Position Statement
Accountability

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) is the regulatory body for Licensed Practical Nurses (LPN) of Nova Scotia. The mandate of CLPNNS is to protect the public; CLPNNS does so by setting and enforcing the requirements for entry into the profession, the Standards of Practice, and a Code of Ethics. The College promotes the delivery of safe, competent and ethical care to clients through the privilege of self-regulation, and through standards of continued competency for its members. The CLPNNS maintains that LPNs are accountable for their own practice and actions at all times.

Assumptions

Licensed Practical Nurses are accountable to understand and maintain a practice that is consistent with

- Code of Ethics and Standards of Practice set forth by the CLPNNS (2011)
- Legislative requirements documented in the Licensed Practical Nurses Act (2006), Regulations and College By-laws
- Policies and/or procedures set forth by the employer

Key Concepts

- Standards for professional accountability are set, monitored, and enforced by the CLPNNS through the Code of Ethics and Standards of Practice (CLPNNS 2011).
- Accountability is an obligation to accept responsibility or to account for one's actions to achieve desired outcomes (Porter-O'Grady & Wilson, 1995).
- Accountability differs from responsibility. Accountability is a continuous compulsory obligation inherent in nursing's purpose. Responsibility, as a component of accountability, can be an intermittent process, whereby the attention is often focused on an accurate or timely completion of a task (Savage and Moore, 2004).
- Accountability cannot be delegated.

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Demonstration of Accountability

Licensed Practical Nurses display accountability in the relationships they have with clients, families, peers, colleagues, employers and others. Licensed Practical Nurses demonstrate accountability by:

- maximizing their critical thinking and problem solving skills through the conscious and deliberate application of theory to their practice
- making autonomous decisions about their own competency and individual scope of practice
- performing and documenting ongoing self-assessments of their learning needs/practice
- developing a plan to meet their learning needs and to support continued competency
- recognizing situations where the needs of the client are beyond their individual scope of practice or competency, and consulting with the appropriate care provider to ensure clients receive safe, competent and ethical care (LPN Act, 2006)
- recognizing (and reporting) when system issues affect the delivery of safe, effective, and ethical care (Goeschal, 2011)
- working as a member of a team
- conducting themselves in a manner that promotes public confidence and integrity of the profession

Accountability, Knowledge and Practice

LPNs are accountable for:

- the information they **know**
- the information they **should know**
- the information they **are reasonably expected to know**

Accountability, knowledge, and practice are connected. Licensed Practical Nurses are accountable to respond to the information they **know, should know, or are reasonably expected to know** and base their nursing decisions on the needs of the client. The degree to which the information is expected dictates the types of nursing decisions and the practice that follow. **Expected** information is information that is consistent with the treatment plan and the expected outcomes. **Unexpected** information is information that is not consistent with the treatment plan or expected outcomes.

Clinical Examples

The following section is designed to help nurses understand accountability through the use of clinical examples. Not every situation is represented. Nurses should reflect on each clinical example and apply the concepts to their own practice context.

Accountable: For the information they know

LPNs are accountable for the specific information or knowledge of a patient/patient care situation they have or obtain.

CLINICAL EXAMPLE	Mary receives a faxed lab report with the results of Mr. MacDonald's morning laboratory testing. The lab report notes that Mr. Macdonald's potassium level is 3.2 mmol/L.
Information they know	Mary is accountable **to know** if there are any pending lab results. As soon as Mary **knows** about lab results, she becomes accountable to address the findings. Her practice is dependent upon whether the result (3.2 mmol/L) is **expected or unexpected**.
Expected Outcomes	Mr. MacDonald is prescribed furosemide to help manage a fluid imbalance associated with heart failure. Yesterday morning, his potassium level was 2.9 mmol/L. In response to this, oral and IV potassium supplements were ordered and the furosemide dose was reduced. The goal of this plan was to continue managing the fluid imbalance without creating a further electrolyte imbalance. The intended outcome was for the potassium level to return to normal in 24–48 hours.
Practice associated with Expected Outcomes	The hypokalemia is resolving, but 3.2 mmol/L is still lower than normal parameters. Mary continues to assess Mr. MacDonald for symptoms associated with low potassium, fluid imbalance, and intolerance to potassium supplements. Mary notes her findings on the client record, and updates the physician to the progress of the potassium levels. She communicates her actions to the RN during a routine "hall huddle" at 1400.
Unexpected Outcomes	Mr. MacDonald is prescribed furosemide to help manage a fluid imbalance associated with heart failure. Yesterday morning, his potassium level was 4.1 mmol/L.
Practice associated with Unexpected Outcomes	Hypokalemia is associated with some diuretic use. Even though it can be expected, there is no treatment plan in place to manage it. Mary communicates these findings to the RN as soon as she discovers them, and they develop a plan together to address this new issue. The plan involves Mary contacting the physician to inform her of the lab values. The physician notes orders for oral and IV potassium supplements, and writes to decrease the prescribed dose of furosemide. Mary transcribes the orders and begins to carry them out. She teaches the client about the new medications and makes revisions to the care plan. Mary adds interventions to strictly monitor intake and output, as well as frequent respiratory and cardiovascular assessments. She notes her actions and her communication with the MD and RN in the client record. She continues to communicate frequently with the RN about Mr. MacDonald's response to the new medication and treatment plan.

