

SASKATCHEWAN

RN

ASSOCIATION

Resolving Professional Practice Issues: A Toolkit for Registered Nurses

Effective: November 5, 2019





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The Saskatchewan Registered Nurses Association (SRNA) would like to acknowledge and credit the College of Registered Nurses of Nova Scotia (CRNNS) for granting us permission to quote and adapt their publication *Resolving Professional Practice Issues: A Toolkit for Nurses*, 2017.

Introduction

As a Registered Nurse (RN), you are held accountable and responsible for making decisions that are consistent with safe, competent and ethical practice. Nursing practice environments are complex and challenging places to work. The acuity of clients is high, their care needs are complex, shortages of both human and material resources occur, and the workplace is constantly in a state of change.

Given this environment, RNs and employers have an obligation to advocate for conditions that support ethical nursing practice, including quality practice environments—for the benefit of persons receiving care and for each other (CNA, 2017). A professional practice issue (PPI) impacts both clients and others in the workplace.

All RNs have a responsibility to provide leadership in the identification and resolution of PPIs. Leaders who engage in meaningful dialogue with RNs to identify issues that risk client safety, and then follow through to resolve the issue, model their commitment to positive client outcomes (Wong, 2015).

Research shows that effective nursing leadership results in positive client outcomes (Al-Dossary, 2017). Effective RN leaders can influence and empower others. Leadership “includes providing direction and support, motivating, coordinating, collaboration, effective communication and advocating for patients to achieve optimal patient outcomes” (Davidson, et al., 2006; Wong & Cummings, 2007; James, 2010).

What is a Professional Practice Issue (PPI)?

A PPI is:

- Any situation that puts clients at risk; and,
- Interferes with your ability to uphold your professional standards of practice, code of ethics, employer policies and/or other best practice clinical standards.

A PPI is generally beyond your ability to resolve independently and requires collaborative resolution within the workplace.

Purpose of the Toolkit

The purpose of the toolkit is to provide several tools and a five-step framework that will support you while you work towards resolution of a PPI in your context of practice.

Basic Principles when Resolving PPIs

- Be specific and factual in defining and presenting the issue. Focus on the risk to the client and on the barriers to providing safe, ethical care and upholding professional standards.
- Once the PPI is identified, start with verbal communication. Keep detailed notes of discussions held and actions taken.
- If written communication is required, keep a record of all correspondence. Treat all documentation of the process as confidential.
- Work collaboratively in a respectful and professional manner to resolve the issue at the lowest appropriate level, involving others only as required. If resolution is not achieved and the concern must be escalated to a higher level in the organization, keep the manager informed.
- Resolution is not always immediate. Continue to respectfully and diligently work to improve client care and to resolve the issue. Follow up if a response has not been received in a timely manner, or there is no evidence of resolution.

If there is an imminent risk to client safety as a result of any PPI, steps to ensure client safety need to be taken immediately and the manager must be notified.

You are accountable to:

