**What's the issue all about?**
- There have been many concerns raised in the media regarding the scope of practice of Licensed Practical Nurses (LPNs).
- LPN scope of practice has expanded over the past several years, creating confusion about the difference between the LPN, RN and RPN roles, making it challenging to identify the difference between these nursing roles.
- Concerns have been raised regarding the process Saskatchewan Association of Licensed Practical Nurses (SALPN) has used to add additional competencies to the LPN scope of practice.

**What is SALPN proposing?**
SALPN’s DRAFT bylaws introduce four different competency categories in their draft bylaws:
- **Basic entry level competencies** The competencies expected of the entry-level LPN in Canada
- **Progressive competencies** (Competencies that are gained through experience related to on-the-job training, employer-based education, certification, education that leads to certification of attendance and formal education that leads to an academic credential.);
- **Safe-guarded activity** (Restricted activities, in which SALPN Council deems to be “high risk”. These activities require formal education or education provided by the employer through mentored practice in order to be performed competently by the LPN.):
  - Any procedure that includes inserting liquid under pressure into the ear canal for the purpose of removing wax from the ear canal
  - Administering diagnostic imaging contrast agents
  - Administering nitrous oxide for the purposes of anesthesia or sedation
  - Assisting with the interpretation of cardiac telemetry
  - Administering medications through methods or devices via I.V. push
  - Venipuncture for the purpose of collecting a blood sample
  - Administering immunizations for persons over the age of five years;
- **Specialized practice** (An area of LPN practice gained through advanced training such as formal education and/or certification that leads to an academic credential.):
  - Advanced foot care
  - Advanced orthopedics
  - Nephrology
  - Perioperative

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**Nursing Professional Scopes of Practice in Saskatoon Health Region**
-prepared by Gaylene Molnar, Director of Nursing Professional Practice & Education

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Who has the authority to make changes to the scope of practice?
- The provincial professional associations define the scope of practice for each professional nurse. In Saskatchewan the Saskatchewan Association of Registered Nurses (SRNA) regulates the practice of Registered Nurses (RNs); Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) regulates the practice of Registered Psychiatric Nurses (RPNs) and Saskatchewan Association of Licensed Practical Nurses (SALPN) regulates the practice of Licensed Practical Nurses (LPNs).
- Based on legislation, bylaws are written by the professional associations to define their respective scopes of practice. Any bylaw changes proposed by the professional association are done in consultation with provincial stakeholders and are approved by the Ministry of Health. SRNA, SALPN and RPNAS do not approve the bylaws, rather the ministry does. As key stakeholders, the three professional associations have been asked to work together to come to agreement on SALPN bylaws before they are sent to the ministry for approval.
- As employers, health regions determine how each role functions in clinical service delivery based on patient care needs and the context of care, within the scopes of practice outlined by each professional association. The nursing model of care, or how the nursing team functions together is determined at the regional level.

What does this mean for nurses in Saskatoon Health Region?
- All nursing providers in Saskatoon Health Region are valuable team members.
- There is a role for every nursing provider, RNs, LPNs, and RPNs in our Region.
- Patient safety does not hinge on one professional alone, but rather on high performing Interprofessional teams and safe processes. Every staff member plays an important role in patient safety and excellence in patient care. We must continue to work collaboratively to deliver safe patient and family centered care.
- Understanding the differences in roles is a key component needed for teams to function collaboratively.
- Our current practices will continue until we have clear direction on changes to nursing scopes and roles at the provincial level.
- We have consulted with SRNA to determine that registered nurses in educator roles will continue to teach and certify LPNs for competencies already in place. No new competencies will be developed for LPNs until the bylaw review process is complete.

What has been done to help provide more clarity?
- This summer the Ministry of Health asked SALPN to develop bylaws and supportive documents to clarify the role of LPNs in consultation with SRNA and RPNAS.
- In September, the Ministry of Health appointed Dr. Dennis Kendel to facilitate the process with the three nursing professional associations.
- SALPN bylaws were to be presented to SALPN membership on October 21 for preliminary approval. The ministry requested this be delayed to allow additional time to consult more broadly with stakeholders. No date has been established as to when the consultation will be complete.
The SRNA held a special meeting on October 6 to hear the concerns of its RN members regarding the SALPN bylaws. Two resolutions were presented and passed at the meeting:

1. That the SRNA notify the Ministry of Health in writing that it does not support the proposed bylaw changes of SALPN, particularly in relation to specialized practice for LPNs, safeguarded activities and progressive competencies, for the reasons summarized above, and that the SRNA therefore urges the Ministry to not approve the proposed bylaw changes.

2. That the council and appropriate committees of SRNA act with diligence in upholding the provisions of The Registered Nurses Act, 1988, and in particular the prohibition contained in section 24 (which states no other person other than a registered nurse shall engage with or without hope of reward, in the practice of registered nursing), in order to protect the public and maintain the standards and reputation of the profession of registered nursing in Saskatchewan.

