

Empowering Your Professional Practice

June 23, 2021



**SASKATCHEWAN
UNION OF NURSES**

Current State

- Absence of registered nurses
- Replacement of registered nurses
- Elimination of registered nursing positions
- Absence of registered nursing management

- Initial assessments by non-registered nurses
- Coordination of care by non-registered nurses
- Not acting on professional obligations
- Members unable to articulate their Professional Practice

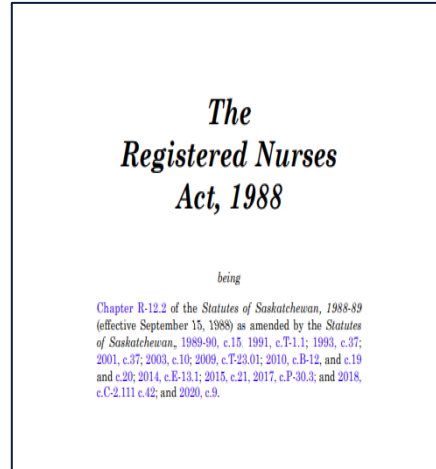
Why Does this Matter?

- Your License – You are Responsible
- Non-Negotiable - Minimum Requirements
- Safe, Competent, Ethical & High-Quality Care
- Patients Deserve the Best Care Possible
- We have the Tools for Change

Legislative & Regulatory Perspective



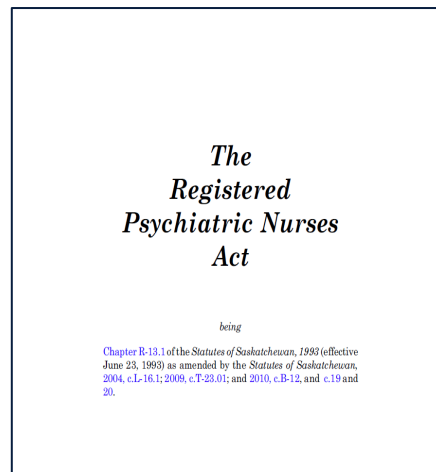
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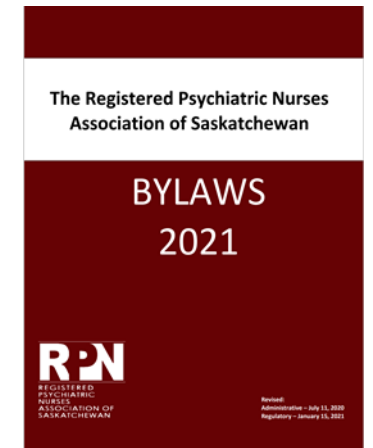
Chapter R-12.2 of the Statutes of Saskatchewan, 1988-89 (effective September 15, 1988) as amended by the Statutes of Saskatchewan, 1989-90, c.15, 1991, c.T-1.1; 1993, c.37; 2001, c.37; 2003, c.10; 2009, c.T-23.01; 2010, c.B-12, and c.19 and c.20; 2014, c.E-13.1; 2015, c.21, 2017, c.P-30.3; and 2018, c.C-2.111 c.42; and 2020, c.9.



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Chapter R-13.1 of the Statutes of Saskatchewan, 1993 (effective June 23, 1993) as amended by the Statutes of Saskatchewan, 2004, c.L-16.1; 2009, c.T-23.01; and 2010, c.B-12, and c.19 and 20.



Nursing Legislation & Regulatory Requirements

| Saskatchewan Registered Nurses Association* (SRNA) | Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) |
|---|--|
| <i>The Registered Nurses Act, 1988</i> | <i>The Registered Psychiatric Nurses Act, 1993</i> |
| SRNA Bylaws | RPNAS Bylaws |
| <i>Registered Nurse Entry-level Competencies, 2019</i> | <i>Registered Psychiatric Nurse Entry-level Competencies, 2014</i> |
| <i>Registered Nurse Practice Standards, 2019</i> | <i>Standards of Psychiatric Nursing Practice, 2019</i> |
| <i>Interpretation of the RN Scope of Practice, 2015</i> | <i>Registered Psychiatric Nurse (RPN) Scope of Practice, 2013</i> |
| <i>Nurse Practitioner Entry-level Competencies, 2017</i> | |
| <i>Nurse Practitioner Practice Standards, 2017</i> | |
| <i>Code of Ethics for Registered Nurses, 2017</i> | Code of Ethics |
| Maintenance - Eligibility for Registration: RN, RN(AAP), NP | Maintenance - Eligibility for Registration |
| Continuing Competence Program | Continuing Competence Program ** |

