

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

Registered Nurse Assistant to the Anaesthetist (RNSS)

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 nurses 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 - Surgical Assistants, Anaesthetic RN

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.

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 but 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.

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. One example is peripheral intravenous cannulation, traditionally performed by Medical staff only.

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

Objectives: to ensure that:

- Nurses at Mercy Hospital are supported to practice within their scope of practice.
- There is a process for expanding the RN scope of practice
- Nurses understand the parameters of their scope and the supervisory requirements.
- Patients are cared for by appropriately qualified staff who work within designated boundaries.

Implementation

Education: all nurses employed at Mercy Hospital will:

- Ideally during orientation, complete the Direction, Delegation and Supervision self-directed learning package
- Be supported to advance through post graduate education should they choose.

Evaluation

- HealthLearn database – records completion of the Direction, Delegation, and supervision self-directed learning package.
- Annual audit is completed as part of the clinical records audit, checking the observation charts for RNs signature signing off supervising an EN.
- PDRP is a mandatory process at Mercy Hospital. Competency 1.3 requires evidence of the direction, monitoring and evaluation of nursing care provided by nurse assistants, enrolled nurses and others. Competency 1.1 refers to Professional Responsibility including currency of annual practicing certificate.
- Annual requirement (Nursing surgical assistants) for updated CV (relevant to practice)/Indemnity Insurance.

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

Internal

- Mercy Hospital Professional Development and Recognition Program (PDRP) Policy
- EN Job Description
- RN Job Description
- Nursing Model of Care/Clinical Handover Policy
- Human Resources Guidelines – Section 5, Learning and Development
- Credentialing Policy.

NURSING SCOPES OF PRACTICE

Registered Nurse

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

Registered Nurses utilize 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.

Competency 1.3 requires that RN's:

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

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. Refer Nursing Council Direction and Supervision Guideline (NCNZ website).

The RN is responsible for directing, monitoring and evaluating the nursing care delivery of EN's. The RNs are:

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

Inpatients

- * In Trend Care in the Allocate Nurse Workloads screen.
- * OT – On the Perioperative record
- * Day stay Unit – Trend Care in the allocate patients screen
- * Manaaki on the nursing notes of the EPR.

In addition to the above:

Documenting Supervision has occurred when:

- ◆ EN's are delegated the care of patients, this includes documentation in the Perioperative Record, Endoscopy record in Theatres, or in the wards the RN directing that care must sign once only on the observation chart at the beginning or end of the shift that they are the supervising RN *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. The EN remains accountable if they act negligently, practice outside of their scope or fail to consult with others as and when required.

Enrolled Nurse

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 consumers conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their competence.

EN Scope of Practice - Competency 1.3 requires ENs to:

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

Application of the EN Scope

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.

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.
- ◆ Be able to demonstrate knowledge and skill in carrying out the assigned nursing care.
- ◆ Carry out tasks delegated to them unless they believe the delegated task is:
 - Beyond their scope of practice
 - Beyond their ability to carry out in a safe manner
 - Detrimental to the patient outcomes
 - Against Mercy Hospital policy.
- ◆ 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.

- 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).

RNAA See appendices

Enrolled Nurse Extension of Practice

Extended practice for the EN at Mercy Hospital applies those ENs who have transitioned to the updated Scope of Practice (2012). Extension of Practice includes saline flush of intravenous cannula, after completion of training with Clinical Coordinator. Practice is monitored and evaluated by the supervising RN. Other extension includes collecting patients from PACU and caring for patients with an infusion of maintenance fluids or PCA.

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

Patients with a PCA

- May be allocated when it is highly likely the patient will have the PCA removed on that shift
- The RN or EN can decide to re-allocate that patient at any time
- The EN is not to manage the PCA pump; pump issues are to be directed to the RN.

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
- The EN and RN will review the patient together within 10 minutes of returning to the ward.

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 following patient group are not allocated to the EN

- Cardiac Surgery
- Angiogram / angioplasty
- 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
- Patients with an unstable / unpredictable airway
- Other patient groups where their intra operative or immediate post-operative course has increased their complexity. (This change of complexity will need to be communicated via PACU).

Patients with the following interventions are not allocated to the EN

- Blood transfusion or re-infusion
- CVC / PICC / Arterial Line
- Epidural infusion
- Inotrope Infusions
- Insulin Infusion
- Acute CPAP (domiciliary CPAP is fine)
- Cardiac monitoring
- Any interventions that the EN/RN believe to be out of the scope of practice of an EN.

Advice after discharge

Will continue to be managed by the Registered Nurse.