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Treasurer

SERVICE EMPLOYEES
INTERNATIONAL UNION
CLC

MEMBER RESOURCE
CENTRE (MRC)
1.888.999.7348

Saskatoon Office:
200 – 747 46th Street West
Saskatoon, SK S7L 6A1
Phone 306.652.1011
Fax: 306.652.1392

Moose Jaw Office:
39 Athabasca Street West
Moose Jaw, SK S6H 2B6
Phone 306.693.7922
Fax: 306.692.2807

Swift Current Office:
333 Central Avenue North
Swift Current, SK S9H 0L5
Phone 306.773.2536
Fax: 306.773.7535

July 19, 2017

Via Email

Ms. Anita Nivala
Practice Assistant, RNs Leading Change Project
Sask Registered Nurses Association
2066 Retallack Street
Regina, SK S4T 7X5
email: anivala@SRNA.org

Dear Ms. Nivala:

RE: Stakeholder feedback: Standards & Competencies for the RN with Additional Authorized Practice

Please find enclosed the submission of SEIU-West which sets out a summary of the concerns gathered through our internal discussions and in response to your June 28 email.

SEIU-West promotes nursing care delivery models that are based upon the principles of collaboration, mutual respect, and the exchange of knowledge among members of the health care team. Our submissions are offered based upon this perspective.

We believe it is necessary to achieve role clarity in the practical setting and given the indistinctness of the standards and competencies associated with the RN (AAP) we do not support the acceptance of such a bylaw. Respectfully, we see increased potential for role conflict and a risk to safe patient care. While we expect that there will always be a degree of overlap between various roles of regulated health care team members including Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Nurse Practitioners (NP), and Physicians, it is our submission that this document will contribute to added role confusion beyond that which currently exists.

While we understand this process of review has been ongoing since the SRNA's Annual Meeting in 2016, with subsequent approval by Minister Reiter, we have not been involved in this process of consultation as a stakeholder prior to this request. We strongly recommend that a more fulsome and thorough process, which includes all stakeholders such as ourselves, become part of a 'best practise' model that is adopted by both the Ministry of Health and all regulators such as SRNA.

Thank you for your review of our submissions.

Yours Truly,

Barbara Cape
President
SEIU-West

BC/ajz USW 5917

cc: Honourable Jim Reiter, Minister of Health
SEIU-West Executive Board
LPN Network

SEIU-West: Stakeholder Feedback on Standards and Competencies for the RN with Additional Authorized Practice Document

Submitted July 19, 2017

SEIU WEST

SEIU-West represents approximately twelve thousand members who work as health services providers in four affiliated health regions in Saskatchewan. Of these, approximately 1,500 work are practising Licensed Practical Nurses (LPNs).

We thank the Saskatchewan Registered Nurse Association (SRNA) for seeking the input of SEIU-West as an interested stakeholder in the content revisions for the RN (AAP) Standards and Competencies document. We share an interest in the promotion of nursing care delivery models that are founded upon the principles of collaboration, mutual respect, and the exchange of knowledge among all members of the health care team. To this end, we have undertaken a review of this document internally with regulated Licensed Practical Nurses (LPN) who work in various sectors of the health system so as to provide more fulsome feedback.

The document which is the subject of review is brand new to SEIU-West. We were not offered a previous opportunity to review and provide feedback to either the SRNA or the Minister of Health following the initial development of same either prior to the 2016 AGM nor prior to the Ministry bylaw approval process. Therefore, our feedback extends beyond the survey monkey questions provided. Rather, our first question is why the past process of collaboration did not include SEIU-West as an interested stakeholder?

Page 4 – Introduction:

The paragraph which describes the scope of practice for the RN (AAP) establishes it as broader than that of other RNS, since it includes the diagnosis and treatment of individuals with limited common medical disorders as identified in Clinical Decision Tools (see Appendix A).