The RN Act, 1988

- *section 2(k): Practice of Registered Nursing*
 - **performance or co-ordination of health care services** including but not limited to:
 - i. **observing and assessing the health status of clients and planning, implementing and evaluating nursing care;** and
 - ii. the **counselling, teaching, supervision, administration and research** that is required to implement or complement health care services;
 - for the purpose of **promoting, maintaining or restoring health, preventing illness and alleviating suffering where the performance or co-ordination of those services** requires:
 - iii. the **knowledge, skill or judgment of a person who qualifies** for registration pursuant to section 19 or 20;
 - iv. **specialized knowledge of nursing theory** other than that mentioned in subclause (iii); or
 - v. other **knowledge of biological, physical, behavioural, psychological and sociological sciences** that is relevant to the knowledge, skill or judgment described in subclause (iii), (iv) or (v);

The RPN Act, 1993

- *section 2(k): Registered Psychiatric Nurse*
 - means a person registered pursuant to section 19 who is in good standing
 - section 19 – Registration
 - Successfully complete a basic psychiatric nursing education program or one that has been recognized by RPNAS Council, and
 - passed examinations
- **Practice is articulated through RPNAS regulatory documents for: promoting, maintaining and restoring holistic health, teaching, coordination of care, and nursing process across all domains of practice.**

Requirements & Expectations

- Entry-level Competencies
- Professional Standards
- Code of Ethics
- Scope of Practice
- Continuing Competence Program

SRNA Standards

Standard 1: Professional Responsibility and Accountability

1. Being accountable and accepting responsibility for their own actions and decisions.
4. Advocating for clear and consistent roles and responsibilities within the health care team.
5. Demonstrating effective collaborative practice, including communication, problem-solving strategies, decision-making and conflict resolution.
6. Advocating, intervening and participating with others, as needed, to ensure client safety.
7. Advocating and intervening in the client's best interest, and acting to protect client, self and others from actual or perceived harm.
11. Participating in the analysis, development, implementation and evaluation of practice and policy that guides delivery of care.

RPNAS Standards

Standard 4 – Leadership and Collaboration in Quality Psychiatric Nursing Practice

1. Engages in practices that promote physical, environmental and psychological safety.
3. Participates in quality improvement activities to initiate change in psychiatric nursing practice and in the health care system.
4. Collaborates with client, team members, families and other stakeholders to develop comprehensive psychiatric nursing care to achieve the client's health goals.
6. Promotes collaborative practice among health care professionals through respectful working relationships and appropriate documentation practices.
8. Takes action to resolve professional practice issues.
9. Collaborates with and advocates for clients.

Registered Nurse

“A major focus for RNs is the **completion of a comprehensive holistic nursing assessment of the client** and ensuring that **a nursing care plan is in place that identifies priority problems, targets outcomes, and specifies nursing interventions. Assignment of nursing care** occurs at the beginning, and throughout the shift, as client care needs change. The RN making the assignment is responsible and accountable for the coordination of care and the decision to assign and reassign client and/or client care functions appropriately. **This responsibility cannot be delegated.” (p. 9)**

“In the event of a deterioration in client condition, **it is the RN that has the depth and breadth of knowledge to manage the clients needs during this complex time.” (p. 9)**

