Not Responsive

S. 22

From: Jo Wearin
Sent: Thursday, May 19, 2011 4:35 PM
To: McLachlan, Debbie HLTH:EX; Beckett, Daryl K HLTH:EX
Cc: Stewart, Sharon A HLTH:EX; 'Patricia McDonald'; XT:HLTH Harvey, Janice;
Subject: RE: Revised Draft LPN Scope

Debbie and Daryl,

I just got home and reviewed Daryl's notes. I have clarified some overlap that was created as Elaine and Daryl were working from different versions. I think this version has incorporated all Daryl's suggestions. Elaine asked me to send this version on you for review.

We will have copies of both versions and a copy that can be e-mailed to the CNO who will be off site. We can decide tomorrow if you are comfortable with this version.

Jo Wearing
Policy Consultant

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From: Elaine Baxter [mailto:ebaxter@clpnbc.org]
Sent: May-19-11 2:02 PM
To: McLachlan, Debbie HLTH:EX; Beckett, Daryl K HLTH:EX
Cc: Stewart, Sharon A HLTH:EX; Jo Wearing; Patricia McDonald; Janice Harvey;
Subject: Revised Draft LPN Scope

Debbie and Daryl – I think we captured all of your notes – but because we had incorporated Debbie's before we received Daryl's, we left 5, 6 and 7 as Jo had changed earlier today ..we will leave for further discussion if Daryl's comments are not addressed.

We have hard copies for all of the CNOs and you at tomorrow's meeting. Pat has copies for Jo and Kathy at the air terminal in AM.

Regards,
Elaine

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COLLEGE OF LICENSED PRACTICAL NURSES OF B.C.

SCOPE OF PRACTICE for Licensed Practical Nurses

Key issues for Discussion

May 19, 2011

PROPOSED ASSUMPTIONS

This proposed set of assumptions is intended to guide consultation on the scope of practice for Licensed Practical Nurses (LPNs). Agreement among stakeholders on the proposed assumptions is the first step in moving toward a revised Regulation for LPNs. Following discussion with the Ministry of Health, these draft assumptions have been revised from those contained in the consultation document entitled "*CLPNBC Project on Restricted Activities for LPNs"* that was circulated to the Professional Practice Offices (PPOs), Chief Nursing Officers (CNOs), and the MOHS on December 23, 2010.

Each assumption is presented below with further discussion in *italics*.

1. The scope of practice for LPNs will be based on the *Baseline Competencies for Licensed Practical Nurses Professional Practice (February 2009).*

   Agreement has been reached on the 2009 baseline competencies for LPNs and those competencies will be reflected in a revised Nurses (Licensed Practical) Regulation. The new provincial curriculum based on the 2009 competencies will also assist in determining the baseline preparation of LPNs for specific restricted activities. LPNs may move beyond entry level practice through post basic educational preparation. These post basic areas of practice and the required competencies will be determined through an additional consultation process.

2. The requirement for either direction by a medical practitioner who is attending the patient or supervision by an RN who is providing services to the patient will be removed from the revised regulation for LPNs.

   The CLPNBC assumes the requirement for supervision will be removed in the revised regulation for LPNs. The HPC did not recommend a requirement for supervision in its report to the government (Health Professions Council, 2001a, Tab 7A, p. 20). The CLPNBC does not believe that supervision is appropriate for a self-regulated profession working within its legislated scope of practice. The removal of the requirement for supervision from the revised Nurses (Licensed Practical) Regulation does not refer to employment supervision which will continue to be the employer's responsibility to determine.

3. The scope of practice for LPNs will be articulated with restricted activities, both with and without an order. "Order" will be defined as it is in the *Nurses (Registered) and Nurse Practitioners Regulation*. This approach also means LPNs will not require an order to provide services that do not include the performance of any restricted activities.

   The same basic structure used in the Nurses (Registered) and Nurse Practitioner Regulation will be used in drafting the revised Nurses (Licensed Practical) Regulation.

