**PPNO List Serv Query Summary Template**

Rivera Rose Markham Stoufville Hospital rrivera@msh.on.ca

Last Name First Name Institution Info email

Contact for further information:

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Date of Summary:

Abbreviated Question (as it will appear on search results page)

We are exploring optimizing scope of practice for our RNs, RPNs, and PSWs. We were wondering if any other acute care organizations have embarked on this process already, and if so, can you share which strategies you used and any key learnings?

[x]  Policy/Procedure [x]  Practice [ ]  Program Info [ ]  Committee Structure info [ ]  Role [ ]  Students

[x]  Model/Structure [x]  Care Delivery [ ]  Collaboration [ ]  Regulation/Legislation [ ]  Pt. Safety

[ ]  Quality/Outcome/Indicator [ ]  PP Culture/Leadership [ ]  Other:

Keyword(s)

Check 1 or 2

Required

for website

archiving

Responses: Please cut and paste responses from emails into the table, save and send summary table to PPNO List Serv. Allow 3 weeks for responses to filter in before sending final version.

| Responder Info | Answer | Attachment(s)\*  |
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| George Fieber RNNursing Practice LeaderThunder Bay Regional Health Sciences CentreOffice: (807) 684-6691Cell   : (807) 629-0889 | I am attaching our current policy. Please note that it is due for review.Also, we did our first revision of scope of practice in the late 90's and have gone through this process 3 times.  |  |
| Selina Fleming MN, BScN, RNHPHA EducatorHuron Perth Healthcare AlliancePhone: 519.272.8210 x2325Clinton Public Hospital - St. Marys Memorial Hospital - Seaforth Community Hospital - Stratford General Hospital | We are a 4 hospital organization and have 3 nurse educators supporting all 4 sites and 500 nurses; approximately 1/3 of which are RPNs. We haven’t been involved in the PSW role so unfortunately I can’t speak to that group but I’ve provided some takeaways for the nurse group. We created a presentation around nursing scope of practice a few years ago. I’ve attached it above should you be interested. I haven’t reviewed it in a little bit so it may need updating. This was made into an eLearning so nurses can reference as needed. Clarity around the roles of different groups seemed to be a challenge at our organization so I highly recommend ensuring groups have a good understanding of each other’s roles and how they complement one another.  One part of optimizing scope of practice is reviewing skill set. We tend to try and optimize nurses’ skill set on an ongoing basis. For example, 4 years ago, we trained the RPNs to spike and administering PRBC, taking verbal orders and refreshed their IV insertion skills. We also trained RPNs to access and care for Central Venous access devices and administer approved medications IV direct (when appropriate) as an alternate route. Two years ago, our RNs were also provided training to insert Intraosseous devices and are supported via a medical directive. We have a very supportive Chief Nurse Executive (CNE) which if you have support from leadership, will be one of your greatest assets when optimizing nursing scope. We also try wherever possible and appropriate, to use the term “nurse” rather than specifically RPN or RN in policies so as not to hinder one group or another from performing certain assessment/skills that are indeed within a nurse’s scope. When there are differences in performing aspects of their role we will be prescriptive and use the appropriate designation. For example, our PICC Line Care and Maintenance policy states:*This policy applies to all nurses who have received appropriate theoretical preparation to care for patients requiring nursing interventions related to peripherally inserted central catheters (PICC) at the Huron Perth Healthcare Alliance (HPHA).  Removal of PICCs is restricted to registered nurses (RN) who have met the competency requirements listed in this policy .*I also recommend having a clear implementation plan in writing for any new skill or practice changes. We create and provide leadership with a comprehensive plan which helps us stay on track, communicate changes and provide training to the groups that required it. These are a few strategies that have worked well for us over the years. Happy to chat further at any time should you have more questions. |  |
| Shona Kroeker RN, BScN, PME**Clinical Educator** for -  Mental Health, Complex Care, Palliative, Rehabilitation, Stroke, & Willett Site**District Stroke Educator**Brant Community Healthcare System200 Terrace Hill StreetBrantford On, N3R 1G9(519) 751- 5544 **ext 2702****shona.kroeker@bchsys.org** | Our Policy on Standards of Patient Care- has an appendix that speaks to the Expectation and Limitations for PSW. We do not have anything specific on RN vs RPN scope of practise.  |  |

\*Imbedding Attachments: When in a document, with the cursor in the place where you wish to insert another document as an icon, Go to Insert, choose "Object" (not 'file') choose "Create from File" browse for the file name from your directory, once found, check off "Display as Icon" select "OK” The document Icon now appears in this document where your cursor was positioned. Save the document you are working in and the imbedded icon with the document they relate to attached will also be saved to this document.