

# Guidelines

Effective Utilization of RNs and LPNs in a Collaborative Practice Environment



College of Registered Nurses  
of Nova Scotia



# Acknowledgements

These Guidelines - Effective Utilization of RNs and LPNs in a Collaborative Practice Environment have been approved by:

College of Registered Nurses of Nova Scotia  
4005 - 7071 Bayers Road  
Halifax, NS B3L 2C2  
Tel 902.491.9744  
Toll-free (NS) 1.800.565.9744  
Fax 902.491.9510  
info@crnns.ca  
www.crnns.ca

College of Licensed Practical Nurses of Nova Scotia  
Suite 302 - 7071 Bayers Road  
Halifax, NS B3L 2C2  
Tel 902.423.8517  
Toll-free (NS) 1.800.718.8517  
Fax 902.425.6811  
info@clpnns.ca  
www.clpnns.ca

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# Introduction

In Canada, registered nurses (RNs) and licensed practical nurses (LPNs) have worked together in the health care setting since 1938. In Nova Scotia, regulated nursing practice began in 1909 with the formation of the Graduate Nurses' Association of Nova Scotia, currently known as the College of Registered Nurses of Nova Scotia (CRNNS). Regulated practical nursing practice began in 1957 with the formation of the Nova Scotia Certified Nursing Assistants Association currently known as the College of Licensed Practical Nurses of Nova Scotia (CLPNNS).

In the current climate of health reform the practice of both registered nurses and licensed practical nurses continues to evolve in order to meet the health needs of Canadians. In this province, with the introduction of the Model of Care Initiative in Nova Scotia (MOCINS), all nurses (RNs and LPNs) have been encouraged to optimize their roles and practise to the full extent of their individual level of competency, based on their education and experience. This evolution requires not only RNs and LPNs but also health care managers to better understand the roles and responsibilities of each type of nurse so that they are more effectively utilized in an ever changing health care environment.

Increasingly there is a need to demonstrate how nurses provide care, the interventions or actions used by nurses to influence client health outcomes, and the appropriate mix of nursing staff necessary to provide safe competent care (White & Pringle, 2005). Nursing-outcomes research attempts to establish which nursing interventions contribute to desired outcomes and are cost effective; and make nursing interventions understandable to other professions, administrators and clients (Schreb, 2001). Such research helps answer the question "is the right person providing the right care at the right time"?

Based on the best available current evidence, decision makers need to consider the key differences in the fundamental values of the professions, knowledge base, critical thinking skills, and the inherent qualities of RNs and LPNs to ensure the appropriate utilization of each of their services in the practice setting.

## Purpose

The purpose of these guidelines is two-fold:

1. To provide information to assist RNs and LPNs to better understand their own and each other's roles and responsibilities, for more effective collaboration and appropriate utilization within the health care system in Nova Scotia.
2. To assist managers (whether nursing or non-nursing) to determine the right mix of RNs and LPNs that will enhance client health outcomes.

Upon review of this document, the anticipated outcome is that clients will receive the right care, at the right time, from the right nursing care provider to best meet their health outcomes in Nova Scotia.

These guidelines compliment the following documents:

**CRNNS:**

- Scope of Nursing Practice for Registered Nurses in Nova Scotia (2009)
- RNs Determining Scope of Practice in NS (available soon)
- RN Brochure (available soon)
- Today's Nurses ... at a glance (2007) English / French brochure
- Assignment & Delegation Guidelines for RNs & LPNs (available soon)

**CLPNNS:**

- Position Statement - What is a Licensed Practical Nurse?
- LPN Scope of Practice (available soon)
- Assignment & Delegation Guidelines for RNs & LPNs (available soon)
- Today's Nurses ... at a glance (2007) English / French brochure

## Guiding Principles for Collaborative Practice

In health care, all health professionals are expected to work collaboratively with each other and in partnership with the person receiving care. Effective inter-professional collaborative practice is centered on the needs of clients as they partner with the most appropriate health professionals in order to meet their healthcare needs (Health Professions Regulatory Network Joint Position Statement, 2008).

Within the discipline of nursing, the following principles of collaborative practice underpin the intra-professional collaboration between registered nurses and licensed practical nurses.

### Focus On and Engagement of Clients

Clients are integral members of a collaborative practice health care team and when actively engaged in managing their own health become part of the decision-making team rather than passive recipients of health care. Effective communication between team members and clients leads to improved client satisfaction and better client outcomes.

### Population Health

A population health approach uses the determinants of health to address client needs. Clients and health professionals work together in determining how clients can effectively promote their health and/or manage their illnesses.

### Trust and Respect

Members of a collaborative practice health care team must have a basic understanding and respect for each other's roles and trust that all team members will consult and collaborate appropriately when clients' needs are beyond their scope of practice.

## Effective Communications

Effective communication is an essential component of collaborative practice and central to a common philosophy of care and knowledge exchange (CRNNS, 2008). The team must not only understand the concerns, perspectives, and experiences of the client and family, but also their environment and combine this understanding with the capacity to communicate this to others, so that positive client outcomes can emerge.

## Consultation

RNs, LPNs and managers are responsible to ensure that the client is matched with the nurse whose scope of practice best meets their health care needs. Intra-professional collaboration most often occurs in the clinical setting and requires both time and resources for efficient and effective consultation, as often as necessary, to meet client needs. Consultation involves seeking advice or information from a more experienced or knowledgeable nurse or another health care professional. The complexity of client care needs, the nurse's competence and resources available in the practice setting, influence the amount of consultation required. During a consultation, nurses clarify their reasons for consulting and determine an appropriate course of action. Unless care is transferred, the nurse who sought consultation is still accountable for the client's care (CNO, 2011).

Consultation results in one of the following actions: a) the nurse receives advice and continues to care for the client, b) the nurse transfers an aspect of care to the consultant and, c) the nurse transfers all care to the consultant. When any care is transferred from one nurse to another, the accountability for that care is also transferred (CNO, 2011).

When an assignment involves the expectation of consultation, nurses must assess that the required consultative resources are available. This means managers have an accountability to ensure resources such as policies, procedures and well-understood role descriptions are in place to support staff utilization decisions and the time and resources (standardized assessment tools, established plan of care and appropriate staff-mix) needed for consultation, as often as necessary, to meet client needs (CNO, 2011).