Accountable: For the information they know

If the LPN is not the right care provider to act on information or knowledge, she/he is accountable to make sure the right care provider has the information and action is taken.

CLINICAL EXAMPLE	Rob is caring for Mrs. Smith. She has been having ongoing pain. Over the last 6 hours, the pain has become increasingly unresponsive to scheduled and PRN pain medication. The physician writes an order to start a patient controlled analgesia (PCA) pump with morphine sulfate. The continuous dosage is 1 mg per hour, and the intermittent dose is 1 mg every 15 minutes.
Information they know	Rob recognizes that starting a PCA pump is not part of the role and scope of the LPN. As soon as he **knows** about the order, he is obligated to communicate this to the RN with whom he is working, to make sure the pump gets started promptly. Though Rob is not accountable to start the pump, he is accountable to make sure Mrs. Smith gets the necessary safe, competent, and ethical care.
Expected Outcomes	RN Sarah starts the PCA pump according to the physician's orders. She and Rob discuss the nature and frequency of ongoing pain, respiratory, and CV assessments for Mrs. Smith. Together with Mrs. Smith, they set a target of 2–3/10 for her pain score after medication.
Practice associated with Expected Outcomes	Rob teaches Mrs. Smith about the PCA pump, the pain medication, and some relaxation techniques to compliment the pain medication. He also discusses side effects and safety precautions. He decides that a pain assessment will be performed every 20–30 minutes until Mrs. Smith achieves relief, and then hourly after that. Rob and Sarah understand that all adjustments to the PCA pump must be made by Sarah. Rob and Sarah plan to communicate frequently, and they recognize that Sarah is relying on Rob's ongoing assessment to know if, and when, an adjustment is necessary.

Accountable: For the information they know

LPNs are accountable to promptly consult with the right care provider when clients fail to achieve expected outcomes or their needs exceed their individual scope of practice or competency. During the consultation and collaboration process, they are accountable to communicate as frequently as necessary to ensure the delivery of safe, competent, and ethical care.

CLINICAL EXAMPLE	Twenty minutes after the PCA pump has been started by Sarah, Mrs. Smith tells Rob that her face, hands, and ears are itchy.
Information they know	Rob recognizes that Mrs. Smith is having an allergic response to the medication in the PCA pump. Rob understands that he cannot independently manage unexpected variations in client care. He is accountable to consult with the right care provider for guidance and direction, as soon as he **knows** about the variation.
Practice associated with Unexpected Outcomes	Rob pulls the emergency call bell to alert Sarah. Though he cannot independently manage the clinical situation, Rob knows there are interventions he can perform while waiting for Sarah to arrive in the room. He presses the stop button on the PCA pump to stop the flow of medication. He raises the head of Mrs. Smiths' bed and applies 02 2L nasal cannula, as per a PRN order, because he recognizes the importance of protecting Mrs. Smith's airway. Rob collects a set of vital signs and performs a rapid head to toe assessment, concentrating on the respiratory and CV system. Sarah arrives to the room and discontinues the PCA pump. Sarah instructs Rob to administer a PRN dose of anti-histamine while she updates the physician to the changes in Mrs. Smith's condition.

Accountable: For the information they know

If the care provider to whom the LPN reports does not take proper action, (when the LPN's clinical opinion is that action is needed), the LPN is accountable to find another care provider to act.