These Clinical Decision Tools, set out in Appendix A, are developed by the SRNA Interprofessional Advisory Group. The tools should be listed in the Appendix and referenced with clear specificity in the bylaws not set out as a generalized statement. We note that there is no clear indication as to the make-up of the advisory group, beyond what is contained in section 2.2 on page 7. For the purposes of clarity, the decision makers on this Advisory Group should be unbiased and there should be a transparent process of selection that ensures accountability. Will other nursing regulators and/or physician regulators be included? As well, there is a lack of clarity with respect to the common medical disorders that might be included in the resources. There will be no transparency in practice settings if role clarity does not exist and we would submit that a precise definition of 'common medical disorder' is necessary to accomplish this role clarity.

Page 5 – Responsibilities

The opening paragraph sets out that the success of the RN (AAP) is shared among the individual RN (AAP), the SRNA and the employer. This does not account for the enlarged scope of practice for the RN (AAP); rather, it is provides an overall ambiguity that is not helpful on a practical level.

On the following page (section 1.4), it would appear that a hierarchy is being established in the listing of specific members of the health care team followed by 'other health care providers'. Typically, it is required for all members of the health care team to work collaboratively with all other members of that same team.

Section 1.6 and 3.2 are equally problematic in regards to vagueness. What is meant specifically by access to the physician or RN (NP)? In our respectful submission, this should be clearly set out and physical access should be a requirement; there must be some measure of confidence that fulsome communications has occurred so as to ensure patient safety.

By way of example, we have learned that the potential for problems to arise (in Home Care) increases when you increase the number of people who are qualified to write prescriptions

and sign orders. To address this, the current employer policy in Saskatoon Health Region is that all clients must have a Most Responsible Physician (MRP). When Enterostomal Therapy (ETN) and Wound Resource Nurses (WRN) do not send copies of the orders they write to the MRP, there have been instances where such orders contradict those of the MRP. This is viewed as an increased risk to patient safety, therefore the current practice is to use the written work of the ETN and the WRN as a consult only and in order for the patient to receive treatment, there must be a physician order.

Page 8 – Standards and Competencies

It is noted that there is no prescribed added educational requirement (either theoretical or practical components) for the individual RN to achieve the enlarged scope of practice to the RN (AAP), beyond the foundational educational requirements of the RN. We would submit that the scope of practice of any profession should be established based upon optimizing the full range of roles, responsibilities and functions that they are educated, competent and authorized to perform. This document appears to enlarge both the competence and authorization values without any equal recognition for an increased education value. We are unable to reconcile safety and competence in the provision of care without this added education and knowledge component. In short, who becomes qualified as the RN (AAP)? Does this document provide for all RNs to reach the enlarged scope of practice to the RN (AAP)?

Page 9 – Standard II: Knowledge-Based Practice

Under Specialized Body of Knowledge, we acknowledge that 'a RN (AAP) does draw on diverse sources of knowledge and ways of knowing'; however, this cannot be distinguished from what a RN or a LPN does in everyday practice. There is an ongoing professional responsibility for all individuals who fulfill a professional role to build upon their foundational competence through participation in continuing professional development. This should not, however, translate into the broadening of one's scope of practice through the vehicle of a bylaw, without added specialty education (both theoretical and practical) to ensure patient safety.

Page 11 – Area iii) Provides registered nursing care

We would submit that nursing is the provision of care. This needs to be distinguished from the functions of other members of the health care team who either inform and/or provide the diagnosis or prescribe treatments for patients. It would appear that the expected role of the future RN (AAP) is by design to practice medicine by way of providing a diagnosis and order or prescribing treatment.

Under items 16 and 17 (together with Appendix B), there does not appear to be any established limits as to diagnostic test that an RN (AAP) can order or the pharmacotherapy that an RN (AAP) can prescribe. This is concerning, both in respect to patient safety and in regards to the rationalization of health care resources.

Page 16 – Glossary

The definition of Accountability should also reference an obligation to accept responsibility for one's inaction.

Conclusion:

While we do share the perspective that the health care system should support an increase in responsibility for all health care professionals, we do not share the vision of the SRNA that this support should be offered exclusively to RNs.

In our view, we must work together to build support mechanisms that will enable all regulated professions to seek full scope of practice. Standards and competencies must achieve a level of clarity and establish accountabilities. Decision-making for the purposes of having the right care provider to perform the right role at the right time must be guided by role descriptions and policies that promote full scope of practice. All of this needs to occur in an environment of mutual respect and acceptance.