## Assumptions

The following assumptions are presented to guide the decision making required for the most effective utilization of RNs and LPNs in any collaborative practice setting.

1. Staff mix decisions are based on the results of an assessment of the client population served, and their overall health needs. A care delivery model is designed so that the right staff mix is in place to meet the health outcomes of the client population served.
2. There are two categories of nurses in Nova Scotia – registered nurses (RNs), which include nurse practitioners (NPs) and licensed practical nurses (LPNs).
3. All nurses practice in a manner that is consistent with legislation, their standards for practice, codes of ethics, and scopes of practice.
4. All nurses are accountable for their decisions, actions and the consequences of those actions. Nurses are not accountable for the actions and decisions of other nurses or care providers in situations in which they have no way of knowing about those actions (CNO, 2011).
5. RNs and LPNs study from the same body of nursing knowledge. LPNs have core nursing knowledge. The knowledge base of the RN is broader, in depth and more comprehensive. As a result, the level of autonomous practice of the RN differs from that of the LPN (CNO, 2009).

6. Licensed practical nurses are educated to practice independently and manage predictable clients who have less complex care needs via an established plan of care. When LPNs provide care to clients with more complex needs and unpredictable health outcomes, they must consult with an RN (or other appropriate health care provider).
7. RNs are educated to provide all levels of nursing care whether caring for stable clients with predictable outcomes or working with clients with unpredictable outcomes and whose health needs are acute, complex and rapidly changing.
8. All nurses, throughout their careers, are expected to continually enhance their learning by adding to their foundational knowledge base and becoming expert in a particular area of practice. A continuing competence program (CCP) is one strategy that can be used to integrate learning into nursing practice.

## Framework for Nursing Practice

Legislation, nursing practice standards, employer policies and individual competencies all impact the practice of nursing. All nurses must follow their legislative authority in order to practice nursing in Nova Scotia and practice according to the nursing practice standards as developed by their respective colleges. Employer policies and the nurses' individual competencies are unique to the practice environment and influence each nurse's individual scope of practice.

Further information and examples illustrating these four elements (legislation, nursing practice standards, employer policies, and individual competence) can be found in APPENDIX B at the end of this document.

## Scope of Practice

It is well understood, that the overall scope of practice for any profession sets the outer limits of practice for all members, yet at the same time retains flexibility so that establishing rigid boundaries does not threaten the ability of the profession to grow and develop (Lillibridge, Axford, and Rowley, 2000). The scope of practice of an individual RN or LPN may be constrained by education, experience, and the authority given to that particular nurse to perform all of the functions outlined within the definition of the practice of nursing (RN Act) and the practice of practical nursing (LPN Act).

The information included in this section is meant to enhance the knowledge of the collaborative health team, in particular RNs, LPNs and health care managers, about the similarities and differences in scope of practice for each profession so that effective decisions are made in matching client needs to either a registered nurse or a licensed practical nurse in any practice setting.

## REGISTERED NURSES

The practice of nursing as defined in the RN Act (2006) identifies the activities that can be performed only by registered nurses as there may be significant risks to the public if individuals lacking the necessary skills, knowledge and judgment perform them. The scope of practice for registered nurses includes all elements found within the scope of practice of the licensed practical nurse, the core of the nursing process, as well as the requirement of specialized skills, expert knowledge and professional judgment or, in other words, competency to manage complex care.

## **Educational Preparation**

Individuals aspiring to become registered nurses must graduate from an approved nursing program and pass a national exam. RNs have always been educated to provide all levels of nursing care. Many practicing registered nurses have graduated from hospital schools of nursing with a nursing diploma. Since 1995, the minimum requirement for entry-to-practice to become a registered nurse in Nova Scotia is a baccalaureate nursing education. Currently registered nurses in Nova Scotia graduate from a university school of nursing with a Bachelor of Science in Nursing and are prepared to further their education at the master's, doctoral and post-doctoral levels.

## **Entry Level Competencies**

The College establishes competencies that entry level nurses in Nova Scotia are expected to demonstrate upon graduation. These Entry Level Competencies (ELCs) are used primarily to guide the baccalaureate curriculum in schools of nursing and by the College when approving nursing education programs. In addition, ELCs also serve as a guide for the public and employers to make them aware of what to expect from new graduates. All registered nurses in Nova Scotia are ultimately accountable to meet the competencies – relative to their specific context of practice and/or patient population.

## **Roles**

Registered nurses are prepared to work in a variety of roles within the practice of nursing as practitioners, administrators, educators, researchers, policy makers and regulators. They practice in a variety of settings including hospitals, clinics, long-term care facilities, family practice, the community, private agencies, public health, businesses, educational centres and regulatory bodies (CRNNS, 2007).

## **Responsibilities**

Registered nurses apply in-depth nursing knowledge, skills and judgment in providing care to the client - individuals of all ages, families, groups, communities and populations. They meet the nursing needs of clients with stable health conditions and predictable health outcomes as well as when the complexity of the client's condition increases and health conditions become unstable and health outcomes become unpredictable.

A major focus for registered nurses is the completion of a comprehensive nursing assessment that includes the determinants of health that influence the client's health outcomes and establishes the complexity of the client's condition.

It is generally accepted that the client's level of complexity is made evident through the plan of care. The RN is accountable to ensure that each client has a nursing plan of care in place that appropriately identifies priority problems, targets outcomes and specifies nursing interventions. Determining the appropriate care provider requires that the RN make decisions and coordinate care based on an analysis of the overall plan of care and context of practice - the clients' needs, the practice environment and the individual capacity of the nurse.

Registered nurses manage and coordinate care; evaluate health outcomes; educate, counsel and advocate for individuals of all ages to meet health goals; develop and lead health promotion programs; develop broad health policies and participate in and/or conduct research to improve nursing practice and advance nursing knowledge (CRNNS, 2007).