CLINICAL EXAMPLE	Rob and Sarah remain at the bedside. Mrs. Smith continues to itch and struggle to breathe. Her oxygen saturation level is dropping, and she is getting more and more anxious. Her IV site has infiltrated and while Sarah attempts to re-start the IV she asks Rob to call the physician to request he come to the bedside ASAP. Rob speaks to the resident, who tells Rob, "Relax and wait for the antihistamines to work."
Information they know	Rob recognizes that Mrs. Smith is rapidly deteriorating, and feels that the physician's response is not sufficient to address the issues at hand. **Knowing** this, Rob understands that he is still accountable to make sure an appropriate care provider provides guidance and direction to Mrs. Smith's care.
Practice: **Resident Physicians Available**	Rob repeats his request for the resident to come to the bedside and assess Mrs. Smith. When the resident refuses for the second time, Rob informs him that he feels his response will not adequately manage this situation. He tells the resident that he will contact the attending physician for further guidance. When he is able, Rob documents his conversations with the resident and the attending physician in the client record.
Practice: **Resident Physicians Unavailable**	Rob repeats his request for the physician to come to the bedside and assess Mrs. Smith. When the physician refuses for the second time, Rob informs him that he feels his response will not adequately manage this situation. He tells the physician that he will contact the ER physician (or the Rapid Response Team) for further guidance. When he is able, Rob documents his conversations in the client record.

Accountable: For the information they know

LPNs are accountable to act or intervene if there are signs that the practice of another care provider is not consistent with best practice or standards of care. Action or intervention may be as simple as engaging the other care provider in a conversation about their practice, or it may be complex, such as involving an educator or manager to help address the situation. LPNs may be held accountable for client outcomes if they fail to act or intervene when they know that another care provider's care is not consistent with practice standards.

CLINICAL EXAMPLE	Joan works in a long-term care facility and is the team leader on a 25-bed care area. As part of her role, she reviews each client's flow sheet and plan of care to make certain that goals are being met. The flow sheet consists of tasks specific to each client. As the Continuing Care Assistant (CCA) completes the task, she/he initials the flow sheet. Earlier today, Joan found Mr. Martin in the common room. He was slightly confused, unkempt, and carrying his un-cleaned dentures. Joan summons another care provider to help Mr. Martin to return to his room, so that she can have some time to review his flow sheet and plan of care. According to the flow sheet, Mr. Martin received personal care and changed his clothes, and his dentures were cleaned by CCA Peter. Joan recognizes that there are inconsistencies between her assessment of Mr. Martin and Peter's charting.
Information they know	As soon as Joan **knows** about the inconsistencies between the clinical findings and the documentation, she is accountable to follow-up with the CCA to determine the actual care provided.
Simple situation	Joan speaks privately with Peter about the inconsistencies she has found. Peter informs Joan that this was a documentation error, as he had not yet completed any care on Mr. Martin. He provides care to Mr. Martin and documents appropriately.
Complex situation	Joan speaks privately with Peter about the inconsistencies she has found. Peter informs Joan that this was a documentation error, as he had not yet completed any care on Mr. Martin. He provides care to Mr. Martin and documents appropriately. Joan returns to reviewing client plans, and in doing so she discovers four similar instances where Peter has documented care as provided, despite clear signs that this was not true. Fearing that a client may have a bad outcome because of falsified documentation, Joan brings her findings to the clinical manger to discuss with Peter. Joan's manager asks her to write down a synopsis of the issues she has discovered.

Accountable: For the information they should know

LPNs are accountable to follow-up on information they **know** or obtain the information they **should know**. LPNs are accountable to seek out client information promptly, rather than wait until necessary information is brought to them. LPNs may be held accountable for client outcomes that result because of information the LPN **should have known**.