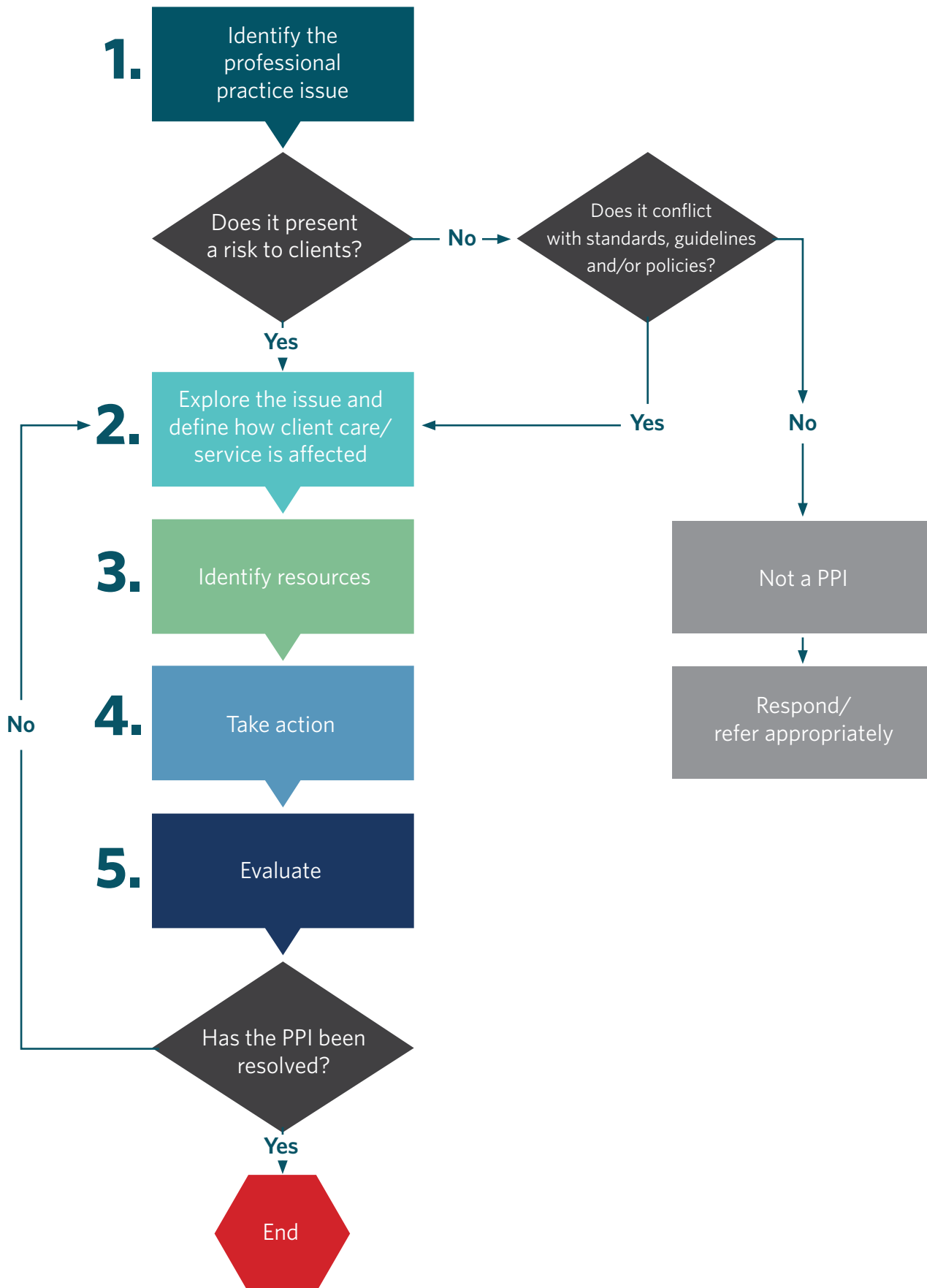
- Clients for any actions or non-actions;
- The public, by maintaining standards and competencies of nursing practice as set out by the SRNA and using appropriate routes of communication to inform the employer when unable to meet those standards; and,
- The employer by working within the agency policies and procedures guided by SRNA standards.

Employers are responsible for ensuring that:

- Action is taken to examine situations and resolve issues they identify or have been brought to their attention;
- There are sufficient numbers of competent RN staff to safely meet client care needs;
- There is an appropriate staff mix (combination and number of regulated and unregulated persons providing direct and indirect care to clients); and,
- There are adequate resources and support services to enable RNs to meet the SRNA *Registered Nurse Entry-Level Competencies, Registered Nurse Practice Standards* and *Code of Ethics for Registered Nurses*.

Professional Practice Issues Resolution Framework

The following framework is a guide you can follow by answering the questions included in the framework. Each of the five steps are explained in more detail in this document.



Step 1: Identify the Professional Practice Issue (PPI)

Are you experiencing a PPI?

The first step in addressing a PPI is being able to identify the issue.

1. Consider the following questions:
2. Does the issue present a risk to clients?
3. Does the issue affect all clients or an individual client?
4. Does the issue interfere with your ability to practice according to the *Registered Nurse Entry-Level Competencies, Registered Nurse Practice Standards* and/or *Code of Ethics for Registered Nurses*?

If you have answered **Yes** to one or more of the preceding questions, you may have identified a PPI.

