

| | |
|--|---|
|  | Policies & Procedures Title: Licensed Practical Nurse (LPN) Additional Competencies I.D. Number: 1071 |
| Authorization: <input checked="" type="checkbox"/> SHR Nursing Practice Committee | Source: Nursing Reaffirmed: February , 2018 (Appendix C) Date Revised: October 2016 Date Effective: March 1998 Date Reaffirmed: September, 2017 Scope: SHR & Affiliates |

Any PRINTED version of this document is only accurate up to the date of printing 20-Mar-18. Saskatoon Health Region (SHR) cannot guarantee the currency or accuracy of any printed policy. Always refer to the Policie and Procedures site for the most current versions of documents in effect. SHR accepts no responsibility for use of this material by any person or organization not associated with SHR. No part of this document may be reproduced in any form for publication without permission of SHR.

For the purpose of this policy, client will be used when referring to clients, patients, and residents.

Introduction

Saskatoon Health Region (SHR) acknowledges and supports the concept that changes in practice may require Licensed Practical Nurses (LPNs) to take on Additional Competencies, following the guidelines of the Saskatchewan Association of Licensed Practical Nurses (SALPN).

SHR recognizes the College of Nurses of Ontario (CNO) Three Factor Framework (see Appendix A) to support decision-making regarding appropriate additional competencies for LPNs. The framework takes into consideration the context of care, i.e. client, nurse and environmental factors along a continuum of autonomous and collaborative practice with Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), LPNs and other disciplines, to promote the best possible outcomes for clients. CNO is the licensing body for Registered Nurses and Registered Practical Nurses in Ontario.

Definitions

Additional Competencies: Areas of skill and knowledge that are not a part of entry level education, but can be acquired through employer based/approved programs in order to provide safe client care that is unique to a specific practice setting (see Appendix B).

Autonomous Practice: The ability to carry out nursing responsibilities independently (CNO 2014).

Collaboration: Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication between the members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses and other members of the health care team in the interest of client care (CNO 2014).

Competence: A nurse's ability to integrate the professional attributes required to perform in a given role, situation or practice setting. Professional attributes include, but are not limited to, knowledge, skill, judgment, attitudes, values and beliefs (CNO 2014).

Complexity: the degree to which a client's condition and care requirements are identifiable and established, the sum of the variables influencing a client's current health status, and the variability of a client's condition or care (CNO, 2014).

Established Plan of Care: Care needs are well defined, health conditions well controlled and managed, with low risk of negative outcomes and a predictable outcome of care for the client (CNO 2014).

Predictable outcomes: Client health outcomes that can reasonably be expected to follow an anticipated path with respect to timing and nature (CNO 2014).

Stable Environment: A more stable environment is characterized by practice supports such as clear procedures and policies and a high proportion of nurses familiar with the environment, as well as consultation resources, to support nurses in clinical decision-making. A more stable environment has a low rate of client turnover and few unpredictable events(CNO 2014).

Targeting: The process beginning with the clinical manager's decision, based on client care needs, to identify and request approval for new LPN Additional Competencies for the practice area. Approval of targeting is the responsibility of SHR Nursing Practice Committee.

1. PURPOSE

- 1.1 To ensure safe nursing practice.
- 1.2 To ensure safe client care.

2. POLICY

- 2.1 SHR acknowledges and supports that advances in health care and technology will require the employer to provide education for approved LPN Additional Competencies.
- 2.2 In accordance with the CNO Three Factor Framework (client, nurse and environment - see Appendix A), certified LPNs can autonomously perform Additional Competency procedures:
 - 2.2.1 For clients who have been identified as less complex, more predictable and at low risk of negative outcomes.
 - 2.2.2 For clients with care needs within the LPNs' experience and competence.
 - 2.2.3 In practice environments with practice supports, consultation resources and more stability.
- 2.3 As the complexity of any of the 3 factors increases, there is a need and expectation for greater consultation and collaboration with RN or RPN colleagues.
- 2.4 Each LPN Additional Competency will have a written policy located in an SHR policy manual and identified educational program (e.g. learning package or course).