The three professional associations have committed to continue to meet together to come to agreement on the SAPLN bylaws.

As a nurse, what can I do?

- Continue to work collaboratively as a member of the Interprofessional team, providing excellent patient care to patients and families in our care. Make it a personal priority to understand the roles of your colleagues and how they function within your clinical area.

- Have respectful conversations about the professional practice issue away from the bedside. Our patients need to feel safe and supported by the team. Our region has recently identified ten key behaviors to help live our value of respect in the workplace (please refer to last page). SHR also has a policy to support a respectful positive and collaborative work environment which can be found at [http://infonet.sktnhr.ca/PPP/PoliciesProcedures/7311-30-001.pdf](http://infonet.sktnhr.ca/PPP/PoliciesProcedures/7311-30-001.pdf)

- Be respectful in what you post on social media, such as Facebook, Twitter, and blogs. Canadian Nurses Protective Society (CNPS) has provided some direction in the attached infoLAW publication related specifically to the use of social media and can be found later in this newsletter. SHR also has a policy to guide the use of social media in this region and can be found at [http://infonet.sktnhr.ca/PPP/PoliciesProcedures/7311-20-017.pdf](http://infonet.sktnhr.ca/PPP/PoliciesProcedures/7311-20-017.pdf)

- Speak up if you witness a behavior that is not respectful. Talk to your manager about concerns you may have.

What is SHR doing to provide role clarity in this region?

1. Care Delivery Review and Design

- To ensure safe care delivery with high functioning Interprofessional teams, work began on two pilot units in 2013 to help to provide clarity related to Interprofessional roles and how team members work together.

- The Care Delivery Review and Design (CDRD) team has been working with CTU 6200 and Acute Care Pediatrics to develop a rigorous process to review models of care based on three factors: the needs of patients and families, the providers caring for them and the environment where care happens.

- A 3P (Production Preparation Process) was held in June to design the future state care processes for Interprofessional providers.
Nursing Professional Scopes of Practice in Saskatoon Health Region (continued from page 3)

- A new model of care delivery for the nursing team was designed as part of the Interprofessional process. We will continue to develop this model as we get further clarity from our professional associations.
- As we continue to work on our processes, we will stay informed about the progress of the professional associations and ensure that what we are asking our staff to do is within their scope of practice and ensures our patients are cared for safely.

2. Regional Framework for Nursing Roles

- A regional framework to clarify nursing roles and responsibilities is currently in development. The initial focus of the framework is on roles in acute care. We have been working with the professional associations over the past year to clarify the differences in roles. The draft document can be found on the internal infonet at [http://infonet.sktnhr.ca/nursingaffairs/Documents/Main%20Page/Invitation%20for%20feedback%20-%20Framework%20-%20roles%20and%20responsibilities%20draft%20May%202014.pdf](http://infonet.sktnhr.ca/nursingaffairs/Documents/Main%20Page/Invitation%20for%20feedback%20-%20Framework%20-%20roles%20and%20responsibilities%20draft%20May%202014.pdf)

3. Telemetry Care

- With respect to telemetry care, in May representatives from SHR, SRNA, SALPN and the Chief Nursing Officer from the Ministry of Health used the Staff Mix: Decision-Making Framework for Quality Nursing Care (CNA, 2012) to review the skill mix on RUH 6000 Cardiosciences. The review determined that SHR is taking into consideration the dynamic nature of patient acuity needs on Unit 6000, legislated scopes of practice and competencies, as well as junior/senior staff mix in optimizing assignments of care to ensure patient safety. Further to this, we are currently working to develop tools and processes that align patients with the most appropriate provider.

4. IV Push Medications

- The Regional Nursing Practice Committee reviewed requests from two clinical areas (RUH OR and Acute Care Pediatrics) to have LPNs administer medications by IV push. The OR request was approved in principle; however, the implementation process has not been initiated as the committee is waiting for further clarification on the LPN bylaws to move forward. Although SALPN has added this function to the LPN scope, LPNs are not giving IV push medications at this time.

Social media websites such as Facebook, Twitter, Google+, Myspace, YouTube and blogs allow us to communicate in real-time with “friends” or the public. Nurses use these sites as research and educational tools, for information sharing and as a way to network. Understanding the risks involved in using social media may prevent potential adverse personal and professional consequences.

Confidentiality and Other Professional Obligations

Nurses, like other health care professionals, are held to a high standard of confidentiality with respect to all patient information. Professional practice standards regarding confidentiality, therapeutic boundaries and professional image are engaged when nurses use social media in connection with their professional activities. Nurses are required to conduct themselves with a professional manner towards patients and colleagues. Failure to abide by these standards can lead to serious legal consequences. For example, a nurse was found guilty of unprofessional conduct by her professional licensing body because she posted a patient’s first name and the patient’s personal health information on a co-worker’s Facebook page. Another example is the termination of employment of a personal care giver because of the postings on her blog. She posted personally-identifying information about residents without their consent and made derogatory comments about residents, colleagues and management. If this person had been a regulated health professional, such as an RN, LPN or RPN she could have also faced disciplinary action by her professional licensing body. The breach of professional standards could also result in a prosecution against the nurse for breach of privacy legislation.
Social Media Risks

Scope of distribution
Because information in electronic form is easily distributed, archived and downloaded, the person posting the information may have very little control over who sees it and its use.