CLINICAL EXAMPLE	Sheila is caring for Mr. MacDonald who has been admitted with an exacerbation of heart failure. Three days ago, a plan was put in place to reverse an electrolyte imbalance. Two days ago, Mr. MacDonald's potassium level was 3.2 mmol/L, and yesterday it was 3.6 mmol/L.
Information they should know	Sheila **knows** that the electrolyte imbalance was caused by one of the medications (furosemide) used to manage the symptoms (fluid imbalance) of heart failure. Sheila **knows**, even with a reduction in dosage of furosemide, that Mr. MacDonald remains at risk for an electrolyte imbalance.
Practice	Sheila understands that **she should know** Mr. MacDonald's lab values, particularly the potassium level. She knows this information is important to his care and the nursing decisions she will make. Shelia knows that if the information is not readily available, she is accountable to seek it out.
Practice associated with Expected Outcomes	Mr. MacDonald's potassium level is 3.8 mmol/L. Shelia recognizes this as within the expected values. She continues to teach Mr. MacDonald about his medication and possible side effects. She communicates her findings routinely with the RN during the 1400 "hall huddle" and with the MD when she makes rounds. She notes the teaching and communication in the clinical record and makes sure the lab value sheet is filed properly in the chart.
Practice associated with Unexpected Outcomes	Mr. MacDonald's potassium level is 3.5 mmol/L. Shelia expected the potassium levels to be higher. She understands that this small drop could be an early indication of a greater electrolyte imbalance. She communicates her findings with the RN as soon as she discovers them. They make a plan and note the new assessment parameters and interventions on the care plan. Sheila updates the physician with her findings, and communicates frequently with the RN about Mr. MacDonald's response to the new interventions.

Accountable: For the information they should know

LPNs are accountable to communicate with other care providers, ask questions and/or seek clarification to obtain the information **they should know.** LPNs are accountable to determine the type, nature, and frequency of questions to be asked to others. LPNs should ask questions and start conversations that produce enough information. If LPNs are not satisfied with the answers to their questions they are accountable to re-collect, re-assess, or follow-up on client data as necessary. LPNs are accountable to make practice decisions based on the information they receive. LPNs are accountable to seek out client information promptly rather than wait until necessary information is brought to them.

CLINICAL EXAMPLE	Jason is caring for Ms. Miller. Jason has assigned CCA Donna to collect the morning vital signs on Ms. Miller and three other clients. Ms. Miller is prescribed anti-hypertensive medication and is scheduled for a dose at 0900.
Information they should know	Jason **knows** that reviewing a client's vital signs is an important part of the overall client assessment. He recognizes that he **should know** the vital signs before administering the antihypertensive medication.
Practice: Communication/Written	Donna notes the vital signs on the patient care flow-sheet as she takes them. Jason reviews the flow-sheet prior to administering the medication.
Practice: Communication/Questions	Jason reviews the patient care flow-sheet and notes that the 0800 vital signs have not been documented. He seeks Donna out and asks about the vital signs. He reminds Donna that he is accountable to **know** the vital sign reading **before** administering antihypertensive medication. He reminds Donna that it is most efficient if she documents the vital signs on the clients' records as she collects them.
Practice: Re-collects data	Jason reviews Ms. Millers patient care flow-sheet and notes the blood pressure (BP) is documented as 78/52. Jason recognizes this reading as inconsistent with both Ms. Miller's baseline BP readings and his assessment findings (Ms. Miller is awake, alert, and ambulating without weakness or shortness of breath). He decides to re-check Ms. Miller's BP and notes the blood pressure to be 118/62. He documents the BP as a re-check. When he is able, Jason communicates with Donna about the differences in the BP readings.

Accountable: For the information they can be reasonably expected to know

LPNs are expected to have enough knowledge, skill, and judgment to be able to practice in a safe, competent, and ethical manner in their practice context. Employers are accountable to make sure nurses have access to information and education specific to the client populations in which they provide care. LPNs are accountable to perform ongoing self-assessments of their individual needs and to work with educators and employers to attain the necessary information to maintain their competency.

CLINICAL EXAMPLE	Katherine works in an ambulatory clinic. The typical client population consists of patients who have undergone GI, thoracic, or general surgery. Katherine's role includes performing ongoing assessments, treatments, and teaching. She monitors each client to ensure they are achieving intended post-operative goals. She works with the interprofessional team to determine when clients can be discharged from the surgical service and have their care transferred back to the community based family physician. A new physician is being added to the clinic roster. His clients are primarily teenagers with eating disorders and they will be followed twice weekly after discharge from an in-patient mental health facility.
Information they can be reasonably expected to know	Katherine **knows** she is expected to have the necessary knowledge, skill, and judgment to care for clients. She recognizes that she has limited practice experience with teenage clients, clients with eating disorders, or clients with such a significant mental health background.
Practice: Performs a Self-Assessment	Katherine has many years of nursing experience, but not much direct mental health nursing experience. She reviews the Continuing Competency Profile to find out the entry-level requirements for mental health (MH) nursing. She recognizes that she does not have all of the key competencies yet.
Practice: Works with Educator/Employer	Katherine sets up a meeting with her manager and discusses her self-assessment findings. Together they build a learning plan that will help Katherine gain the necessary knowledge, skill, and ability (competency) to care for these clients. Katherine recognizes that even though she has many years' experience as a nurse, she will have ongoing learning needs specific to this population and her comfort and competence will increase as she gains experience in caring for these clients.