## **Decision-making**

Registered nurses can autonomously make clinical nursing decisions whether health needs are predictable, acute, complex or rapidly changing. Due to the client population for whom they provide care, the settings within which they work, and the roles expected of them, RNs are frequently involved in all aspects of decision-making and, therefore, are equipped to make clinical decisions for all clients, but in particular, where client complexity is increased (Boblin, et al, 2008). Therefore, the RN must be available to collaborate with the LPN when an LPN is providing care to a client whose health condition or outcome becomes less stable and/or less predictable. When the client's condition is considered unstable and/or health outcomes are unpredictable or unknown the RN provides guidance or direction to the LPN until the complexity of the client condition warrants that the RN assumes care or until the client's condition improves.

## **Coordination of Care**

Registered nurses have the competencies to coordinate client care at a broad level by managing the sequence, timing and efficiency of care across the care continuum for a group of clients regardless of complexity. This means coordinating activities of the health care team and using all resources to facilitate quality care.

## **LICENSED PRACTICAL NURSES**

The practice of practical nursing is defined in the LPN Act (2006). The scope of practice of licensed practical nurses involves the application of the nursing process, using core nursing knowledge, critical thinking and clinical judgment. LPNs collaborate with RNs to establish a client's baseline health status, independently manage the established baseline and recognize variations away from baseline or expected outcome.

## **Educational Preparation**

To practise as an LPN in Nova Scotia, an individual must be a graduate of an approved school of practical nursing (or equivalent) and have successfully completed the Canadian Practical Nurse Registration Exam (CPNRE) or equivalent. Since 2008, the minimum requirement for entry-to-practice to become a licensed practical nurse in Nova Scotia is a community college diploma. The initial practical nursing education program allows students to gain the knowledge, skills, attitudes and judgment needed for a beginning practitioner entering the profession.

## **Entry Level Competencies**

CLPNNS establishes competencies that entry level practical nurses in Nova Scotia are expected to demonstrate upon graduation. Standards for practical nursing practice and practical nursing education have been established to facilitate the College's mandate of promoting safe, competent and ethical nursing care in Nova Scotia. Entry Level Competencies (ELCs) are used to guide the community college curriculum in schools of practical nursing and by the CLPNNS when approving practical nursing education programs. In addition, ELCs also serve as a guide for the public and employers to make them aware of what to expect from new graduates. All licensed practical nurses in Nova Scotia are accountable to meet the competencies in their context of practice.

## **Roles**

Licensed practical nurses are prepared to work in a variety of roles within the health care sector. They practice in a variety of settings including hospitals, clinics, long-term care facilities, family practice, community, private agencies, public health, businesses, the community college and the regulatory body.

## **Responsibilities**

Licensed practical nurses rely on core nursing knowledge to perform skills and guide their critical thinking and clinical judgment in providing care to the client. Clients include individuals of all ages, groups, communities and populations. LPNs provide holistic care for clients via an established nursing care plan by assessing client needs, implementing client specific interventions and evaluating the client's response to the interventions. (LPN Act, 2006).

It is generally accepted that the needs of a client are made visible via the nursing care plan. The LPN, in collaboration with the RN, uses critical thinking to review the plan and make a clinical judgment or determination about the clients' level of predictability. LPNs apply practical nursing knowledge to make nursing care decisions autonomously when client health conditions are considered stable and health outcomes are predictable. The LPN works in consultation and/or under the direction or guidance of the RN when clients are considered unstable and/or health outcomes are unpredictable or unknown.

Licensed practical nurses manage and facilitate care via an established nursing care plan; evaluate client responses to interventions; teach, advocate for individuals of all ages; deliver health promotion programs; participate in the development of broad health policies and participate in data collection for research purposes.

## **Decision-making**

Licensed practical nurses are involved in many elements of the clinical decision making process, which can be applied autonomously or collaboratively, depending upon the needs of the client.

Licensed practical nurses are authorized to make clinical decisions independently through an established nursing care plan for clients with stable health conditions and predictable or known health outcomes. As the needs of the client increase in intensity, the LPN works in collaboration with the RN to make clinical decisions, or, under the direction or guidance of the RN who makes the clinical decisions for the complex patient. Regardless if the decision was made autonomously, collaboratively or solely by the RN, the LPN can enact the tasks resulting from the care decision, as long as the individual LPN is competent in its performance.

## **Facilitation of Care**

Care facilitation for the licensed practical nurse involves the enactment of the established nursing care plan. Licensed practical nurses use the nursing care plan to guide their care decisions and prioritize nursing actions. Care is client-centred and based on the findings of ongoing patient assessments and evaluation. Nursing actions or interventions are added or deleted by the licensed practical nurse as long as the client is achieving expected outcomes. Facilitation may include direct care provision or the assigning of direct care to another care provider such as other LPNs or assistive personnel. In either instance, the licensed practical nurse is accountable to make certain that client evaluations are as anticipated and outcomes are achieved. When outcomes are not as anticipated or achieved, the LPN is accountable to consult with the RN.

# Factors to Consider for the Most Effective Utilization of RNs and LPNs

Registered nurses, licensed practical nurses and managers must be aware that effective decisions to match client needs with either a registered nurse or a licensed practical nurse focus on three factors of equal importance – the client, the scope of practice of the nurse and the environment. The more complex the client situation and the more dynamic the environment, the greater the need for a registered nurse to coordinate, and if necessary, provide the full range of nursing care, assess changes, re-establish priorities and determine the need for additional resources. When the licensed practical nurse requires consultation on an increasing basis such that it interferes with efficient care delivery, it is most likely that the client requires care provided by a registered nurse.

In addition, managers of practice environments have an accountability to ensure that there are mechanisms in place (policies, procedures, guidelines) and other resources that support staff utilization decisions. These mechanisms must:

- be evidence-based and take into account client, nurse and environmental factors;
- include the time and resources needed for nurse collaboration and consultation as often as necessary to meet client needs;
- include clear and well-understood role descriptions;
- support professional nursing practice and the continuity of client care.

The following model, by necessity, is somewhat linear to clearly identify and describe the factors to consider in the most effective utilization of RNs and LPNs. One recognizes that the description of the factors does not capture the interaction effect among the factors, the complexity of real staffing level decisions and the often rapidly changing client health states.

The following information describes the client, nurse and environmental factors to be considered when making decisions about the utilization of registered nurses and licensed practical nurses in the practice environment.

