



Registered Nurse Specialty Practice Guideline

Effective: June 11, 2020

Background

In 2014, the College of Registered Nurses of Saskatchewan (CRNS) created the RN Specialty Practices (RNSP) model that optimizes Registered Nurse (RN) practice in the interest of the public. This occurs through employer implementation of the RNSP model. Within the model, the employer determines the specialized knowledge and skills required by RNs for the specific RNSP.

RNSPs are beyond entry-level competency and within the scope of RN practice in Saskatchewan. Developed using current best evidence, RNSPs are deemed by the employer and direct care RNs to be in the best interest of the individual client or client population in a particular practice setting. RNSPs are established through employer development and implementation of RN Clinical Protocols only when appropriate resources are available in the client's environment, and all associated risks have been considered. The RN competency requirements, including related education, are defined by the employer within the RNSP. The RNSP model supports optimal client care when all essential components are in place.

The RNSP model can apply to all who are in the RN category in Saskatchewan. There is no additional designation beyond RN for those providing specialty practices. The model supports a proactive approach with the client at the centre and the RN at point-of-care as expert in the practice area. The model is designed to be nimble to meet the evolving client needs and approaches in an interprofessional health care environment.

Purpose

The CRNS develops guideline documents to support the professional practice of its members in the interest of the public. The purpose of this guideline is to provide direction for practice with an RNSP model and to support practice that is consistent with the current CRNS *Registered Nurse Practice Standards*, *Registered Nurse Entry-Level Competencies* and Canadian Nurses Association's *Code of Ethics for Registered Nurses*.

The RN Specialty Practices Model

In all practice settings across Saskatchewan, RNs play a key role in providing optimal care leading toward the best possible health outcomes for individual clients and client populations. Employers support this care through the provision of resources and the creation of policies for specific practice environments. Interprofessional communication, collaboration and coordination are critical to achieving these outcomes. The RNSP model applies to RNs who are licensed to practice in Saskatchewan and provides the opportunity for all RNs to safely and competently optimize their scope of practice in the interest of the individual client or client population.

RNs have the obligation to uphold the current standards, competencies and code of ethics as a foundation for their practice. As such, RNs use reflective decision-making, critical thinking and clinical reasoning to determine the appropriateness of implementing the RNSP. This includes determining the associated risks, contraindications, and potential intended or unintended outcomes. RNs must ensure the RNSP is within their scope of practice and that they have the level of competency to safely engage in the particular RNSP.

Graduate Nurses (GNs) cannot independently perform RNSPs. When GNs have successfully completed the employer-provided education and have the required competencies to safely perform the RNSP, they may do so under the direct supervision of an RN who has employer approval to perform the RNSP.

RNs cannot assign RNSPs to non-RNs. There may be components within a specialty practice that are within the scope of other health care professionals. RNs work collaboratively with others to meet the care needs of the client in a safe, competent and client-centred manner.

RN Clinical Protocols

RNSPs are enabled through RN Clinical Protocols which are created collaboratively by RNs and their employers. RN Clinical Protocols are approved by the employer prior to implementation of the practice. RNSPs must be supported by an overarching employer policy that indicates that RNs may provide RNSPs unique to their practice setting.

RN Clinical Protocols are developed by RNs and health professionals directly involved in the care, who are the experts in their fields and are in the best position to collaborate with others to make decisions about how to optimize care and influence health outcomes in their practice areas. Collaboration with RNs in other similar practice settings in Saskatchewan may also be beneficial to strengthen and standardize the process.

Employers approve and maintain RN Clinical Protocols to use with individual clients and client populations within specific care environments. Employers work collaboratively to develop RN Clinical Protocols that contain all essential components. RN Clinical Protocols specify which RNs, with which competencies, in a specific practice setting have the approval to perform that RNSP. Employers support the communication and uptake of RN Clinical Protocols with allied health professionals in all practice areas. They also establish timelines for review of the evidence and protocols.