- 2.5 SHR Nursing Practice & Education develops specific criteria to identify that each LPN Additional Competency is reasonable, appropriate, and consistent with professional nursing practice, as defined and endorsed by the SALPN (see Appendix D).
- 2.6 An LPN is responsible for obtaining and maintaining the education and proficiency for all Additional Competencies he/she performs. LPNs will only perform procedures in which they feel competent to ensure client safety.
- 2.7 The Manager retains accountability for the decision to identify and request approval for addition of new skills and targeting of LPN Additional Competencies for the practice area (Refer to Procedure 3.1.1).
 - 2.7.1 There must be opportunity in the practice area for the LPN to perform the procedure with clients who meet the description in 2.2. If the Additional Competency is not performed on an on-going basis, a certification program must be provided as needed.
- 2.8 SHR Regional Nursing Practice Committee will approve all LPN Additional Competencies, supporting policies and educational programs with reference to the principles of the CNO Three Factor Framework.
- 2.9 The policy and education programs for LPN Additional Competencies are reviewed and approved by the SHR Regional Nursing Practice Committee every three years or earlier if practice has changed significantly.
- 2.10 Certified LPNs will practice Additional Competencies only in specific clinical areas where targeted by the manager.

Note: *The following provision is made for the transition in 2017 from previously identified competencies in specific clinical areas to the new targeting process described in this policy: As assigned, LPNs currently educated or certified to perform an Additional Competency may continue to provide this care until a context of care assessment has been completed for the clinical area (see Appendix D). After that time, ongoing LPN Additional Competencies will be determined by targeting listed in Appendix D. LPNs requiring initial certification or education will not be certified or educated until new targeting is confirmed.*
- 2.11 A list of approved LPN Additional Competencies will be maintained as an appendix with the Licensed Practical Nurse Additional Competency Policy (See Appendix C - LPN Additional Competencies-List of Skills).
- 2.12 Graduate Licensed Practical Nurses (GLPNs) who have completed the appropriate employer education may perform LPN Additional Competencies only with the direct supervision of an RN, RPN or LPN who is certified in the specific LPN Additional Competency.
- 2.13 In order to ensure the safety of the client, Practical Nursing students may not perform Additional Competencies.

3. PROCEDURE

- 3.1 The LPN may perform a LPN Additional Competency when the following criteria have been met:

- 3.1.1 The manager identifies the need for the LPN Additional Competency in the practice area and obtains approval from the SHR Nursing Practice Committee (See Appendix D – LPN Additional Competency Targeting Request).
- 3.1.2 An educational program of theory and practice, developed and/or approved by SHR Nursing Practice & Education, is made available to the LPN prior to performing the Additional Competency. The program will build on foundational education and should include all the following:
 - relevant evidence-based clinical theory
 - opportunity to acquire dexterity
 - a method of testing competence
- 3.1.3 The LPN successfully completes the educational program.
- 3.1.4 The LPN maintains competence through ongoing practice or review.

3.2 Documentation

- 3.2.1 The manager or designate maintains a certification record for LPNs.

3.3 Portability

- 3.3.1 An LPN Additional Competency is not transferable amongst SHR sites unless it is targeted for the practice area and the policy and education are the same.

4. REFERENCES

Canadian Nurses Association (CNA), Canadian Council for Practical Nurse Regulators (CCPNR) & Registered Psychiatric Nurses of Canada (RPNC). (2012). Staff Mix Decision – making Framework for Quality Nursing Care, March.

College of Nurses of Ontario (CNO). 2014. RN and RPN Practice: The Client, the Nurse and the Environment.

Registered Practical Nurses Association of Ontario (RPNAO). 2014. It's All About Synergies: Understanding the Role of the Registered Practical Nurse in Ontario's Health System.

Saskatchewan Association of Licensed Practical Nurses (SALPN). (2013). Additional Competencies, Practice Guidelines. December.

Saskatchewan Association of Licensed Practical Nurses (SALPN). (2013). LPN Practice/Scope of Practice, Legislative Interpretation. December.

Saskatchewan Association of Licensed Practical Nurses (SALPN). April 14, 2016. Communication with Helen Bourget, Practice Advisor

Saskatchewan Polytechnic. 2015. Communication with Practical Nursing Program faculty.

Appendix A

The College of Nurses of Ontario – Three Factor Framework

Developed by the College of Nurses of Ontario (2011c), the Three-Factor Framework is a useful resource to support decision-making regarding the appropriate level of care provider (RN or LPN). The framework takes into consideration not only the patient care needs but also factors regarding the nurse and the environment, i.e., the context in which the care is being delivered. It is the consideration of all three factors that allows for effective decision-making and appropriate utilization of both LPNs and RNs in the provision of safe, quality patient care.

