

<p>Subject/Title</p> <p style="text-align: center;"><i>RN Specialty Practices</i></p>	<p>Manual:</p> <p>Nursing Procedure Manual</p>
<p>Approving Authority: Interprofessional Clinical Quality Committee</p>	<p>Effective Date: <i>September 26, 2016</i></p> <p>Revision Dates: <i>May 14, 2018</i></p>
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<p>Source</p>	

A Registered Nurse (RN) may be required to learn specialized competencies, not included in entry level education, in order to provide the patient care that is unique to a practice setting. This policy follows the guidelines of the Saskatchewan Registered Nurses' Association (SRNA).

1. Policy

- Each RN Specialty Practice will have a written procedure and identified educational learning package.
- The implementation of an RN Specialty Practice using a medical directive or an RN Clinical Protocol without an order requires the participation of physician(s) and written approval of the appropriate medical department head or designated physician lead to establish collaborative standards of care.
- All RN Specialty Practices and supporting procedures will be approved by the Nursing Procedure Committee

2. Purpose

- To ensure timely and evidence-informed patient care.
- To ensure safe nursing practice.

3. Responsibilities

- The RN is responsible for obtaining and maintaining the appropriate specialized competencies, proficiency and education for any specialty practices he/she must perform. The RN performs or reviews the RN Specialty Practice often enough to ensure competence and the provision of safe client care.
- Operational leaders (unit managers/directors) are responsible for identifying the need for the RN Specialty Practice in the practice area.
- The Nursing Procedure author(s) is responsible to identify that the RN Specialty Practice is reasonable, appropriate and consistent with Saskatchewan nursing professional standards.

4. Definitions:

RN Procedures: A set of steps or a detailed way of performing a skill or treatment, with lower potential for unintended outcomes.

RN Clinical Protocol: A series of RN activities that are implemented in pre-determined situations to provide highly specialized patient care. It allows an RN to work collaboratively with a physician(s) on an agreed upon practice for the clinical management of a patient care situation where their scopes of practice overlap. Can occur with or without a patient-specific order.

Advanced RN Intervention: A skill that is complex in its knowledge requirement and application, may require the performance of complex technical skills or minor invasive actions, and could have an increased potential for the occurrence of an unintentional outcome. Must be written in an RN Clinical Protocol.

Health Condition: Distinct signs and symptoms of an underlying medical disease or disorder that with an RN's intervention can be improved or resolved until the patient is managed by a physician, RN(NP) or other authorized prescribers.

Health Service/Program: Established in patient care situations that have a specific focus with patients referred by a primary care provider, through public screening/prevention programs, employment policies or other methods. A health service/program is overseen by a designated physician. The RN in a health service/program assists a primary care provider to manage a patient's diagnosed disease or disorder, runs a screening program and/or implements interventions for disease prevention, health promotion, health maintenance or rehabilitation.

Practitioner Order Set (POS) (this may become known as Medical Directives): A practitioner-approved prescription for a procedure, treatment or intervention that may be performed without a patient-specific order, for a population of patients who meet certain conditions. (RQHR Policy 602)

Educator: RN, RN (NP), physician, pharmacist or other professional. The educator must have the foundational competencies to perform the specialty practice within his/her legislated scope of practice, and when required, has acquired the appropriate credentials through formal education; employer provided education; or, certification from an expert health care organization.

5. Criteria

5.1 The RN may perform an RN Specialty Practice when the following criteria have been met:

- An approved educational program of theory and practice is made available to the RN prior to performing the RN Specialty Practice. The program should include the following:
 - relevant evidence-based clinical theory and
 - opportunity to acquire dexterity and
 - a method of testing competence

5.2 The RN successfully completes the educational program, provided by a qualified educator, to become certified to perform the RN Specialty Practice. The manager or designate maintains a certification record for RNs.

5.3 The RN performs or reviews the RN Specialty Practice often enough to ensure competence and the provision of safe client care.

5.4 The nursing procedure and education programs for RN Specialty Practices are reviewed every three years or earlier if practice has changed significantly.