Generally restricted activities that are performed with an order are stated less specifically in the Regulation. This approach reflects the additional control over practice when another provider is required to determine the appropriate intervention by assessing the client and issuing an order to provide a service that includes a restricted activity.

In the new Regulatory Framework the government develops a scope of practice statement and, as/when appropriate to the profession, assigns restricted activities in a Regulation for each profession. The scope of practice statement describes in general terms what a profession does and how it does it. Restricted activities are higher risk clinical activities that must not be performed by any person in the course of providing health care services, except members of a regulated profession that has been granted legislative authority to do so based on their education and competencies. Under the new regulatory system, LPNs will be recognized as having autonomous practice (i.e., ability to act without an order or supervision) for nursing services that do not include restricted activities.

4. LPNs will be authorized to carry out orders given by RNs (and other specified health-care providers such as MDs, nurse practitioners and dentists) to provide a service that includes a restricted activity if:
    - the other providers have the authority to perform that restricted activity without an order, and
    - LPNs may only perform that restricted activity with such an order.

    RNs currently provide clinical direction to LPNs related to nursing care in the form of care plans and verbal instruction in many practice settings, such as direction for wound care. It is likely that RNs will have some areas of autonomous practice (authority to carry out restricted activities without an order) not shared by LPNs. If this occurs, and unless the LPN is able to follow the order of a collaborating RN, the LPN will need to seek an order from an MD or an NP.

    Under the new regulatory framework, the government has authorized some practitioners to give orders to others. For example, MDs and nurse practitioners can give orders to RNs. Regulatory supervision requires the supervising professional to assess and monitor the competence of the individual they are supervising. However, under an order, the ordering practitioner is responsible only for the ***quality*** *of the order they provide. They are not expected to ensure the* ***competence*** *of the practitioner who is carrying out their order.*

    The CLPNBC believes that an order from an RN for services that include specific restricted activities is more appropriate than the current requirement for regulatory supervision of LPNs. The CLPNBC noted that Ontario permits RNs to give orders to LPNs. Some employers may be concerned about the possibility of more friction and hierarchical issues among the nursing groups if RNs give orders to LPNs. In addition LPNs may be assigned primary nurse responsibility for a client rather than sharing a patient assignment with an RN. In that case the RN may be asked to take over care beyond the scope of practice of an LPN or the LPN may obtain an order from an MD or NP.

5. The CLPNBC will focus its standards, limits, and conditions (SLCs) work on the practice of LPNs that is beyond the 2009 baseline competencies.

The Ministry of Health sets the framework for the scope of practice of professionals through the general scope of practice statement and the assignment of restricted activities that may be performed while providing services that fall within the scope of practice statement. The College sets standards, limits and conditions that provide additional clarity regarding the scope of practice of health professionals. The baseline competencies of LPNs are clarified in the 2009 competencies document and the Practical Nursing Education curriculum (currently under development). Therefore, the College has identified as a priority the need to focus on standards, limits and conditions for services that are within scope but beyond baseline practice.

Standards, limits, and conditions developed in consultation with stakeholders, including professions with the authority to order the restricted activity provide additional specificity related to appropriate post-basic activities. This will support more provincial consistency in the post-basic educational preparation and practice of LPNs.

PROPOSED SCOPE OF PRACTICE STATEMENT

The HPC recommended the following scope of practice statement for LPNs:

> The practice of nursing by licensed practical nurses is the provision of health care for the promotion, maintenance and restoration of health; and the prevention, treatment and palliation of illness and injury, including assessment of health status and implementation of interventions (Health Professions Council, 2001b, p. 2).

The HPC indicated that they have set out distinctions between RNs and LPNs in the scope of practice statement and in the Council's recommendations on reserved acts (Health Professions Council, 2001a, p. 20-21). The CLPNBC does not think omission of the word ***planning*** from the scope of practice statement for LPNs is the best way to create a distinction between the two regulated nursing groups.