Employers play a key role in meeting the needs of the public by establishing RN Clinical Protocols for RNSPs. To do this, employers:

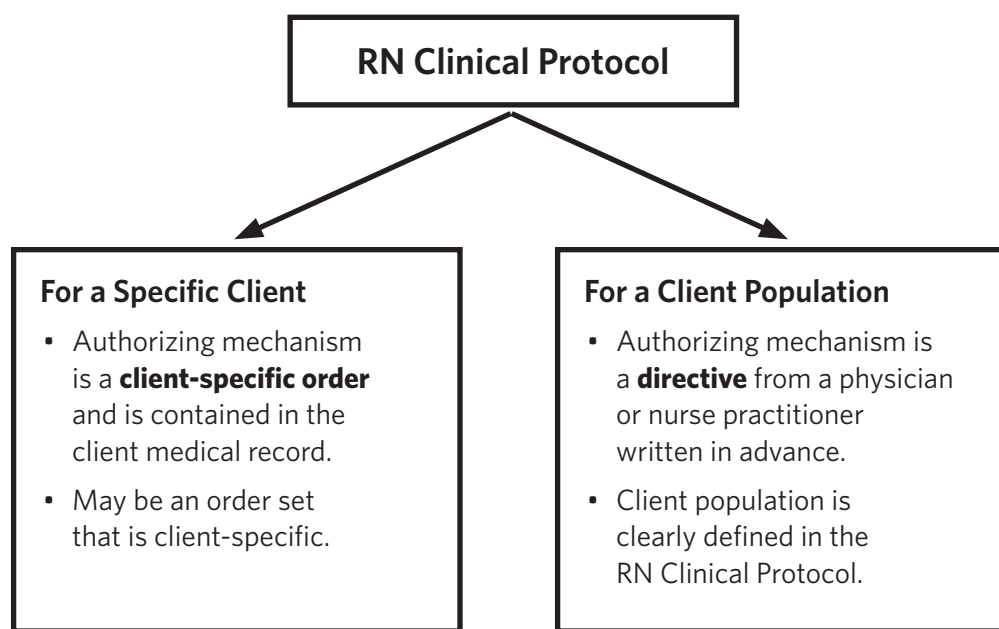
- recognize they can limit RN scope of practice but cannot expand it;
- recognize that employer policies cannot supersede RN practice standards;
- support and facilitate a collaborative environment;
- engage the appropriate individuals/team members [e.g., clinical educators, expert RNs, Nurse Practitioners (NPs) and physicians] in a collaborative process with input from others as required, (e.g., managers, pharmacists, quality assurance/risk managers, laboratory services, etc.);
- assess and provide the essential human and environmental resources;
- describe the risks associated with the RNSP;
- develop RN Clinical Protocols ensuring the essential components (described on pages 4 – 6 of this document) are included and in place prior to implementing the RNSP;
- describe the documentation and communication requirements as well as the limits of the RN Clinical Protocol and when immediate consultation to a physician or NP is required;

- approve RN Clinical Protocols, make them accessible and update them as scheduled or required; and,
- provide opportunities for RNs to receive the appropriate education and acquire the specialized competencies specific to the RNSPs.

The critical element in the RNSP model is to always keep the client at the centre. The client and their environment are inextricably linked. Decisions about the interest of the client must consider the environment, including all available resources. If there is lack of clarity about the RNSP, returning to the question about the interest of the client in their environment is essential.

RN Specialty Practices Model

RN Specialty Practices (RNSPs) are beyond entry-level competency and within the scope of RN practice in Saskatchewan. The RNSP model supports optimal client care when all of the essential components of an RN Clinical Protocol are in place.



RN Clinical Protocols are employer-created, approved prior to implementation and contain all **essential components** where:

1. The RNSP is in the interest of the **client** in their particular **environment**.
2. There is **evidence** to support the RNSP.
3. A client-specific or client population **authorizing mechanism** is in place.
4. RN **competencies** and which RNs will engage in the RNSP are clearly defined.

Essential Components of an RN Clinical Protocol

An RN Clinical Protocol contains the essential components that keep the client at the centre of care in their particular environment, is based on current evidence, describes the authority, and indicates competency requirements for RNs engaged in the specialty practice.