Collaborative Decision-making Framework: Quality Nursing Practice, 2017

Registered Psychiatric Nurse

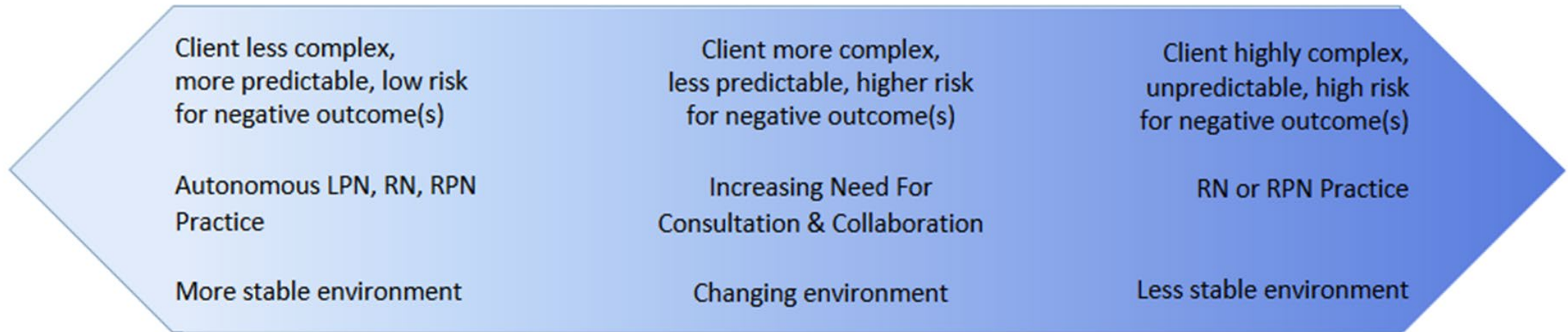
“RPNs assign, manage and coordinate care; evaluate health outcomes; educate, counsel and advocate for individuals of all ages to meet health goals; develop and lead health promotion programs; develop broad health policies and participate in and/or conduct research to improve nursing practice and advance nursing knowledge.” (p. 10)

“RPNs have the competencies and ethical responsibility to coordinate client care at a broad level by managing the sequence, timing and efficiency of care across the care continuum for a group of clients regardless of complexity. This means coordinating activities of the healthcare team and all members of the multi-disciplinary healthcare team.” (p. 10)

Collaborative Decision-making Framework: Quality Nursing Practice, 2017

Continuum of Care

Continuum of Care



Assessment

Planning

Implementation

Evaluation



The Nursing Process

Assessment

The RN and RPN:

- Establishes client baseline assessment, and performs ongoing assessments of the client's health status, and appropriately assigns care [and]
- Draws on a comprehensive range of options to interpret, analyze and solve problems after seeking information, based on assessment data, and the plan of care. (p. 16)

Planning

The RN and RPN:

- Coordinates care planning within collaborative teams regardless of complexity and predictability;
- Plans care broadly in consultation with client (day-to-day, medium, and long-range plans);
- Makes changes in the plan of care when the client is/is not achieving established or optimal health outcomes; [and]
- Plans for anticipated as well as unusual or unexpected changes in client condition.” (p.17)

The Nursing Process

Implementation

The RN and RPN:

- Coordinates and oversees the overall care and provides clinical expertise and leadership for the plan of care;
- Coordinates the care of clients regardless of acuity, complexity and predictability...;
- Directs plans of care for clients regardless of acuity, complexity and predictability...;
- Meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment...;
- Manages multiple nursing interventions simultaneously in rapidly changing situations...;[and]
- Designs, coordinates and implements health programs, including teaching. (p.18)

Evaluation

The RN and RPN:

- Collaborates with client to monitor, interpret and evaluate changes in client status and goal achievement and revises the plan of care as necessary;
- Recognizes, analyzes and interprets deviations from predicted client response(s); modifies plan of care. (p. 19)

Contacting Your Regulatory Body

Regulatory Function = Public Interest

- Establish, Monitor & Enforcement
- What are your professional obligations and expectations?
- What I can and cannot do?
- How to address concerns and issues?

SRNA

- Practice Advisement Service: 1-800-667-9945 or practiceadvice@srna.org

RPNAS

- General: 306-586-4617 or info@rpnas.com

Saskatchewan Union of Nurses

- Collective Bargaining Agreement
- Professional Practice & Work Situation Reports
- Notify Local & SUN Provincial
 - Absence, replacement or elimination of registered nurses
 - Model of Care changes
 - Other providers doing registered nurse work

Nurse Practice Officers (NPO) – Regina Saskatoon

306-525-1666 / 800-667-7060

regina@sun-nurses.sk.ca



Nurse Practice Officers (NPO) –

306-665-2100 / 800-667-3294

saskatoon@sun-nurses.sk.ca

What Members Need to Do

- Empower your Professional Practice & License
- Know your Obligations, Requirements & Expectations
- Be Proactive - Engage & Be Involved
- Work Situation Reports
- Contact SRNA / RPNAS
- Use Your Resources

Questions?



Words of Wisdom

Success is the sum of small efforts, repeated day in and day out.

Robert J. Collier

Between the great things we cannot do and the small things we will not do, the danger is that we shall do nothing.

Adolph Monod



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