Step 2: Explore the Issue and Define How Client Safety Was Affected

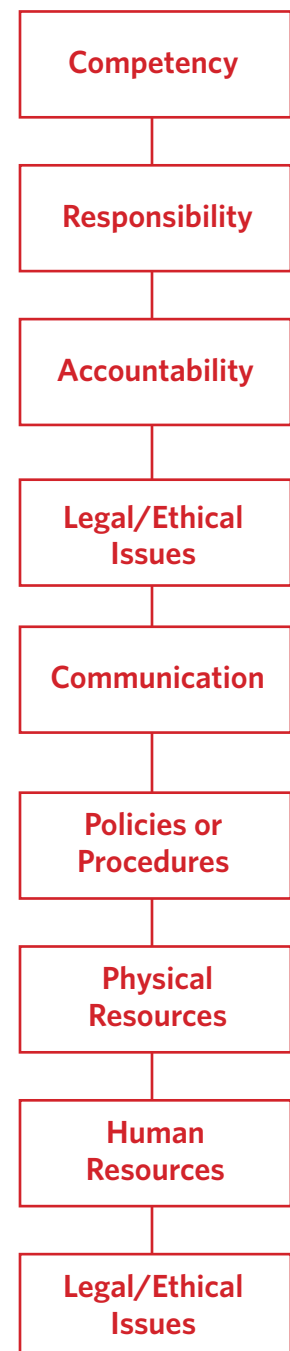
When defining how client care was affected by the PPI, you need to reflect on the situation and look at it objectively. You also need to gain the perspective of others who were witness to or have firsthand knowledge of the issue. Gathering the perspectives of others will help you gain clarity of the situation/issue.

The following questions will help you to reflect on the situation and determine if what has occurred is a PPI. Refer to Appendix A for Tool 1: Questionnaire.

1. Was a client put at risk?
2. Did the occurrence affect your ability to practice according to the *Registered Nurse Practice Standards, the Code of Ethics for Registered Nurses* or agency policies and procedures?
3. What factors contributed to the PPI? For example, staff shortage, staff mix, shortage of equipment or workload.
4. Was client safety compromised because staff did not have adequate orientation, education or experience to deal with the situation?
5. Was there a conflict or communication problem among professionals?
6. Do you or others have the skills to address the PPI or should assistance have been sought?
7. Who else was affected by the PPI and what were their perspectives?
8. Did agency policies or procedures, or the lack of, contribute to the PPI?
9. Is the PPI a recurring event? If yes, why?

Once the PPI has been fully explored and information gathered, create a detailed description of the PPI. Include such details as the date, time, people involved and how the PPI has affected clients, your nursing practice and others' nursing practice. See Appendix B for a tool to assist you in linking the issue to professional practice expectations.

Include any factors that have contributed to the PPI. These factors may include any of the following:



Step 3: Identify Resources That Could Be Helpful in Resolving a PPI

Now that you have a good understanding of the PPI, the next step is to identify resources that could be helpful as you work to resolve the issue.

Internal supports:

- Charge nurse
- Manager
- Clinical educator
- Colleagues
- A mentor
- Human resources

External supports:

- SRNA Practice Advisor
- Canadian Nurses Protective Society (CNPS)
- The Saskatchewan Union of Nurses (SUN) or other union
- Employee Assistance Program (EAP)

Resource documents:

- *The Registered Nurses Act, 1988*
- *Registered Nurse Entry-Level Competencies*
- *Registered Nurse Practice Standards*
- *Code of Ethics for Registered Nurses*
- *Agency policies and procedures*

This list is not exhaustive. There may be other resources that are appropriate depending on your context of care and the PPI that is being addressed.

See Appendix C for a tool to assist you in determining the organizational structure in your practice environment.

Step 4: Take Action

Now that you have collected your data/information and have identified resources to assist you in taking the PPI forward, it is time to take action.

Take the issue to the manager. Provide your manager with an **objective** and **detailed description** of the PPI. Inform the manager how the PPI did or could have affected the safety of the client, and/or how your ability to practice according to the *Registered Nurse Practice Standards* has been affected.

When discussing the PPI, frame the conversation using the SRNA *Registered Nurse Practice Standards*. This will help keep the conversation focused on an RN's professional responsibilities. Collaborate with the manager to determine how you could be part of the resolution of the PPI.

Bring possible solutions to the manager meeting. Appendix D includes a brainstorming tool that may assist in developing potential solutions.