CLPNBC believes that the word planning should be added to the scope of practice statement to make clear that LPNs are both educated and expected to carry out the nursing process. Additional distinctions in the scope of practice of the two groups would be better addressed through assigned restricted activities.

PROPOSED RESTRICTED ACTIVITIES FOR LPNs

Based on the consultation carried out by CLPNBC a list of restricted activities was developed that the CLPNBC believes could be part of a posted draft regulation. During the posting period the CLPNBC will develop standards, limits, and conditions, where appropriate, in consultation with stakeholders.

Restricted Activities ***Without*** an Order

For purposes of assessment, put an instrument, or a device, hand, or finger into the external ear canal, and beyond the anal verge.

For purposes of assessment, put into the external ear canal up to the eardrum, air that is under pressure equal to, or less than, the pressure created by the use of an otoscope.

Apply ultrasound for purposes of assessment of bladder volume and blood-flow monitoring.

Compound, dispense, or administer a Schedule 2 drug for the purpose of preventing disease using immunoprophylactic agents

Diagnose anaphylaxis and administer a Schedule 1 or 2 drug to treat anaphylaxis.

Apply electricity using a stand-alone automatic external defibrillator (AED).

Put an instrument, or device, hand, or finger beyond the labia majora (to the urethral and vaginal orifice), for purposes of performing hygiene measures and washing beyond the labia majora (considered a restricted activity by the HPC).

Restricted Activities ***With*** an Order

Perform a procedure on tissue below the dermis or below the surface of a mucous membrane.

Administer a substance (not a drug):
- by injection,
- by inhalation,
- by mechanical ventilation,
- by irrigation,
- by enteral instillation or parenteral instillation.

Put an instrument or a device, hand, or finger:
- into the external ear canal,
- beyond the point in the nasal passages where they normally narrow,
- beyond the pharynx,
- beyond the opening of the urethra,
- beyond the labia majora,
- beyond the anal verge,
- into an artificial opening in the body.

Apply ultrasound for diagnostic or imaging purposes, including any application of ultrasound to a fetus.

Compound a drug.

Administer a drug by any method.

If nutrition is administered by enteral instillation, compound a therapeutic diet and dispense a therapeutic diet.

RESTRICTED ACTIVITIES REQUIRING ADDITIONAL CONSULTATION

Some additional activities were identified during the consultation period that are being carried out by LPNs or were suggested as appropriate activities for LPNs. These activities are beyond the 2009 baseline competencies. Many of these activities fall under the proposed restricted activities requiring an order (see the above section) and these issues will be clarified during the consultation on limits and conditions for post-basic activities.

The remaining issues (listed below) would require a change in the proposed restricted activities listed in the section above - Proposed Restricted Activities for LPNs. During the posting period additional information can be obtained regarding the best approach to these restricted activities- both with and without an order. Also additional restricted activities may be identified during the consultation period that can be considered for inclusion in the final revised Regulation for LPNs.

Without an Order

The following restricted activities carried out by LPNs were identified in the consultation as ones that may be appropriate for independent practice (without an order). However, all restricted activities listed below require additional consultation before the CLPNBC will have the information necessary to recommend to the government that these activities be authorized to LPNs, without an order.

- Wound care.
- TB skin testing.
- Administration of oxygen (other than through the emergency exemption).
- Insertion of a urinary catheter.
- Bowel routines involving suppositories and enemas.

With an Order

The following restricted activities are being carried out by LPNs but the CLPNBC believes additional consultation is needed before a determination can be made regarding the appropriateness of inclusion in the scope of practice for LPNs.

- Cast a fracture of a bone.
- Put into the external ear canal, up to the eardrum, a substance that is under pressure.
- Dispense a drug.
- Conduct allergy challenge testing or desensitizing treatments
- Application of laser for the purpose of destroying tissue.