(Adapted from CNO practice guidelines – Utilization of RNs and RPNs, 2009; and RN and RPN Practice, 2011.)

## CLIENT FACTORS

Overall, care requirements are influenced by the client's complexity of care needs, predictability of health outcomes and the risk of negative outcomes. A negative outcome is an unanticipated, unexpected or unplanned response to a treatment or intervention. The overall care requirements can be placed on a continuum from less complex to highly complex.



All nurses can autonomously care for clients who have less complex care needs, predictable responses and outcomes, and are at low risk of negative outcomes. The more complex the care requirements, greater is the need for LPNs to increase consultation and/or work under the guidance or direction of an RN to meet some of the clients' care needs. As the need for RN guidance or direction increases the RN may be required to provide the full spectrum of care.

Client Factors	LPN or RN	RN
Complexity of client care needs (includes bio-psycho-social, cultural, emotional and health learning needs)	<p>Care needs well defined and established:</p> <ul style="list-style-type: none"> <li>• coping mechanisms and support systems in place and effective</li> <li>• health condition well controlled or managed</li> <li>• little fluctuation in health condition over time few factors influencing client's health</li> <li>• client is an individual, family, group, community or population (e.g. teaching members within the community about strategies to follow during an E-coli outbreak)</li> </ul>	<p>Changing care needs or care needs NOT well defined/established:</p> <ul style="list-style-type: none"> <li>• coping mechanisms and supports unknown, not functioning or not in place</li> <li>• health condition not well controlled or managed</li> <li>• requires close, frequent monitoring and reassessment</li> <li>• fluctuating health condition many factors influencing client's health</li> <li>• client is an individual, family, group, community or population (e.g., assessing the overall nursing needs of a community with an E-coli outbreak)</li> </ul>

Client Factors	LPN or RN	RN
Predictability	<ul style="list-style-type: none"> <li>predictable outcomes (timing and nature) (e.g., client with paraplegia whose care is well established and outcomes predictable)</li> <li>predictable changes in health condition</li> </ul>	<ul style="list-style-type: none"> <li>unpredictable outcomes (e.g., client with acute spinal cord injury or uncontrolled diabetes)</li> <li>unpredictable changes in health condition</li> </ul>
Risk of negative outcomes in response to care	<ul style="list-style-type: none"> <li>predictable, localized and manageable responses</li> <li>signs and symptoms are obvious</li> </ul>	<ul style="list-style-type: none"> <li>unpredictable, systemic or wide-ranging responses</li> <li>signs and symptoms are subtle and difficult to detect</li> <li>effect may be immediate, systemic and/or create an urgent or emergent situation</li> </ul>

(Adapted from CNO practice guidelines – Utilization of RNs and RPNs, 2009; and RN and RPN Practice, 2011.)

## NURSE FACTORS

It is important to remember that regardless of additional education, experience or competencies, RNs and LPNs are different categories of nurses with different scopes of practice and differing capacities to make autonomous nursing decisions. Although there may be overlap in the tasks or interventions they perform, the nursing roles are different. Evidence supports that the practice differences between nurses exists in the areas of initial nursing knowledge and application of that knowledge in leadership and decision-making. These differences exist because of the different educational programs for LPNs and RNs. Identifying the practice expectations within these key areas can help nurses make decisions about the appropriate category of care provider. The following chart identifies a compilation of the nurse factors and practice expectations of nurses.

Nurse Factors Practice Expectations	Licensed Practical Nurse	Registered Nurse
Client	<ul style="list-style-type: none"> <li>individuals, families, groups, communities and populations</li> </ul>	<ul style="list-style-type: none"> <li>individuals, families, groups, communities and populations</li> </ul>
Direct care assessment	<ul style="list-style-type: none"> <li>collaborates with the RN to establish client baseline</li> <li>recognizes changes, probes further and manages or consults appropriately with RN or other health care team member</li> </ul>	<ul style="list-style-type: none"> <li>establishes baseline</li> <li>anticipates and recognizes subtle changes, probes to assess further, identifies relevant factors, understands significance and manages appropriately</li> </ul>

Nurse Factors Practice Expectations	Licensed Practical Nurse	Registered Nurse
Direct care decision-making	<ul style="list-style-type: none"> <li>transfers knowledge from similar situations through pattern recognition and critical thinking</li> <li>makes decisions based on the assessment of available information and established plan of care</li> <li>makes decisions by accessing a known range of options to solve problems</li> </ul>	<ul style="list-style-type: none"> <li>analyzes and synthesizes a wide range of information using a variety of frameworks or theories</li> <li>makes decisions after actively seeking information</li> <li>makes decisions by drawing on a comprehensive range of options to interpret, analyze and solve problems</li> <li>anticipates many possibilities and makes proactive decisions</li> </ul>
Direct care planning	<ul style="list-style-type: none"> <li>collaborates in the development of the nursing plans of care and implements plan of care to achieve identified client goals</li> <li>independently evolves the plan of care as long as the client is achieving established or optimal health outcomes</li> <li>consults the RN as care becomes more complex or outcomes become more unpredictable</li> </ul>	<ul style="list-style-type: none"> <li>develops and implements the client's plan of care to achieve identified client goals</li> <li>plans broadly and over a longer time period, incorporating a variety of options and resources</li> <li>makes changes in the plan of care when the client is not achieving established or optimal health outcomes</li> </ul>
Direct care coordination	<ul style="list-style-type: none"> <li>uses the established nursing care plan to facilitate nursing actions and guide decisions</li> <li>independently sets priorities and actions based on review of the plan</li> <li>organizes nursing care for assigned clients within the established plan of care</li> </ul>	<ul style="list-style-type: none"> <li>coordinates client care in collaboration with other health care disciplines regardless of complexity and predictability</li> <li>coordinates client care at a broad level by managing the sequence, timing and efficiency of care across the care continuum for a group of clients regardless of complexity</li> </ul>