Accountable: For the information they can be reasonably expected to know

When an LPN is caring for a client (or working with a group of clients) with care needs that are similar to, but not the same as, their practice context, they are expected to accept or negotiate a reasonable assignment based on what they can do and not what they cannot do. In this situation, LPNs are expected to seek out resources or a mentor for support during the time they are caring for the client or working in the unfamiliar area.

CLINICAL EXAMPLE	Robert works in the OR. Many surgeries have been cancelled due to an intense snow storm. Many staff nurses have been unable to get to work due to the weather. The medicine unit is particularly hard hit as only one nurse for the day shift has arrived and many of the night nurses are staying on. Robert has been temporarily reassigned to medicine unit.
Information they can be reasonably expected to know	Robert **knows** he is expected to have the necessary knowledge, skill, and judgment to care for clients. He understands that he has assessment and technical skills that can be used on the medicine unit. He also recognizes that it has been nearly seven years since he has practiced in the in-patient context.
Practice: Seeks out a mentor/resource person	When Robert arrives on the unit, he finds the charge nurse who introduces him to the team. He informs the team that it has been many years since he has worked in this context and will need some support. Sandy, the charge nurse, agrees to be Roberts's mentor and resource person. Sandy, who is familiar with the unit, can provide Robert with guidance and direction, in this unfamiliar area.
Practice: Negotiates assignment	Robert informs the team that he administers medication in the OR context. He recognizes that he could administer medications to this client population, but he also understands that the lack of routine and familiarity with the medications would make the process slow and inefficient. Robert and the team decide on a co-assignment option. In this option, Robert and another LPN work together. Robert will take on a greater proportion of personal care and PRN medication, and the co-assigned LPN will manage more of the daily medication administration.

Accountable: For the information they can be reasonably expected to know

LPNs are accountable to optimize their practice and recognize the evolution of the profession. LPNs are accountable to work with their employers and others to maximize their contributions to client care and the health system. LPNs can be held accountable if they do not evolve their practice in a manner that is consistent with changes in the professional scope of practice. Individual LPNs who are hesitant to do this (after appropriate support) may be held accountable for client outcomes related to their inaction.

CLINICAL EXAMPLE	Ruby works in long-term care. LPNs assume the team/facility leader role on a regular basis. As part of the team leader role, the nurse provides leadership and mentorship to the other LPNs and CCAs on the unit, make team assignments, and co-manages (with the RN or MD on call) clients who are experiencing variation from the established baseline. LPNs assume this role on a rotating basis after completing employer-based leadership training.
Information they can be reasonably expected to know	Ruby has successfully completed the training and **knows** that she is expected to have the knowledge, skill, and judgment to assume the team leader (TL) role. She is not comfortable in this position and struggles to address team conflict. Typically, she "trades" her team leader shifts with one of the "younger whipper-snappers" who enjoy this role. Today, Ruby has been unable to trade away her TL shift. She is working with three LPNs, none of whom have completed the employer education needed to assume the TL role.
Practice: Appropriate	During shift report, Ruby informs the off-going RN that she has completed the TL training, but still feels uncomfortable in the role. Ruby engages the RN to review key policies and processes (such as the EHS Transfer Policy) with her. She also asks her to review some strategies for managing any interpersonal conflict. Together they review the call list and make sure Ruby has access to the necessary support numbers. Ruby is able to manage a situation where a client develops new onset shortness of breath. She contacts the on-call nursing support, activates EHS, and arranges transport to the local ER.
Practice: Inappropriate	Ruby is upset about being left "alone" and in charge. The off-going nurse tells Ruby that all the clients are doing well and that she does not predict any unexpected issues. A CCA approaches Ruby to inform her that a client is short of breath. Ruby assesses the client and instructs the CCA to stay at the bedside and to provide company and support. The next day, Ruby is asked to meet with the facility manager. The manager asks Ruby why she did not arrange for the distressed client to be transferred to the ER. She informs the manager that she assigned the CCA to sit with the client because she was uncomfortable as the TL and did not know how to transfer a client to the ER.