All factors are viewed along a continuum (e.g., less to highly complex care needs, more to less stable environments), and it is the continuum that determines the degree of autonomous practice for LPNs. For example, it is within the LPN scope of practice to care for patients with complex care needs when in collaboration with RNs. However, LPNs can function autonomously in the care of less complex patients. As the complexity of patients increases, there is the need and expectation for greater consultation and collaboration with RN colleagues. For patients with highly complex care needs, the RN is the most appropriate care provider. As with all the factors, it is the point along the continuum (see Figure 1) that needs to be considered when determining whether it is within the scope of practice for LPNs.

For more information on how to apply the Three Factor Framework Webcast (approximately 15 minutes): College of Nurses of Ontario. RN and RPN Practice: The Client, the Nurse and the Environment. Available online via College of Nurses website: <http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/webcasts/rn-and-rpn-practice-the-nurse-the-client-and-the-environment-webcast/>

1. Client Continuum

Less complex, more predictable, low risk for negative outcome(s) Highly complex, unpredictable, high risk for negative outcome(s)



Increasing need for RN consultation and collaboration
Client factors: include complexity, predictability and risk of negative outcomes

2. Nurse Factors



3. Environment Continuum

More stable environment Less stable environment



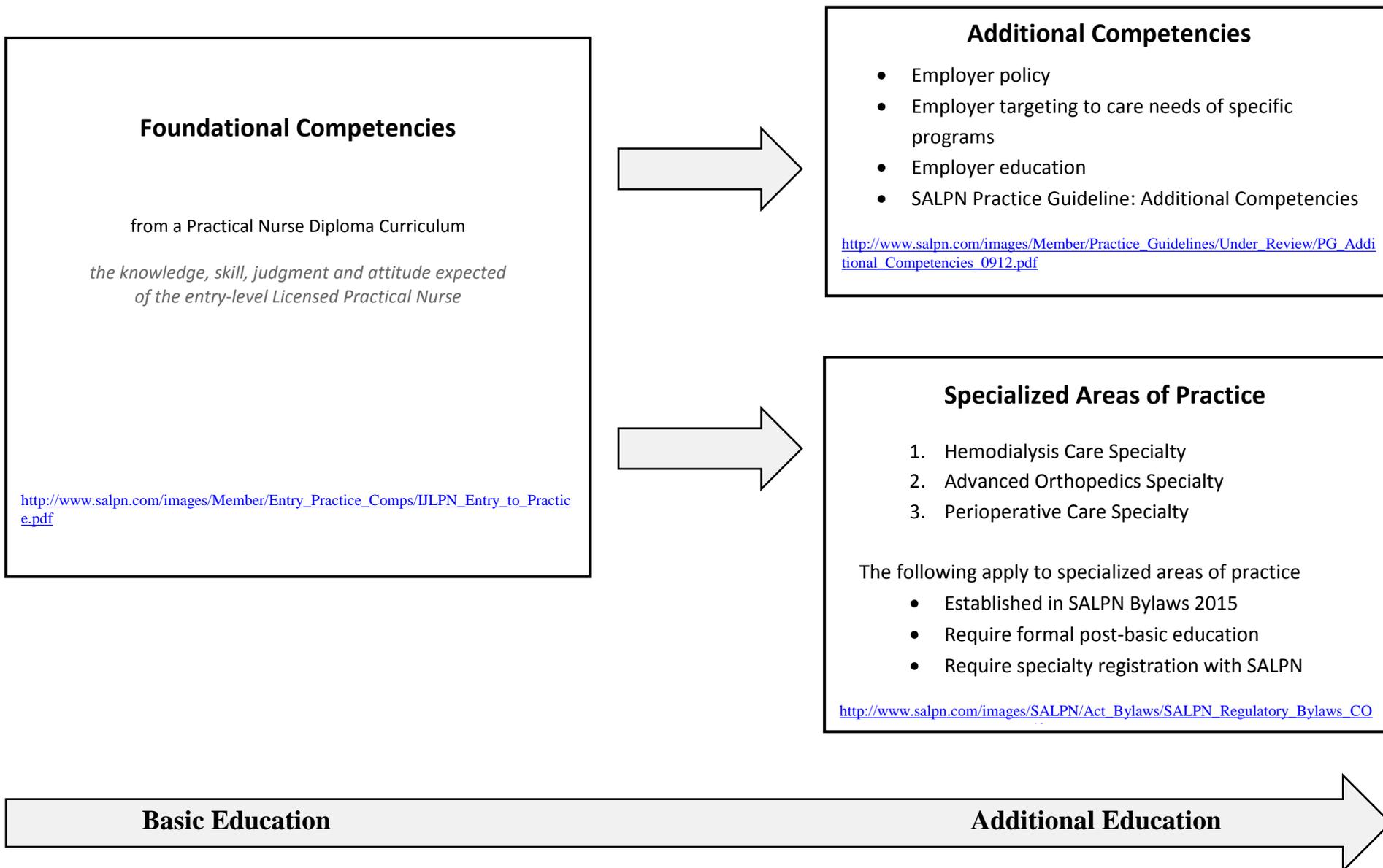
Increasing need for RN consultation and collaboration
Environmental factors: include availability of practice supports, consultation resources, and the stability/predictability of the environment