- 5.5 Any Practitioner Order sets used with an RN Specialty Practice are reviewed per Policy 602.
- 5.6 Graduate nurses (GNs) who have completed the appropriate employer education may perform RN Specialty Practices only with the direct supervision of an RN who is certified in the specific RN Specialty Practice.
- 5.7 Nursing students in the 3rd year of an RN program, or equivalent, may perform RN Procedures provided the following conditions have been met:
- The student has taken the theory on which the procedure is based and
 - The 3rd year student must be directly and continuously supervised by a clinical faculty instructor who is certified in the RN procedure
- 5.8 Nursing students in an RN program in the 4th year of practicum, or equivalent, may perform RN Procedures and RN Clinical Protocols in a Health Service/Program provided the following conditions have been met:
- The student has taken the theory on which the procedure or protocol is based and
 - The 4th year nursing student must be directly and continuously supervised by clinical faculty or a staff RN who is certified in the RN procedure or protocol.
- 5.9 RN Specialty Practices: RN Procedures
- The majority of RN Specialty Practices will require the use of an RN Procedure with a client specific order.
- 5.10 RN Specialty Practices: RN Clinical Protocols
- Health Condition in an Emergency
 - An RN Clinical Protocol is required when an RN must provide care independently, to manage a client's health condition in an emergency situation, and a physician is not accessible to provide timely client-specific orders.
 - The RN Clinical Protocol for an emergency situation must be pre-determined and have an established document.
 - Emergency care situations are described as sudden, unexpected and unpredictable where a client is critically ill and has significant care needs, and the activities that are implemented in the RN Clinical Protocol will prevent serious health deterioration and/or complications for the client.
 - Health Service/Program
 - An RN Clinical Protocol is required when an RN in a defined clinical role provides care independently, without client-specific orders for individuals who are in an established health service/program
 - The RN in a defined clinical role obtains specialized education, appropriate to the role, from an expert health care organization course through specialty certification such as Canadian Nurses Association certification, or by other evidence-informed methods. When specialized education does not exist, education is obtained through an employer provided course.
 - A Medical Directive or Practitioner Order Set must be included when an RN, working independently, is required to carry out activities that require a practitioner order.
 - Advanced RN Intervention
 - An RN Clinical Protocol and a client-specific order are required to perform an Advanced RN Intervention

5.11 Portability

- An RN Specialty Practice is transferable amongst sites as long as it is targeted for the practice area and the education is the same.

Appendix A - Diagram

References

Saskatchewan Registered Nurses Association: **Standards for RN Specialty Practices**. September 3, 2015

Saskatchewan Registered Nurses Association: **Guidelines for Physician to RN Delegation**. March 30, 2016

Saskatoon Health Region – Policy & Procedure for RN Specialty Practices. #1104

Revision History

Revised: October, 2016

Revised: April, 2018

DRAFT

RN SPECIALTY PRACTICES

Appendix A

1993 - 2015

Special Nursing Procedures

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Transfer of Medical Function

2015 / 2016

RN Specialty Practices

Skills, treatments & inventions with RN scope of practice that have specialized competencies which are obtained beyond entry to practice RN education.

Range from straightforward to highly complex

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RN with Additional Authorized Practice within RN Scope

- Formal education for RN (AAP) licensure
- Diagnosis & treatment of limited common medical disorders
- Clinical decision tools

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Physician Delegation to a RN outside RN Scope

- Only in clinical programs specified in CPSS Bylaws

RN Procedures

Steps of a skill or treatment

- Straightforward to moderately complex
 - Lower potential for unintended outcomes
 - With a client-specific order
- E.g. Epidural catheter removal

RN Clinical Protocol

Series of RN activities to provide highly specialized care in predetermined situations where overlapping scope with physicians exists

Health Condition in an Emergency

- Without an order
- e.g. Defibrillation

Health Service/Program

- With a medical directive
- e.g. Diabetes Nurse Educator Insulin dose adjustment

Advanced RN Intervention

- Complex
 - Increased potential for unintentional outcome
 - With a client-specific order
- e.g. Intraosseous access & removal