There are four questions to explore when creating an RN Clinical Protocol:

1. **Client:** Is it in the best interest of the client in their **particular environment**?
2. **Evidence:** What does the evidence say?
3. **Authorizing Mechanism:** Where will the authority come from? Will the RNSP be for an individual client or a client population?
4. **Competency:** Which RNs with which competencies will be approved to perform this RNSP?

These questions are the foundation for RNSPs and form the basis for the essential components of an RN Clinical Protocol. A checklist (Appendix A) supports the creation and ongoing use of RN Clinical Protocols.

1. The Client at the Centre

Within the RNSP model there is opportunity for clients and client populations to receive the best possible care through optimization of RN practice. This is true in all practice settings where RNs are employed. RNs are able to treat clients who meet the required criteria through the use of an RN Clinical Protocol.

When creating an RN Clinical Protocol, the first question to explore is: What is in the best interest of the client in their particular environment? Through optimal RN practice, how can the client be supported to receive the safest, most appropriate level of care in the most time-effective way? What are the key elements that will contribute to a safe, effective, efficient and quality care experience? The level of risk for the client in the practice environment needs to be assessed and mitigated to enable RNSP implementation. Assessing client and environment factors in combination supports the development of RN Clinical Protocols.

The Environment Surrounding the Client

A critical factor in the assessment of the client's needs and interests is to determine that the environment in which the RNSP is being provided has the appropriate resources to meet the practice requirements described in the RN Clinical Protocol. This includes but is not limited to appropriate equipment, health care personnel and contingency plans for client transfer to an alternate care provider or another facility, as well as other environmental resources for effective application of the RNSP in the interest of the client or client population. Decision-makers must consider the resources available in their practice situation. Implementing an RNSP in one practice area may not be appropriate in another area due to differences in the availability of health care team members with specialized expertise and/or equipment, supplies or other resources.

Prior to implementing an RNSP it is essential to assess the available resources to ensure they align with providing safe, competent and ethical nursing care consistent with the current standards, competencies and code of ethics. The environment must support RNs to meet their professional and ethical obligations. If the appropriate resources are absent, RNs must carefully consider client safety when deciding if they proceed with performing the RNSP, as well as advocate for the immediate availability or access to the required resources.

2. The Evidence to Support the RN Specialty Practice

Once it has been determined that development of an RN Clinical Protocol is in the interest of the client, evidence needs to be gathered to support the specialty practice. Evidence gathering includes but is not limited to: peer-reviewed literature, applicable legislation, clinical practice guidelines, best practice elements, nursing process elements and competency requirements. It will be prudent to explore if RNs are currently engaged in this specialty practice anywhere else in the province, country or other countries. Cultural competency and safety elements are considered as evidence in the process of creating an RN Clinical Protocol. The evidence also includes employer assessment of the resources required in the environment in which the RNSP will occur. Requirements are described clearly in the RN Clinical Protocol.

The RN Clinical Protocol should contain evidence-informed process steps for the specialty practice and the nursing process including assessment, planning, implementation, and evaluation requirements. Relevant treatment plans, protocols, procedures and interventions, including laboratory tests and medications, are clearly described in the RN Clinical Protocol. The risks, limits, immediate consultation, communication and documentation requirements are included in the RN Clinical Protocol based on evidence-informed approaches. When considering the evidence component of RNSPs there needs to be assurance that:

- evidence affirms that the RNSP is in the best interest of the client in their particular environment;
- evidence indicates that the practice is consistent with RN scope of practice within *The RN Act, 1988* and all relevant legislation;
- interprofessional collaboration for the creation, review and ongoing implementation of the RN Clinical Protocol in the practice setting is evident;
- evidence informs the nursing process steps contained in the RN Clinical Protocol;
- evidence informs the competency requirements for the practice;
- cultural competency and safety for the RNSP has been taken into consideration and incorporated into the RN Clinical Protocol; and,
- the limits and immediate consultation requirements are described.