During the meeting, keep notes to record the date of the meeting, the issue, the agreed action to resolve the issue, person responsible for taking action and the date actions will be completed. Appendix E includes a tool you can use to document the meeting.

Follow up the discussion with a letter or memo to the manager. In your letter, be sure to stress the importance of the PPI and indicate a reasonable date you would like to hear back from the manager. A sample letter and memo are included in Appendix F.

For RN managers, you may receive a letter or memo from another RN. Suggested templates for responding to an identified PPI are included in Appendix G.

Step 5: Evaluate – Has the PPI Been Resolved and Next Steps

An evaluation needs to be completed to determine if the PPI has been resolved and how your actions have impacted the issue. If the PPI was addressed with the help of others, they also need to be a part of the evaluation process. The evaluation will help to ensure that the PPI has been addressed. Depending on the issue, a resolution may not be immediate. This should be considered in the evaluation process.

Should the manager determine they are the most appropriate person to manage the PPI, ask the manager to inform you when it has been addressed. The manager may not be able to provide you with detailed information as to how the PPI was resolved due to confidentiality and may only be able to tell you the PPI has been addressed. Should the PPI reoccur, inform your manager.

If during the evaluation phase you determine that the PPI was not resolved, take a step back and consider why it was not resolved.

Ask yourself the following questions:

- Did you clearly identify the issue?
- Were you able to define how and when client care was affected?
- Were the right people involved in the discussions and attempts to resolve the issue?
- Is there evidence that your manager took steps to resolve the issue?
- What could you have done differently?

Once you have considered the above questions, you need to choose your next steps.

If the PPI persists, you will need to act until the PPI is addressed. Further action may include:

- If you have not yet met with the manager, request a meeting to discuss the PPI.
- If you have already met with the manager and the PPI persists, ask to meet again to determine when a resolution is likely to occur.
- Consider discussing the PPI with the next level of management in your agency.
- Contact an SRNA Practice Advisor.

This toolkit provides a framework for RNs to resolve PPIs that impact client safety and the RN's ability to practice within the *Registered Nurse Practice Standards*. By addressing PPIs, RNs ensure safe, competent, compassionate and ethical practice, and the trust that the public holds for the nursing profession.

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Appendix A Tool 1: Questionnaire

State the issue:

Working collaboratively with others in your practice environment can help strengthen issue identification and resolution. It may be an issue that can be addressed with the assistance of your manager, Occupational Health and Safety Committee, professional association or union. Use this tool to reflect and record your thoughts to help define the PPI.

	Yes	No	Notes
Was a client put at risk?			
Did the occurrence affect your ability to practice according to the <i>Registered Nurse Practice Standards</i> and the <i>Code of Ethics for Registered Nurses</i> or agency policies and procedures?			
What factors have contributed to the PPI? For example, staff shortage, staff mix, shortage of equipment, workload.			
Is client safety compromised because staff does not have adequate orientation, education or experience to deal with the situation?			
Is there a conflict or communication problem among professionals that contributed to the PPI?			
Do you have the skills to address the PPI or should you seek the help of others?			
Who else is affected by the PPI and what are their perspectives?			
Do agency policies or procedures, or the lack of, contribute to the PPI?			
Is the PPI a recurring event? If yes, why?			

Appendix B Tool 2: Linking the Issue to Professional Practice Expectations

Agency and unit involved:

Date:

Name and professional designation of staff working at the time the PPI occurred:

When? (Date & Time)

What happened? (Describe the concern, be factual and concise)

What were the circumstances? (What else was happening at the floor/unit/ward? Be factual and concise)

What action was taken? (What did the RN do to safeguard the client? Who was notified?)

What are the SRNA *Registered Nurse Entry-Level Competencies* and *Registered Nurse Practice Standards* associated with the issue? For example, Standard 3: Ethical Practice - # 26 - Practicing in accordance with the current CNA *Code of Ethics for Registered Nurses*

- [SRNA Registered Nurses Entry-Level Competencies](#)
- [SRNA Registered Nurse Practice Standards](#)

Given to:

Date response received:

Date:

Response received from:

Response was:

Signature of RN:

Information included in this tool is confidential. Do not include client names.
Keep a copy for your records.

