develop, implement and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered Nurses may practice in a variety of clinical contexts depending on their educational preparation and practice experience. Registered Nurses may also use this expertise to manage, teach, evaluate and research nursing practice.

Direction and Supervision

Registered Nurses must exercise professional judgement regarding the degree of direction and supervision, in the delegation of responsibilities to EN’s. The extent of the direct or indirect supervision depends on the complexity of nursing skills and judgement involved.

EN’s must be aware of the limitations of their role and be willing to accept the direction and supervision and to know when and whom to contact while remaining accountable for their own practice.

The RN is responsible for directing, monitoring and evaluating the nursing care delivery of EN’s. Specifically, the RN is responsible for:

- ensuring the EN is competent for the task. For some tasks it may be necessary to achieve a set of competencies
- assigning the EN’s appropriate workloads and giving adequate instruction
- receiving from PACU those post-operative patients who have received a general anaesthetic that have been allocated to an EN.
- oversight of first set of observations on RTW
- ensuring adequate support is available to the supporting RN to enable direction, monitoring and evaluating the nursing care of the EN.
- communicating with the EN throughout the shift to discuss patient’s progress, review and alter the plan of care if necessary

Documentation & Countersigning notes

EN's are delegated the care of patients.

The EN remains accountable if they act negligently, practice outside of their scope or fail to consult with others as and when required.

The RN must countersign the typical documentation used for nursing notes in that area for the period of care;

- Inpatients - Trend Care, in the allocate nurse workloads screen
- Operating Theatre - Perioperative Record
- Manaaki - Endoscopy Record

Observation charts must be countersigned at the beginning and end of the shift

Supervising RN..... [signed]

The signature/allocation is a means of identification of who was the supervisor and that the supervision has occurred, it is not indicative of what care was provided.

Expanded scope of practice for an RN at Mercy Hospital:

Nursing Council of New Zealand Guideline: Expanded Practice for Registered Nurses Sept 2010/Amended Jan 2011

Competencies for Expanded Practice

The following competencies have been developed to describe the skills and knowledge of nurses working in expanded practice roles. These competencies are additional to those that already describe the registered nurse scope of practice. A nurse working in an expanded practice role would need to meet both.

- Demonstrates initial ongoing knowledge and skills for specific expanded practice role/activities through postgraduate education, clinical training and competence assessment.
- Participates in the evaluation of the outcomes of expanded practice, e.g. case review, clinical audit, multidisciplinary peer review.
- Integrates and evaluates knowledge and resources from different disciplines and health-care teams to effectively meet the health care needs of individuals and groups.

Nurses who are practising in an expanded scope are expected to declare this when they apply for the Annual Practising Certificate and to demonstrate and document how they meet these competencies

They will be assessed as part of a professional development and recognition programmes (PDRP).

Registered nurses use their professional knowledge, judgment and skills to make decisions in partnership with health consumers based on their best interests. Registered nurses are responsible for ensuring enrolled nurses have the knowledge and skills to undertake delegated nursing activities. They should inform health consumers when they are delegating aspects of nursing care to enrolled nurses.

Enrolled Nurse

‘Enrolled nurses must accept responsibility for their actions and decision making within the enrolled nurse scope of practice.

Enrolled nurses are responsible for ensuring they have the knowledge and skills to perform nursing care before accepting responsibility.’ NCNZ

EN Competency 1.3 requires that ENs

- *Demonstrate understanding of the enrolled nurse scope of practice and the registered nurse responsibility and accountability for direction and delegation of nursing care.*

The Nursing Council definition of the Enrolled Nurse scope of practice is:

Enrolled Nurses practise under the direction and delegation of a registered nurse, or nurse practitioner, to deliver nursing care and health education across the health span to health consumers in community, residential, or hospital settings. Enrolled nurses contribute to nursing assessments; care planning, implementation and evaluation of care for health consumers and/or families/whanau. The registered nurse maintains overall responsibility for the plan of care. Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumer’s conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their competence.