Permanence of information
Postings to social media sites are generally permanent records that cannot easily be deleted. Copies of deleted information may still exist on search engines or in friends’ (or others’) electronic files. During sentencing of a young man who had posted explicit photos of his teenage ex-girlfriend on Facebook, the judge stated: “What you chose to do is unfortunately something that cannot be undone.... There’s no delete button on the internet. Those things float forever on the internet.”

Misapprehension of the extent of privacy controls
Although these sites have privacy controls, be aware that the default for many of them allows others to see some of the posted information. Even information on a social media website that is not normally publicly available may have to be disclosed in court if relevant to the issues in a proceeding.

Pseudonyms
Posting anonymously or under a pseudonym does not protect against the possible consequences of a breach of confidentiality or defamation.

Reputation damage
Postings may come back to haunt you on a personal or professional level. Many employers check social networking profiles of current and prospective employees looking for misconduct or inappropriate behavior.

Before communicating on a social media website, always consider what is said, who might read it and the impact it may have, if viewed by an employer, a patient or licensing body.

Risk Management
To decrease your professional and personal risks, consider adopting the following best practices:
• avoid posting/sharing confidential information: an unnamed patient or person may be identifiable from posted information;
• avoid using social media to vent or discuss work-related events or to comment on postings by others;
• avoid posting negative comments about your colleagues, supervisors and other health care professionals; disclosing information obtained at work could be considered unprofessional and, if erroneous, could lead to a defamation claim;
• respect and enforce professional boundaries: becoming a patient’s electronic “friend” or communicating with them through social media sites may extend the scope of professional responsibility;
• be aware that it is difficult to ascertain whether individuals providing or seeking information through a social media account are who they say they are;
• avoid offering health-related advice in response to comments or questions posted on social media sites; if relied upon, such advice could lead to professional liability;
• make your personal profile private and accessible only by people you know and trust;
• create strong passwords, change them frequently and keep them private; and
• present yourself in a professional manner in photos, videos and postings.

Before communicating on a social media website, always consider what is said, who might read it and the impact it may have, if viewed by an employer, a patient or licensing body.

Please contact CNPS at 1-800-267-3390 if you have further questions regarding the professional implications of using social media and visit our website at www.cnps.ca

1. Be present and listen actively – ask questions to understand. Good listening means giving the speaker your full attention. Non-verbal cues like eye contact and nodding let others know you are paying attention and are fully present for the conversation. Avoid interrupting or cutting others off when they are speaking. When you hear something that you don’t understand, ask questions for your understanding.

2. Acknowledge clients and coworkers with a greeting. Notice those around you and smile. This acknowledgement, combined with a few sincere words of greeting, creates a powerful connection. Practice courtesy and kindness in all interactions.

3. Encourage each other. Encourage your co-workers to share their ideas, opinions and perspectives. Find ways to say “thank-you” and let them know you appreciate their work, especially when someone goes out of their way to assist you.

4. Share information. When people know what is going on, they feel valued and included. Be sure everyone has the information they need to do their work and know about things that affect their work environment. Sharing information and communicating openly signals you trust and respect others.

5. Find ways to recognize the contribution of others. Share the responsibility for praise and recognition of each other and our accomplishments. Commit to spreading positive news and goodwill; refrain from gossip and destructive conversation.

6. Speak up. It is our responsibility to ensure a safe environment for everyone at Saskatoon Health Region; not just physical safety but also mental and emotional safety. Create an environment where we all feel comfortable to speak up if we see something unsafe or feel unsafe.

7. Give and receive feedback respectfully:
   a) describe the situation
   b) express its impact
   c) check your assumptions
   d) invite the other person’s point of view
   e) mutually agree on where to go

8. Be open to trying new things and standard work. We need to be continuously improving the way we do our work. Share your ideas for improvements at daily huddles and in Kaizen events and build on each others ideas. When new ways of doing work are introduced follow the new standard work – and keep bringing ideas for improvement to the team.

9. Be a team player – give and receive help, share work. When you are finished your tasks look at how your co-workers are doing with their tasks and step in to help them complete their tasks. When someone steps in to help you with your tasks say Thank-you for sharing the work and helping you do your best work.

10. Be patient with self and others. We are all here to do our best work. Sometimes we will make mistakes. Mistakes help us figure out how we need to work differently and help us learn. When someone makes a mistake, ask them if you can give them some feedback and then provide it respectfully. Mistakes are an opportunity to grow and develop.

For additional tools and resources on a respectful workplace visit the department of “Organizational Learning and Leadership” on the Infonet.