<b>Nurse Factors Practice Expectations</b>	<b>Licensed Practical Nurse</b>	<b>Registered Nurse</b>
Direct care implementation	<ul style="list-style-type: none"> <li>• meets identified nursing care needs autonomously via an established plan of care for less complex clients with predictable outcomes</li> <li>• meets immediate (current) identified client care needs using a systematic framework for providing care (e.g., nursing process or theory)</li> <li>• selects from a known range of options</li> <li>• performs nursing interventions for which she/he can manage the client during and after the intervention or has access to resources</li> <li>• works in consultation with RNs and others to meet care needs of more complex clients</li> <li>• provides elements of care for complex clients when in close consultation with the RN directing that client's care</li> </ul>	<ul style="list-style-type: none"> <li>• meets a wide range of nursing care needs of clients regardless of complexity and predictability, including health teaching</li> <li>• meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and range of options</li> <li>• selects from a wide range of options</li> <li>• manages multiple nursing interventions simultaneously in rapidly changing situations</li> <li>• directs implementation of plans of care for all clients regardless of complexity in collaboration with other health care team members</li> </ul>
Direct care evaluation	<ul style="list-style-type: none"> <li>• collaborates with client to evaluate response to interventions and independently evolves plan of care for less complex clients</li> <li>• identifies expected outcomes of specific interventions and evolves plan of care in collaboration with client</li> <li>• recognizes deviations from predicted client response(s) and consults appropriately</li> </ul>	<ul style="list-style-type: none"> <li>• collaborates with client to evaluate overall goal achievement and modifies plan of care</li> <li>• identifies and anticipates a multiplicity of outcomes and modifies plan of care in collaboration with client</li> <li>• recognizes, analyzes and interprets deviations from predicted client response(s); modifies plan of care autonomously</li> </ul>

<b>Nurse Factors Practice Expectations</b>	<b>Licensed Practical Nurse</b>	<b>Registered Nurse</b>
Direct care consultation	<ul style="list-style-type: none"> <li>consults with RNs and other health care team members about identified client needs</li> </ul>	<ul style="list-style-type: none"> <li>consults with other health care team members about a broad range of client needs</li> <li>acts as a resource for LPNs to meet client needs</li> </ul>
Direct care teaching	<ul style="list-style-type: none"> <li>delivers elements of established health programs</li> </ul>	<ul style="list-style-type: none"> <li>designs, coordinates and implements health programs</li> </ul>
Leadership	<ul style="list-style-type: none"> <li>represents profession (e.g., participates in committees, work groups, union/regulatory activities)</li> <li>provides leadership through formal and informal roles</li> <li>acts as a preceptor to practical nursing students or novice practical nurses</li> <li>directs unregulated care providers</li> </ul>	<ul style="list-style-type: none"> <li>represents profession (e.g., participates in committees, work groups, union/regulatory activities)</li> <li>assumes role of leader within Inter-professional team</li> <li>provides leadership through formal and informal roles</li> <li>acts as a preceptor to nursing students, novice nurses</li> <li>directs unregulated care providers</li> <li>leads team effort to develop plans of care to achieve identified client goals when overall care requirements are more complex</li> </ul>
Resource management	<ul style="list-style-type: none"> <li>contributes to appropriate resource utilization (financial, human and material)</li> </ul>	<ul style="list-style-type: none"> <li>makes decisions about and allocates resources (financial, human and material) at program/unit/organizational level</li> </ul>
Research	<ul style="list-style-type: none"> <li>participates in data collection for research</li> <li>uses best practice and/or evidence (research or expert opinion) to inform practice</li> </ul>	<ul style="list-style-type: none"> <li>critically evaluates theoretical and research-based approaches for application to practice</li> <li>appraises the value of evidence, incorporates research into practice, develops research questions and participates on research teams</li> <li>integrates theoretical and research-based approaches to design care and implement change</li> </ul>

(Adapted from CNO practice guidelines – Utilization of RNs and RPNs, 2009; and RN and RPN Practice, 2011.)

## ENVIRONMENTAL FACTORS

Environmental factors include practice supports, consultation resources and the stability/predictability of the environment. Practice supports and consultation resources support nurses in clinical decision-making. The less stable these factors are the greater is the need for RN staffing.

Environmental Factors	More Stable LPN and RN Staffing	Less Stable Need for RN Staffing
Practice supports	<ul style="list-style-type: none"> <li>• clear and identified procedures, policies, care directives, protocols, plans of care, care pathways and assessment tools</li> <li>• clinical mentors and leaders identified</li> <li>• a balance between expert nurses and novice nurses</li> <li>• a balance of nurses familiar with the environment</li> </ul>	<ul style="list-style-type: none"> <li>• unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools</li> <li>• low proportion of expert nurses or high proportion of novice nurses and unregulated staff</li> <li>• low proportion of nurses familiar with the environment</li> </ul>
Consultation resources	<ul style="list-style-type: none"> <li>• many consultation resources available to manage outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• few consultation resources available to manage outcomes</li> </ul>
Stability and predictability of the environment	<ul style="list-style-type: none"> <li>• low rate of client turnover</li> <li>• few unpredictable events</li> </ul>	<ul style="list-style-type: none"> <li>• high rate of client turnover</li> <li>• many unpredictable events</li> </ul>

(Adapted from CNO practice guideline – Utilization of RNs and RPNs, 2009; and RN and RPN Practice, 2011.)

## Conclusion

As the practice of both registered nurses and licensed practical nurses continues to evolve to meet the health needs of Nova Scotians, an increasing body of evidence strongly supports the need to match nurse staffing to client needs, and to use valid frameworks to justify staffing ratios. RNs, LPNs and managers are well positioned to collaborate with each other and the health team in defining models of care within which both RNs and LPNs are optimally utilized in the practice setting.

The intent of this document was to present information that RNs and LPNs could apply to better understand their roles and responsibilities as they work collaboratively as members of the collaborative practice health team. In addition this document provides managers with information to determine the right mix of RNs and LPNs that will optimize client health outcomes. The anticipated outcome is that clients in Nova Scotia will receive the right care at the right time from the right nursing care provider to best meet their health outcomes.

Proceed to Appendix A to review examples that illustrate the use of effective decision-making in matching client needs with either a registered nurse or a licensed practical nurse by focusing on the three decision factors: the client, the scope of practice of the nurse, and the environment.