Skill Mix

ENs must work in an area or be rostered as part of a team that provides adequate RN skill mix and coverage to ensure appropriate direction.

- The EN must be able to identify the RN who is directing, monitoring and evaluating nursing care.
- Night shift staffing, an Enrolled nurse may be the second nurse on night shift if the acuity of the patients is such that the standard of safe care is not compromised.
- The five rights of delegation guide the planning will be considered by the nurse in charge and will be considered when allocating future workloads
 - Right task
 - Right circumstance
 - Right person
 - Right supervision
 - Right direction and communication

Enrolled Nurses practice under the delegation and direction of an RN.

The EN will be able to name the RN responsible for directing, monitoring and evaluating their nursing care & demonstrate knowledge and skill in carrying out the assigned nursing care.

The EN will carry out tasks delegated to them unless they believe the delegated task is:

- Beyond their scope of practice or beyond their ability to carry out in a safe manner.
- detrimental to the patient outcomes
- Against Mercy Hospital policy.

The EN will

- Inform the delegating RN if they are unable to perform the delegated task.
- Communicate with the supervising RN throughout the duty to discuss patient's progress and participate in the planning of patient care.
- Inform the RN of any significant change in the patient's health status that may occur.

The EN is responsible to ensure that

- Documenting Supervision has occurred in the Perioperative Record, Endoscopy record in Theatres, the RN directing sign the observation chart at the beginning or end of the shift that they are the supervising RN ***Supervising RN.....[signed]***
- The signature/allocation identifies the supervisor and that the supervision has occurred it is not indicative of what care was provided.
- The EN remains accountable if they act negligently, practice outside of their scope or fail to consult with others as and when required.

ENs practice in a team care model, where they work with an RN to care for a group of patients. The RN may delegate patient care to the EN.

Delegating nursing care to others is outside the scope of EN practice.

The EN is wholly accountable for their practice within the framework established by their delegator.

Enrolled nurse restricted scope of practice

The scope of practice for enrolled nurses changed in 2010, giving existing EN the scope to make a broader contribution to health services and give greater support to registered nurses. The broader scope of practice is practiced by EN who have been competence assessed against all 18 competencies.

Enrolled Nurses now have to complete an 18 month programme, covering all competencies.

Criteria to consider prior to allocating patients to an Enrolled Nurse:

At all times, the Shift Leader or Associate Charge Nurse will be involved in patient allocation decisions regarding EN workload

Pre-planned allocation

Pre-planned allocation of patients to an Enrolled Nurse, is decided prior to procedure, intervention or operation. At any stage the patient may require an escalation in care needs.

Communication during transitions in care, from one department to another, is a vital component of staff and patient safety, whilst considering safe allocation of patients to EN. Any changes in patient status will be communicated to the receiving department as soon as is practicable as well as during handover.

The following patients, surgeries and procedures will not be allocated to EN

Patient Status – for example the following patients.

- Complex patients – as discussed with Shift Leader/ACN/CNM.
- Patient groups where, during or immediately after, the planned procedure or operation, require an increased complexity of care required. This includes commencement of unplanned PCA in recovery.
- Patients with an unstable / unpredictable airway

- In Manaaki sedation levels of patient will be decided on a case by case basis as appropriate. This involves discussion between OT nurse and nurse in charge.

Surgery Type – for example the following surgeries.

- Cardiac Surgery
- Interventional Cardiology
- Diagnostic angiograms
- Neurological surgery
- Bowel resection
- Gastric Bypass
- Radical prostatectomy (day of surgery and day 1)
- TRAM Flap (day of surgery and day 1)
- Major orthopaedic (e.g. fusion / joint replacement) on day of surgery

Procedure Type – for example the following procedures.