3. Authorizing Mechanisms for RN Specialty Practices

Authorizing mechanisms provide RNs the authority to implement RN Clinical Protocols. The two authorizing mechanisms within the RNSP model are client-specific orders and directives. Client-specific orders are for individual clients, and directives apply to a client population. RN Clinical Protocols specify if the RNSP applies to an individual client or a client population.

Client-Specific Orders

A client-specific order provided by a physician, NP or other authorized health care professional is required to authorize the care described in an RN Clinical Protocol when it applies to an individual client. A client-specific order can be on the client order sheet or could be a 'patient order set' that can be individualized to meet the health care needs of a specific client.

Directives

A directive is a written order required to authorize the care described in an RN Clinical Protocol which applies to a client population. A directive is always authorized in advance by a physician or NP.

An RN Clinical Protocol for a client population needs to contain a directive from a physician or NP at the local level or higher, who has the scope of practice and authority from the employer to authorize the specific RNSP for the practice area. Directives enable RNs who have attained the competency requirements to manage all individuals within the client population as described in the RN Clinical Protocol.

4. Competency Requirements for the RN Specialty Practice

The employer determines which RNs are approved to perform a specific RNSP in the practice environment. Employers also determine the competency requirements and education for RNs to provide the RNSP. This is consistent with an existing system where the employers determine and provide the appropriate educational support and opportunities, for example, orientation and ongoing competency requirements for RNs in any practice setting.

RN experts in the practice area participate in a collaborative process to inform this decision making. The initial and ongoing competency requirements for RNs engaging in the RNSP need to be described within the RN Clinical Protocol. Some questions to consider include:

- What are the specialized competencies that are required to safely perform the RNSP and to manage outcomes?
- Can the specialized competencies and the related education be acquired by the RN?
- Are there education courses developed by expert health care organizations (i.e. ACLS, PALS) or other best practice resources that can be used to develop the specialized competencies, or does the employer need to create them?
- Has the frequency for performing the activity in the practice setting been determined?
- Which qualified professionals/mentors will be available to teach the RNSP competency requirements and supervise the practical component if required?
- What opportunities are there for RNs to maintain their specialized competencies?

Summary

RNSPs place the client at the centre of the model and recognize the RN at point-of-care as the expert. RN Clinical Protocols are created collaboratively by the employers and RNs, and are designed to meet the needs of the public. RN Clinical Protocols need to include all essential components for the specific RNSP and need to be in place prior to their implementation. The employer determines the frequency for review, updating and approval of the RNSP with consideration for advancements in practice based on evidence and best practice. Safe, timely, quality client care is supported through optimization of scope of practice through the implementation of RNSPs in Saskatchewan.

Appendix A

RN Clinical Protocol Checklist

Title of the RNSP

Prepared by: _____ Effective date: _____

Approved by: _____ Review date: _____

☐ Is consistent with the overarching RNSP Employer policy

Authorizing Mechanism

☐ Client-specific Order (For an individual client)
May be an order-set where an individual client is specified.

☐ Directive (For a client population)

☐ Describes the specific population to which the RNSP applies.

Physician or Nurse Practitioner Authorization: _____ Date: _____

Evidence-Informed Approach

Evidence needs to be gathered to support the RNSP. Evidence gathering includes but is not limited to

- | | |
|---|--|
| <input type="checkbox"/> Client's best interest | <input type="checkbox"/> Documentation |
| <input type="checkbox"/> Appropriate environment and resources | <input type="checkbox"/> Cultural safety |
| <input type="checkbox"/> RN Process Steps: Assessment, Plan, Implementation, Evaluation | <input type="checkbox"/> Communication processes |
| <input type="checkbox"/> Immediate consultation requirements | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Risks | <input type="checkbox"/> _____ |

RNs Approved to Perform this RNSP

☐ Specifies which RNs in which practice areas, geographic locations, employer, etc. who are approved to perform this RNSP

RN Competency Requirements

- ☐ Current licensed with the CRNS
- ☐ Specifies the details of initial and ongoing competency requirements