# APPENDIX A

## Example #1

Jack Smith and his wife Edna have lived in their community for 35 years. Jack has controlled diabetes and relied on Edna to give him his insulin injections on a daily basis. When Edna passed away last year, Jack asked his family practitioner for a referral to VON. Susan is an LPN and Jack is often on her roster for home care. In addition to the insulin injection, Jack is receiving treatment for an infected foot ulcer that is responding to treatment. Susan is monitoring the progress of the wound healing and administering a regular, daily dose of insulin. Jack's care needs are well defined and established, and there are few inter-related care needs. Family members check in twice a week to ensure Jack is managing on his own. Susan provides emotional support and teaches Jack and his family members to watch for increased redness and changes to circulation in his leg.

While Jack has a supportive family living in the same community they are currently on vacation and out of town. Over the past two weeks, Jack has been diagnosed with the flu and his health status has begun to decline. Susan has been off for the past week and upon her return notices a big change in Jack's condition. Jack has developed shortness of breath, malaise and a poor appetite. He is unable to mobilize because of shortness of breath and requires home oxygen. Susan assesses that his leg ulcer is not responding to treatment, and that his blood sugars have started to fluctuate. His insulin dosages need to be adjusted frequently.

Susan determines from her assessment that Jack's care needs have become more complex. The nature and timing of outcomes, and his responses to care, are no longer predictable. Realizing that Jack's care needs are becoming increasingly complex, she consults with Eleanor, the RN supervisor, who is following her caseload. Susan explains Jack's change in condition and together, they decide that Jack requires an assessment by a registered nurse. Eleanor assesses Jack and determines that he requires care by an RN while his overall care requirements are more complex. Eleanor will continue to assess Jack's condition and will transfer the care back to Susan when his care needs are more established and well-defined.

(Adapted from CNO practice guidelines – Utilization of RNs and RPNs, 2009.)

### Question:

Why is Jack initially receiving care from a licensed practical nurse in the home care setting?

### Answer:

Jack's care needs are well defined and established, there are few inter-related care needs and members of Jack's family are checking in with him twice a week to ensure Jack is managing on his own. Jack's health concerns are stable with predictable outcomes.

### Question:

Why is Jack's care transferred to the registered nurse?

### Answer:

Jack has developed the flu and this has contributed to a change in his health status. He is unable to mobilize because of shortness of breath, his leg ulcer is not responding to treatment, and his blood sugars have started to fluctuate requiring frequent adjustment to his insulin doses. In addition, his family members are out of

town for several weeks. Following her assessment the LPN consulted with the RN who has determined, based on Jack's change in health status, that he requires care provided by an RN since his care needs are changing, his health condition is not well controlled and he requires frequent monitoring for unpredictable responses. In addition, there are few environmental supports for the LPN and no supportive care at home.

Once his condition has stabilized and his health outcomes become more predictable his care can be transferred back to the LPN.

## Example #2

### SCENARIO A

Eleanor Townsend is 76 years old with a history of heart failure. She lives on her own and has been recovering well from recent abdominal surgery. She has home support in place and her daughter drops in on a daily basis. Tonight she has been admitted to the medical unit at the local hospital for an infected wound. Eleanor has a saline lock in place and is now receiving intravenous antibiotics. Eleanor's daughter is planning to stay with her for the rest of the night. The staff on this medical unit use standardized assessment tools and an established care plan is in place. There are three senior RNs and two LPNs familiar with the practice setting working this night shift. The RNs and LPNs working the shift have the education and experience to administer intravenous medications.

#### Question:

What category of nurse could be assigned to the client?

- A) RN
- B) LPN
- C) LPN in consultation with an RN

#### Answer:

The correct answer is B. The client care needs could be assigned to the LPN. The care needs are well defined and predictable, there are family supports, and the environment has many supports and consultative resources. The LPNs working the shift have the education and experience to administer intravenous medications. The LPN would consult with the RN should the needs of the client change.

### SCENARIO B

Eleanor Townsend is 76 years old with a history of heart failure. She lives on her own and has been recovering well from recent abdominal surgery. Tonight she has been admitted to the medical unit during the night shift for an infected wound. Eleanor has a saline lock and is receiving intravenous antibiotics. The night nurse notes a decrease in urinary output. There are standardized assessment tools, and the care plan has been updated to monitor for signs of heart failure. There are two RNs and two LPNs on the shift. The RNs and LPNs working the shift have the education and experience to administer intravenous medications.

#### Question:

What category of nurse could be assigned to the client?

- A) RN
- B) LPN
- C) LPN in consultation with an RN

**Answer:**

The correct answer is C. Eleanor could be assigned to an LPN in collaboration with an RN. Her care needs are moderately predictable, and any changes in health condition are fairly obvious through the frequent monitoring of her blood glucose levels, fluid balance and evidence of shortness of breath. The environment has many practice supports, such as the pre-developed care plan and assessment tool, however, only a moderate amount of consultative resources are available. The LPN would be expected to collaborate with the RN when making decisions about a change in the plan of care or when a change in health status is identified. The RN would need to accept the transfer of care if the client's condition becomes highly complex.

**SCENARIO C**

It's the night shift on a long weekend. One RN has called in sick, leaving one RN and two LPNs on shift. Eleanor Townsend is 76 years old with no known history of heart failure. She was transferred from the emergency department earlier in the day. Eleanor has diabetes and is being treated for an infected wound. She has an IV of normal saline running at 125 cc/hr and is receiving IV antibiotics. Eleanor is complaining of shortness of breath and has pain around her wound. Her blood glucose levels are elevated. The doctor has been paged, but there has been no response yet.

**Question:**

What category of nurse could be assigned to the client?

- A) RN
- B) LPN
- C) LPN in consultation with an RN

**Answer:**

The correct answer is A, the RN would be assigned to this client. The client care needs are moderate to highly complex because there are multiple and overlapping health conditions. Eleanor's condition and response to the care is unpredictable, and her health outcomes are unknown. In addition, the environment has limited consultative resources.

# APPENDIX B

## ELEMENT 1: LEGISLATION

Legislation provides the authority to practice as either a registered nurse or as a licensed practical nurse in Nova Scotia.