Accountable: For the information they can be reasonably expected to know

LPNs are reasonably expected to know how to make appropriate assignments for CCAs (or other care providers) in their context. LPNs are accountable to make sure that the skill of the care provider matches the client need. They are accountable for assessment of the client before they assign a task to a CCA or other assistive personnel, and they are also accountable for the outcome of that task.

CLINICAL EXAMPLE	Ramona works on the surgical unit. She works with RNs and CCAs. In her role, Ramona makes the care and task assignment for the CCA.
Information they can be reasonably expected to know	Ramona **knows** she is accountable to make sure clients receive safe, ethical, and competent care. She understands that components of care or tasks can be assigned to CCAs who have the individual competency to perform that task. (She is aware that it is her accountability to make sure that the CCA has the necessary competency before she makes the assignment.) Ramona recognizes that when she assigns a task to a CCA that she is accountable to assess the client, the clients need for the task, and the outcome of the task. The CCA is responsible for the performance of the task.
Practice: Assessing clients' needs and outcomes	Mr. Hall has a simple dressing on his buttocks. CCA Joann is assigned to assist Mr. Hall with his shower. Ramona approaches Joann and informs her of the need for the daily dressing change. She asks Joann to seek her out when she is getting ready to assist Mr. Hall in the shower so she can assess the wound when Joann removes the dressing pre-shower. Joann calls Ramona to the shower room. She assesses Mr. Hall and the wound. The wound is healing, and Ramona determines that outcomes are being achieved. She determines that another dressing is needed and assigns the application of the post-shower dressing to Joann.
Practice: Determining Competency/ Unexpected Outcomes	Ramona wishes to assign the application of the dressing to Joann. She asks Joann if she has this particular competency (successfully completed the dressing change learning module and performed dressing changes with a mentor). Joann answers that she has not completed the number of mentored dressing changes needed for her to be considered competent by the organization. Ramona tells her that she will provide mentorship for her and asks her to let her know when Mr. Hall is ready to have the dressing replaced. Ramona observes Joann perform the dressing change and signs the competency review checklist to indicate this.
Practice: Determining Competency/ Expected Outcomes	Ramona wishes to assign the application of the dressing to Joann. She asks Joann if she has this particular competency (successfully completed the dressing change learning module and performed dressing changes with a mentor). Joann states that she has completed the required number of mentored dressing changes she needs to be considered competent by the organization. Ramona assigns the application of the dressing to Joann. Ramona documents the assessment. Joann documents the dressing change.

Not Accountable

LPNs are not accountable for the actions, inactions, or decisions of others in which they have **no prior knowledge.**

CLINICAL EXAMPLE	Craig works in the emergency department. He is caring for a group of clients who are waiting for transfer to in-patient beds. He is administering medications to Mrs. Richards, who is being admitted due to complications of pneumonia. Mrs. Richards is prescribed the antibiotic ciprofloxin. Craig knows he is accountable to administer medications in a safe, ethical, and competent manner. He recognizes that verifying a client's allergies is part of safe medication administration practices. Craig reviews the client record, and he finds no indications of drug or other allergies. He confirms this with both Mrs. Richards and her daughter.
No prior knowledge	After the necessary safety checks, Craig administers the ciprofloxin. Twenty minutes after giving Mrs. Richards the medications, she goes into anaphylactic shock and is transferred to the ICU. Mrs. Richards' son is very upset, and says that Craig should have known she was allergic to ciprofloxin.
Practice: Not accountable for unexpected outcomes	Craig is not accountable for the outcomes because he had no prior knowledge of Mrs. Richards's allergies. He performed the necessary safety checks, which included reviewing the client record and verifying information with the competent client and her daughter.

CLINICAL EXAMPLE	Amanda practices in a physician's office. Part of her role is to contact clients in regards to INR results. Amanda works within a care directive developed by the physician to determine the amount of warfarin to be given in response to an INR reading.
No prior knowledge	Amanda contacts Mr. Scott to inform him of his INR results. The results, faxed over by the lab, are unchanged from the last reading. Amanda knows that unchanged lab results can indicate stabilization of the warfarin dose. Amanda follows the care directive and instructs Mr. Scott to continue to take the same dose of warfarin. Four days later, Amanda is notified by the local hospital that Mr. Scott has been admitted with the diagnosis of pulmonary emboli; this presumably resulted from inadequate coagulation. It is discovered that the outpatient lab faxed Amanda INR results which were incorrectly labeled as Mr. Scott's.
Practice: Not accountable for unexpected outcomes	Amanda is not accountable for the outcomes. She had no reason to question the results (because unchanged lab results were expected) and she had no prior knowledge of the transcription error.