Figure 1: Adapted from "RN and RPN Practice: The Client, the Nurse and the Environment," College of Nurses of Ontario, 2011c, p. X. Copyright 2011 by College of Nurses of Ontario

Note: SHR also recognizes the scope of the **Registered Psychiatric Nurse (RPN)**. Autonomous RPN practice is appropriate at the less complex and more stable end of the continuum for the care of all clients and also at the highly complex, less stable end for the care of mental health clients.

LPN Scope of Practice and Scope of Employment

Each SHR clinical program requires LPN staff to use a different subset of their individual competencies, depending on the context of care.



Appendix D

| | |
|---|---|
|  | <p>SHR Nursing Practice Committee</p> <p>LPN Additional Competency Targeting Request</p> |
|---|---|

Use this Request form for addition or deletion of LPN Additional Competencies for a Nursing Unit/Program.

Deletions: Please complete the first page and submit to the SHR Nursing Practice Committee c/o Nursing Practice Committee at: nursingpracticecommittee@saskatoonhealthregion.ca.

Additions: Please contact an SHR Nursing Professional Practice Lead, through SHR Nursing Office, to complete question 6. The Practice Lead will submit the completed form to the SHR Nursing Practice Committee agenda.

The SHR Nursing Practice Committee provides final approval of targeting requests. Agenda items must be received 5 weeks prior to the meeting date. Contact SHR Nursing Office for meeting dates.

1. Request for addition or deletion on _____
(name of nursing unit/program)

2. Name of the Additional Competency and associated policy to be added or deleted to your unit/program targeting. _____

3. Is this request for targeting of an Additional Competency new to SHR? Yes No .
If yes, attach the policy to this request form.

4. What is your rationale for making this request? _____

5. Name of contact person(s) for this request _____ Phone # _____

Manager name (print) _____

Manager signature _____ Date _____

Unit/program _____ Site _____

For requests for additions, please complete the Context of Care Assessment in consultation with a SHR Nursing Professional Practice Lead

SHR Nursing Practice & Education Context of Care Assessment

Unit/Program:

For LPN Additional Competency:

Unit Information provided by _____ (date) _____

Assessment completed with _____ Nursing Professional Practice Lead

| Environmental factors | |
|--|--|
| Clinical Support Standard | Meets Standard* |
| 1. Physician, nurse practitioner, RN, RPN or another appropriate professional is readily available in the practice area. LPN is supported in practice environment. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Collaborative Processes Standard | |
| 2. As the client’s complexity, predictability or risk of negative outcomes increases, written processes are in place to collaborate or seek consultation, ongoing assessment and support from an RN or RPN. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Client Factors | |
| Patient Assignment Process Standard | |
| 3. Formal written process for assignment that addresses client complexity, predictability, acuity and risk in this clinical area. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. RN or RPN makes the client assignment in this clinical area. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Clients in the LPN assignment are well established (according to policy definition) on this particular treatment. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nurse Factors | |
| Differentiated Roles Standard | |
| 6. Differentiation in policy/learning package between the roles, responsibilities and the competencies required for the RN, LPN and RPN regarding this treatment. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Education Standard | |
| 7. Current, evidence based employer policy to support treatment. (name, number and date of policy) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Competency identified in SALPN Competency Profile 2016 A. Entry Level Competency (number and description) _____ B. Advanced Competency (number and description) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Employer education for this treatment is evidence based with a current education program/learning package. (name and date of learning package) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Frequency of Practice Standard | |
| 10. The LPN regularly practices this competency with frequency adequate to maintain competence. ____/month , ____/year | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outcome Indicators | |
| 11. What outcome indicator(s) will the program track to evaluate the effectiveness of this treatment? | |