Appendix C Tool 3: Organizational Chart

Understanding the organizational structure of your workplace will help you document the flow of communication to different members of the administrative team in your practice setting.

Date Notified		Charge Nurse	
Date Notified		Supervisor	
Date Notified		Manager	
Date Notified		Director	
Date Notified		Chief Nursing Officer	
Date Notified		Vice President of Program Area	
Date Notified		Chief Executive Officer	
Date Notified		Practice Advisor SRNA (call at any point)	
Date Notified		Other	

Appendix D Tool 4: Brainstorming Tool

When solutions are offered to address PPIs, a collaborative and efficient resolution can occur. Use this tool to brainstorm potential solutions and create an action plan to take to a meeting with a manager.

Possible Solutions to Resolve the PPI	Potential Positive Outcomes	Potential Negative Outcomes	Check Which Option is the Best Approach

Develop a plan outlining the actions you will take and when you will implement the chosen solution(s).

Solution	Action	Responsible Person	Date

Appendix E Tool 5: Meeting Notes

The goal of sending documentation to your manager is to provide data so the issue can be examined, and a solution developed to resolve the issue. To accomplish this, communication needs to happen between you and your manager either by verbal feedback from your manager, or through a meeting with the manager and other relevant individuals. Regardless, it is important to document the feedback from the manager.

If a meeting is held, both the agenda and minutes are part of the documentation of the process:

- Decide who will chair the meeting;
- Outline the agenda;
- Appoint a minute taker; and,
- Minutes should include the date of the meeting, names of the attendees, the issue discussed, actions to resolve the issue, who is responsible for the agreed action and when it will be completed.

At the meeting, a follow-up that includes what outcome/evaluation occurred needs to be determined and documented.

A template for documenting the meeting is provided below.

Date	Issue	Action to Resolve Issue	Name of Person Responsible for Taking Action	Date Action(s) will be Completed

Appendix F Tool 6: Sample Template Letters/Memos

Sample letter from RN to Manager to address PPI

1234 Main Ave.
Regina, SK
S9N 6X5

March 28, XXXX
Mrs. Betty Smith, RN
Manager, Emergency Department
Community Hospital
Community, SK
S4H 7B9

Dear Mrs. Smith:

I wish to report the following professional practice issue. During the last two weeks, three clients have been admitted to the Emergency Department following abdominal surgery. These incidents occurred:

March 13, XXXX at 1900 hrs.

March 18, XXXX at 1700 hrs.

March 25, XXXX at 2100 hrs.

In each case, the post-surgical clients required 1:1 nursing care by an RN. This left two RNs to triage incoming clients and provide nursing care for the remaining 15 clients.

On each of the three occasions, I was on duty as the senior RN. Each time, different RNs were working the department with me.

In reviewing the SRNA Registered Nurse Practice Standards, there are three Standards that relate to these incidents:

1. Standard 2 – Knowledge-Based Practice: #2 – Applying a knowledge base from nursing in the practice of registered nursing.

On March 13, I was not able to assess my clients on an ongoing basis. As a result, I believe that I was not providing adequate care and clients were potentially at risk for untoward outcomes.

2. Standard 2 – Knowledge-Based Practice: #20 – Evaluating the effectiveness of nursing interventions at the point of care to modify and individualize care.

As a result of not having time to properly assess my clients I would not have been able to meet this competency should a client have started to deteriorate.

3. Standard 1 – Professional Responsibility and Accountability: #7 – Advocating and intervening in the client’s best interest, and acting to protect client, self, and others from actual or perceived harm.

I notified the nursing supervisor on all three occasions to request another experienced RN due to the acuity of the clients in the unit. The nursing supervisor sent recent graduates to assist who lacked Emergency Department experience, required the supervision of a senior RN and therefore were unable to independently provide care.

One client/patient who is well known to our area was admitted to the department. The patient, Mr. A. D. has a chronic health problem which results in severe abdominal pain during periods of flare-up. His family physician had examined him and left orders for blood work and analgesia. There were nine other patients in the department. I admitted another patient before returning to administer analgesia to Mr. A. D. At this time, his blood pressure was very low, and he was exhibiting symptoms of shock. He subsequently required emergency surgery for a perforation.