CLINICAL EXAMPLE	Rebecca is working with Tim, a CCA. Tim is performing HS care. As part of HS care, Tim must make sure that the necessary safety precautions are in place clients who need them. Mr. Kirk has reduced vision. Two nightlights are strategically placed in his room as a strategy to reduce is risk for a fall. Before reporting off for the night, Rebecca checks with Tim to make sure all HS care is performed. He tells her that everything is complete.
No prior knowledge	The next day, Rebecca's manager meets with her to say that Mr. Kirk got out of bed, tripped and fractured his left hip. She tells Rebecca that neither of the nightlights were on.
Practice: Not accountable for unexpected outcomes	Rebecca is not accountable for the client outcomes. She is to trust and respect the input of other care providers, and is not expected to double-check the work of others when such follow-up is not called for. Rebecca asked Tim if he had completed the HS care (including the application of the necessary safety procedures). Making sure that the nightlights were turned on is a safety measure within his scope of employment. Rebecca had no reason to expect that Tim would not turn on the nightlights, or prior knowledge of his failure to do this.

Not Accountable

CLINICAL EXAMPLE	Greg is busy. His co-worker Eric, an experienced LPN, offers to help him by performing the morning vital signs on Greg's patients. Eric notes Ms. Daye's BP as 130/84.
No prior knowledge	Thirty minutes after Greg administers the antihypertensive medication, Ms. Daye is weak, pale, sweating and very dizzy. Greg immediately assesses her blood pressure and notes it to be 68/30. Ms. Daye is stabilized. In following up, Greg discovers that Eric transcribed the BP as 130/84, but in fact it was 92/64.
Practice: Not accountable for unexpected outcomes	Greg assessed Ms. Daye before administering the medication and found nothing in the assessment that would suggest that the BP was not as Eric documented it. He also had no reason to believe that Eric would make an error when taking the BP. Greg is not accountable for the outcome because he did not have prior knowledge of the transcription error.

CLINICAL EXAMPLE	Laurie worked the 11–7 shift while co-assigned with Daniel, an RN from the float pool. She and Daniel co-managed a group of clients. They communicated frequently with each other about the needs of the individual clients in their respective assignments.
No prior knowledge	Laurie is called by her manager the next day and questioned about Mr. Bradley. At shift change, Mr. Bradley was found to be overly sedated; as a result, he was transferred to ICU. Laurie tells her manager that she and Daniel talked with each other frequently throughout the shift about the clients in their assignment. Daniel updated her regularly but mentioned little about Mr. Bradley because, according to Daniel, he was to be discharged in the morning.
Practice: Not accountable for unexpected outcomes	Laurie is not accountable for Daniel's actions or practice. She relied on Daniel to provide her with accurate and appropriate information. Daniel told Laurie that Mr. Bradley was to be discharged in the morning; given this information, Laurie would have no reason to ask questions about his sedation status.

CLINICAL EXAMPLE	Shawna works with Clare, a CCA. Ms. Jane needs the application of a simple dressing. Shawna assesses Ms. Jane and determines that the dressing is required can be applied by a CCA with the competency in simple dressing application. Shawna knows that CCAs gain this competency by attending an education session and performing a return demonstration with a mentor (who is generally the unit educator or an RN or LPN assigned by the educator.) Clare informs Shawna that she has completed the necessary learning module and mentoring, and has the competency to apply a simple dressing. Shawna assigns the dressing application to Clare.
No prior knowledge	The next day, Shawna learns that Clare applied the wrong dressing to Ms. Jane and as a result, he went nearly 24 hours without the right treatment.
Practice: Not accountable for unexpected outcomes	Shawna is not accountable for the outcome. Shawna is not expected to track down the documentation of Clare's competency or ask her to produce her credentials. Shawna is expected to ask Clare about her competency. Clare misinformed Shawna by claiming to have the organizational and technical competency needed to perform a simple dressing. Shawna had no reason to expect that Clare would misrepresent herself. The employer is accountable to monitor and track the documentation of skills and competencies of other care providers, such as CCAs, LPNs, or RNs.

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