- Any interventions that the EN/RN believe to be out of the scope of practice of an EN.
- Acute CPAP (EN may look after domiciliary CPAP)
- Blood transfusion or re-infusion (EN may carry out safety checks prior to blood administration, but may not set the blood up, nor connect it). EN may carry out observations for the transfusion after training, but the observations must be monitored by the allocated RN.
- CVC / PICC / Arterial Line
- Epidural infusion
- Inotrope Infusions
- Insulin Infusion
- Cardiac monitoring
- Extra Ventricular Drain

Advice after discharge (phone call)

- Will be managed by the Registered Nurse.

The following procedures may be allocated to the EN:

Following appropriate support and training by allocated senior nursing staff CNE, CNS, NP,ACN.

Flushing Cannula

- EN can flush IV cannula with saline after completion of training with CNE, ACN, NP or CNS.
- Practice will be monitored and evaluated by the supervising RN.

Intravenous Fluids

- Enrolled nurses can care for patients with an infusion of maintenance fluids if trained.

Patients with a PCA

- May be allocated to EN when it is highly likely the patient will have the PCA removed on that shift
The EN is not to manage the PCA pump
Pump issues are to be directed to the RN.
PCA specific observations are to be monitored by the RN
- The RN or EN can decide to re-allocate that patient at any time following discussion with the person in charge of the shift.

Receiving patients from PACU

- Patients allocated to an EN may be collected without the RN being present
- A full, systematic handover will be given to the EN by the PACU nurse
- If the EN feels the patient is not within their scope of practice they will call for the RN and both will discuss with the shift leader/ACN/CNM.
- The EN and RN will review the patient together within 10 minutes of returning to the ward, this will be documented.

Blood Transfusion

- The EN may take Blood Transfusion observations following training. The RN is responsible for monitoring the observations
- The EN may check blood transfusions once training has been completed.

Matanga tapuhi Nurse Practitioner

Matanga tapuhi Nurse Practitioner are clinical leaders with advanced education, clinical training and legal authority to practise beyond the level of a registered nurse.

Nurse Practitioners in Mercy Hospital work autonomously, and collaboratively with the wider interdisciplinary team, influencing health service delivery to patients across the hospital, including the provision of education to clinical teams. They are responsible for the admission and discharge process for patients with complex needs. They utilise advanced nursing knowledge and skills, cohesively with diagnostic reasoning and therapeutic knowledge to provide patient centred healthcare.

Provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence and admitting and discharging from hospital and other healthcare services/settings

As clinical leaders they work across healthcare settings and influence health service delivery and the wider profession.

Anaesthetic Registered Nurse

Works within the set knowledge and skills framework which builds upon the core competencies of a registered nurse.

Associated Documents & References

External

- Health Practitioners Competence Assurance Act 2003
- Nursing Council of New Zealand, *Competencies for Entry to the Register of Nurses*, Wellington: 1999.
- Nursing Council of New Zealand, *Code of Conduct for Nurses and Midwives*, Wellington: 1999.
- Code of Conduct for Nurses (2012)
- Scopes of Practice Registered Nurse – NCNZ 2007
- Scope of Practice Enrolled Nurse – NCNZ May 2010
- EN PDRP level Indicators for Nursing Council Competencies relating to appraisal
- Nursing Council of New Zealand: Employment of EN's within acute settings
- Nursing Council of New Zealand: Guidelines on Direction and Supervision.
- Nursing Council of New Zealand: Guideline; responsibilities for direction and delegation of care to enrolled nurses May 2011
- Nursing Council of New Zealand: Guidelines on Direction and Supervision.
- Nursing Council of New Zealand Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice, 2011
- Nursing Council of New Zealand Code of Conduct 2010.
- PDRP level indicators & levels of practice definitions for RNs & ENs
- Nurse Practitioner Scope of Practice, Nursing Council of New Zealand
- Competencies for the matanga tapuhi nurse practitioner scope of practice (TeKaunihera Tapuhi o Aotearoa Nursing Council of New Zealand) 2017
- Perioperative Nurses College, NZNO. Registered Nurse Assistant to the Anaesthetist
- Te Tiriti o Waitangi, Nursing Council of New Zealand website

Internal

- Professional Development Opportunities (2020) Director of Clinical Services, available on SharePoint.