### The RN Act

The RN Act (2006) defines the practice of nursing as the application of specialized and evidence-based knowledge of nursing theory, health and human sciences, inclusive of principles of primary health care, in the provision of professional services to a broad array of clients ranging from stable or predictable to unstable or unpredictable, and includes

- (i) assessing the client to establish the client's state of health and wellness,
- (ii) identifying the nursing diagnosis based on the client assessment and analysis of all relevant data

and

information,

- (iii) developing and implementing the nursing component of the client's plan of care,
- (iv) co-ordinating client care in collaboration with other health care disciplines,
- (v) monitoring and adjusting the plan of care based on client responses,
- (vi) evaluating the client's outcomes,
- (vii) such other roles, functions and accountabilities within the scope of practice of the profession

that

support client safety and quality care, in order to

- (A) promote, maintain or restore health,
- (B) prevent illness and disease,
- (C) manage acute illness,
- (D) manage chronic disease,
- (E) provide palliative care,
- (F) provide rehabilitative care,
- (G) provide guidance and counselling, and
- (H) make referrals to other health care providers and community resources,

and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to subclasses (i) to (vii).

### The LPN Act

The LPN Act (2006) defines the practice of practical nursing as the provision of nursing services

- (i) independently, for clients considered stable with predictable outcomes, and
- (ii) under the guidance or direction of a registered nurse, medical practitioner or other health care professional authorized to provide such consultation, guidance or direction, for clients considered unstable with unpredictable outcomes.

Nursing services are defined by the LPN Act 2006 as the application of practical nursing theory in the

- (i) assessment of clients,
- (ii) collaboration in the development of the nursing plan of care,
- (iii) implementation of the nursing plan of care, and
- (iv) ongoing evaluation of the client,

for the purpose of

- (v) promoting health,
- (vi) preventing illness,
- (vii) providing palliative and rehabilitative care, and
- (viii) assisting clients to achieve an optimal state of health.

The following examples are provided to help illustrate how authority differs for RNs and LPNs based on each of the legislated acts.

## Examples

**RN:** Registered nurses' apply comprehensive and evidence-based nursing knowledge to a broad array of clients. They simultaneously synthesize the components of critical thinking throughout the nursing process while conducting in-depth assessments, developing individualized plans of care, providing care, monitoring the effectiveness of care plans in order to meet client health outcomes and changing individual care based on emerging priorities of the client's health situation. Registered nurses co-ordinate client care in collaboration with other health care professionals and, in situations where a client's condition undergoes change, modifies the nursing plan of care.

**LPN:** Licensed practical nurses apply focused and evidence-based practical nursing knowledge, incorporating the components of critical thinking throughout the nursing process in order to conduct ongoing assessments, contribute to and/or enact plans of care, provide care, monitor a client's responses to the interventions within the plan of care, evolve care plans as clients' achieve expected outcomes, recognize variations from the client's established baseline, and report variations to the RN. For example, in the situation where the RN has changed the client's plan of care in response to changes in health condition, the LPN brings their knowledge to the re-design of the care plan, enacts the new interventions as determined by the plan, evaluates the client's response to the new intervention, and communicates these findings to the RN as necessary.

## ELEMENT 2: PRACTICE STANDARDS

Each regulatory body sets standards for practice using indicators by which individual practice can be measured – CRNNS Standards of Practice for Registered Nurses ([Link](#)) and CLPNNS Standards of Practice ([Link](#)). A standard is an authoritative statement that sets out the legal and professional basis for practice. Both sets of standards are further defined as statements that describe the desirable and achievable level of performance expected of registered nurses and licensed practical nurses in their practice, against which actual performance can be measured (CRNNS, 2011b, CLPNNS, 2011). The following example illustrates how the RN and LPN are each meeting their respective standards for accountability within their day-to-day practice.

## Examples

**RN:** A client in a Detox Unit is being prepared for discharge. The client is well known to the collaborative practice health team as a result of several repeated admissions. He has both mental and physical health issues, which require ongoing, and often complicated, community follow-up. The RN takes a leadership role within the inter-professional team and coordinates the discharge process for this client. She engages the client in an in-depth support assessment, and makes the necessary referrals to the appropriate community agencies and the most appropriate care providers within these agencies, such as the community based relapse prevention coordinator.

**LPN:** As part of the discharge process, the LPN understands that the client is at risk for relapse. She engages the client in a relapse prevention assessment and collaborates with the client to develop some prevention strategies. She consults the community-based relapse prevention coordinator at the outpatient facility the client will be attending for follow-up. She communicates the prevention plan recognizing that the transition point from inpatient to outpatient rehabilitation facilities is a critical point for relapse.

## ELEMENT 3: EMPLOYER POLICIES

The practice environment must have the necessary processes in place to support practice including policies that guide practice. As illustrated by the following examples, employer policies can either support or constrain a nurse's practice in a particular facility, agency, program or unit.

### Examples

**RN:** A collaborative practice health team working in the Emergency Department of a rural hospital has determined there is a need to implement the use of care directives to enable registered nurses to provide required healthcare services more efficiently. The Medical Advisory Committee supports the implementation of one care directive that permits the RN to administer Ventolin HFA (albutamol sulphate) 120 milligrams - 2 inhalations to adult clients with asthma before being assessed by a physician. An agency policy is in place to support the RN working in Emergency to enact this care directive. However, the agency does not support RNs working on a medical/surgical unit in the same hospital to enact this care directive due to the lack of necessary supports for the RN on the unit.

**LPN:** In some acute care practice environments, LPNs are required to have the competency to initiate peripheral IVs and administer IV medication. Practice environments in long term care are restricted by the Homes for Special Care Act and, therefore, do not support the initiation of IV therapy within the agency. Agency policy indicates that residents are transported to the local hospital for this treatment. LPNs who have demonstrated competence in one area (acute care), may not enact the intervention in another (long term care) because there is no policy to support the practice and no ability to maintain competency in that particular practice setting.

## ELEMENT 4: INDIVIDUAL COMPETENCE

An individual nurse, whether an RN or an LPN, requires the competence to carry out a particular intervention.