On each of these occasions, the post-operative patient reduced the beds available for emergency patients and depleted the nursing staff available to provide nursing care for emergency admissions. On each occasion, a new, inexperienced nursing staff member was sent to the department.

According to hospital policy, our usual practice has been to transfer post-surgical patients to a surgical ward for post-operative management rather than admit them to emergency.

In view of the recurrent nature of this problem, I am requesting investigation of these situations with a view to preventing similar occurrences in the future.

I look forward to receiving a response from you by April 7, XXXX.

Sincerely,

John Doe

John Doe, RN

Sample memo from RN to Manager to address PPIs

Staff Nurse
Community Hospital
Emergency Department

TO: Mrs. Margaret Estes, RN
Director of Resident Care

FROM: Jane Doe, RN
Staff Nurse

DATE: March 25, XXXX

SUBJECT: Professional Practice Issue

This memo is a follow-up to our discussions regarding my concerns related to insufficient staffing and the inability to provide our residents with safe, competent nursing care. During the last two weeks, three residents have fallen in our facility.

These incidents occurred:

March 13, XXXX at 1900 hrs.

March 18, XXXX at 1700 hrs.

March 25, XXXX at 2100 hrs.

In each case, because the other RN called in ill, there was only one RN to provide professional nursing care for the residents in the facility. This left one RN to provide nursing care for the 90 residents and to provide supervision for the resident care aides. On each of the three occasions, I was the only RN on duty.

In reviewing the SRNA Registered Nurse Practice Standards, there are several Standards that relate to these incidents.

1. Standard 4: Service to the Public: #40 – Providing and supporting leadership in optimal coordination and provision of care.

On March 13, I had to administer the 1600, 2000 and 2200 hrs. medications to the 90 residents by myself. This took a total of 4 1/2 hrs. There were 18 treatments to do plus answering the phone and dealing with unexpected events in the facility. I was not able to complete the required treatments and I was unable to assess any of the residents. As a result, I provided minimum supervision for the continuing care assistant staff. I believe this was unsafe.

2. Standard 3: Ethical Practice: #34 – Taking action to create a safe work environment that contributes to healthy teams and optimal client outcomes.

On each occasion I discussed my concern with you before you went off duty. Each time you indicated that there was “nothing more that can be done.”

In view of the recurrent nature of this problem, I am requesting investigation of these situations with a view to prevent similar occurrences in the future.

I look forward to receiving a response from you by March 31, XXXX.

Jane Doe,
(Signature)

Appendix G Tool 7: Responding to PPI reports

Sample letter from Manager to RN to address PPIs

April 20, XXXX

Ms. Jane Doe, RN
1234 Main St.
Regina, SK. S9N 6X5

Dear Ms. Doe:

I have reviewed your letter dated March 28, XXXX, regarding your concerns about your ability to practice within the Standards as outline in the SRNA Registered Nurse Practice Standards. I also understand you have concerns about patient safety.

I want to thank you for taking the time to bring this to my attention and I want to reassure you that I take your concerns very seriously. I would like to meet with you to further explore the issue(s) and work collaboratively to address your concerns.

Additionally, I have taken your concerns to the Senior Leadership Team so that they are aware of the Professional Practice Issue(s) you have identified.

Please contact me at (306) 555-0000 to arrange a time to meet.

Sincerely,
Betty Smith, RN

Mrs. Betty Smith, RN
Manager, Emergency Department
Community Hospital
Community, SK. S4H 7B9

Sample letter from Manager to RN to address PPIs

April 20, XXXX

Ms. Jane Doe, RN
1234 Main St.
Regina, SK. S9N 6X5

Dear Ms. Doe, Ms. Smith and, Ms. Green:

Thank you for your letter dated March 28, XXXX. I have reviewed your concerns about being able to practice in accordance with the SRNA Registered Nurse Practice Standards. I take your concerns very seriously. I have met with the Senior Leadership Team to make them aware of your concerns.

After much consideration and consultation with others in the organization the following strategies will be implemented:

1. The nursing manager will by
2. The Senior Leadership Team will by
3. The nursing supervisor will by

Please contact me at (306) 555-0000 to arrange a time to meet.

Sincerely,
Betty Smith, RN

Mrs. Betty Smith, RN
Manager, Emergency Department
Community Hospital
Community, SK. S4H 7B9



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