### Examples

**RN:** A registered nurse has been floated from the medical/surgical unit to the maternal newborn area including labour and delivery. This RN does not have the competence to interpret a fetal heart rhythm (recognize the type/impact of the rhythm, and make the necessary nursing decisions to manage the outcomes of the rhythm) and must first develop competence before carrying out this activity or be assigned clients who are appropriate for his level of competence. The RN negotiates with the team leader to determine an appropriate assignment that fits with his level of competency.

**LPN:** A licensed practical nurse working in labour and delivery is assigned to apply a fetal heart monitor to a woman who is not yet in active labour. The LPN has not been oriented to this intervention and does not have the competency to apply a fetal heart monitor or to recognize abnormal fetal heart rhythm. The team leader changes the assignment of the LPN who must acquire competence before engaging in this aspect of a client's care.

# GLOSSARY

**Assessment by Nurses:** The gathering of information about a client's physiological, psychological, sociological, and spiritual status. Assessment is the first stage in the nursing process in which the nurse carries out a complete and holistic nursing assessment. The nursing process includes assessment, planning, implementation and evaluation. (CRNNS, 2012)

**Autonomous:** The ability to make decisions and the freedom to act independently, in accordance with a registered nurse's professional knowledge, competence and authority.

**Care Coordination:** Centres around the client, is driven by assessment and is a team-based activity that can address interrelated needs (medical, social, developmental, behavioural, educational and financial) in order to achieve optimal client health outcomes (Antonelli, R.C. et al 2009).

**Care Directive:** Is a written order by a regulated health professional who has the legislative authority to order an intervention for which s/he has ultimate responsibility. A care directive is written for one or a series of care interventions that are within scope of practice and are performed by nurses for a range of clients who meet specified criteria. These directives must be approved by the Medical Advisory Committee or equivalent body (CRNNS, 2010).

**Care Facilitation:** Care facilitation for the licensed practical nurse involves the enactment of the established nursing care plan. Facilitation may include direct care provision or the assigning of direct care provision to another care provider.

**Collaborate:** Building consensus and working together on common goals, processes, and outcomes (CNA, Code of Ethics, 2008).

**Collaborative Practice Team:** Is centred on the client's needs and includes the client and health professionals; enabling clients to be partners in their care with the most appropriate health providers to meet their health care needs (CRNNS, 2008).

**Consultation:** Seeking the advice of others who have the required competence and experience to enhance client care.

**Context of Practice:** Includes the patient population (e.g., age, gender, diagnostic groupings, etc.), geography, the type of care required, complexity and frequency of healthcare interventions, service delivery models, medication systems, existence of care directive and/or delegated medical functions, educational support, staffing and other resources (CRNNS, 2011a).

**Critical Thinking:** Is an active and purposeful problem-solving process requiring the nurse to advance beyond the performance of skills and interventions and provide care based on evidence-informed practice. It involves identifying and prioritizing risks and problems, clarifying and challenging assumptions, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking (CPNRE 2011).

**Enabling:** To give an individual the means, knowledge or opportunity to do something (Canadian Oxford Dictionary, 2000).

**Evolving:** Moving in a forward direction and achieving expected goals or outcomes.

**Expert Nurse:** Develops skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences. No longer relies on principles, rules, or guidelines to connect situations and determine actions. Has an intuitive grasp of clinical situations and performance is fluid, flexible, and highly-proficient. ([http://currentnursing.com/nursing\\_theory/Patricia\\_Benner\\_From\\_Novice\\_to\\_Expert.html](http://currentnursing.com/nursing_theory/Patricia_Benner_From_Novice_to_Expert.html))

**Guidance/Direction:** performs a nursing procedure/activity/intervention under the direct or indirect guidance/direction of an individual competent in the performance of the procedure/activity/intervention. The professional providing the guidance/direction is accountable for the decisions to delegate/assign procedure/activity/intervention and to provide support and guidance to the nurse receiving the direction. The nurse receiving the guidance/direction is accountable to seek and accept direction as necessary as well as to communicate and update the directing professional about patient outcomes.

**Independent:** Performs all aspects of nursing procedures/activity/intervention independently. Makes decisions about the procedure/activity/intervention and is able to predict and manage the outcomes of the procedure/activity/intervention. Assumes accountability for decisions and outcomes (CLPNNS, 2011).

**Inter-professional Collaborative Practice:** Is centered on the needs of clients enabling them to be partners in their care, with the most appropriate health professionals providing the services required to meet their healthcare needs (Health Professions Regulatory Network Joint Position Statement, 2008).

**Intra-professional Collaboration:** is among colleagues who share a common professional education, values, socialization, identity, and experience. [www.utexas.edu/courses/streeter/fl1999ehrd690/.../oh6.html](http://www.utexas.edu/courses/streeter/fl1999ehrd690/.../oh6.html)

**Inter-professional Collaboration:** is between professionals who may not share a common professional education, values, socialization, identity, and experience. [www.utexas.edu/courses/streeter/fl1999ehrd690/.../oh6.html](http://www.utexas.edu/courses/streeter/fl1999ehrd690/.../oh6.html)

**Nurses:** When used within this document, this word applies to both registered nurses and licensed practical nurses.

#### **Nursing Knowledge:**

**Core** – the foundational knowledge required to practice as a licensed practical nurse

**Indepth** – the comprehensive range of knowledge (including core knowledge) required to practise as a registered nurse

**Managers:** In this document the term includes all health professionals in a management role whose staff includes RNs and LPNs. It also includes those individuals in management-like roles such as clinical leaders and team leaders.

**Person-Centred:** a process that places a person at the centre of the collaborative healthcare team and supports that person's strengths, capabilities, needs, values, culture and choices. "Persons" defined as the individuals/families/friends and communities that are the focus of the health system (CRNNS Council, 2009).

**Professional Autonomy:** Means having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base to independently carry out nursing responsibilities (Skar, 2010, CNO, 2009).

**Scope of Practice:** The overall scope of practice for a profession sets the outer limits of practice for all members, yet at the same time retains flexibility so that establishing rigid boundaries does not threaten the ability of the profession to grow and develop (Lillibridge, Axford, and Rowley, 2000). It encompasses the roles, functions and accountabilities, which registered nurses and licensed practical nurses are educated and authorized to perform (RN Act, 2006 LPN Act, 2006).

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