Practice Guideline

Collaborative Emergency Centres

Revised: January 2018

Introduction

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS), or the College, is the regulatory body for Licensed Practical Nurses (LPNs) in Nova Scotia. The College's mandate is to protect the public by promoting the provision of safe, competent, ethical, and compassionate nursing services. The College sets, monitors, and enforces standards for entry into the profession, practical nurse education, registration, and professional conduct. The College creates Standards of Practice, establishes a Code of Ethics, develops and implements a Continuing Competence Program, and publishes policies and interpretive documents to support the practice of LPNs in Nova Scotia.

Using this Document

Practice guidelines are documents which outline the LPN's accountability in specific practice contexts. These guidelines reflect relevant legislation and are designed to help LPNs understand their responsibilities and legal obligations, so they make safe, competent, and ethical nursing decisions. This document can be used with CLPNNS Standards of Practice, Code of Ethics, and applicable practice guidelines found on the College website at **www.clpnns.ca**. The College has developed this practice guideline to support LPNs practicing in facilities with Collaborative Emergency Centres (CECs).

Professional Practice

The College supports optimized LPN practice within the clinical parameters defined by employers where each LPN is accountable to conduct a self-assessment of their individual capacity. They are also expected to work with their employer to take the necessary steps to address knowledge gaps so they are continually prepared to meet their standards of practice and provide safe, competent, ethical and compassionate nursing services.

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Background Context

A CEC is a care delivery model and part of primary health care. CECs promote seamless access to emergency care by enhancing access to a comprehensive interprofessional primary health care team.

The first CEC opened in Nova Scotia in 2012. The model was formerly evaluated in 2014. Findings from the evaluation indicated that CECs provide better access to primary health care; prevent unplanned closures of the local emergency departments; and, provide health services during hours when the community is most in need.

CEC staffing models are based on the unique needs of the communities they serve and the availability of specific personnel. As a result, the health care professionals providing primary care to clients in a CEC may vary from community to community.

Collaborative Emergency Care Centres Model of Care

CECs provide clients with access to appropriate care 24/7 including primary, urgent and emergency care. They are located either within or in very close proximity to a rural hospital or health care facility. The CEC is different from the in-patient area of the facility (although it may be connected) and will be discussed as such for the purposes of this document.

During the daytime hours (day-time model), it is business as usual. Care is provided by an interdisciplinary group (including LPNs) of care providers including a physician or nurse practitioner on-site in the emergency department (ED) and in-patient areas. The current after hours or night-time model is different. Care teams in the in-patient areas remain as they always have. However, the team in the CEC (ED during the day) consists of a registered nurse (RN) and paramedic. Medical oversight is provided by an on-call Emergency Health Services (EHS) physician.

The Role of the LPN

In usual circumstances, LPNs are not authorized to be primary or sole nursing collaborative care provider in the CEC in the night-time model[1]. Given the unknown and/or emergent nature of client needs in the CECs, the responsibility for client management shared between the RN, the paramedic and the on-call medical oversight EHS physician.

[1] Unusual circumstances include: natural disasters, community wide emergencies, facility or building related emergencies.

The Role of the LPN in the In-patient Area (Night-time Model)

The LPN role is most optimized in the in-patient area where the RN and LPN work collaboratively. The LPN manages in-patient clients if the RN is called to the CEC area. This process is well established and is consistent with the practice in the in-patient area prior to the implementation of CECs. If there is a change in an client, the LPN is expected to manage the issue in the same manner as before the CEC by:

1. Working collaboratively with the RN to address the issue(s); or,
2. Working collaboratively with the client's physician, if the RN is unavailable for direct consultation due to issues in the CEC area.

Regardless of the practice, the LPN is expected to communicate assessment findings, their actions and evaluations of actions with the RN as soon as it is appropriate.

The Role of the LPN in the CEC Area (Night-time Model)

As always, the LPNs first collaborative partner is the RN. If the LPN is required in the CEC area due to a high acuity client situation, the RN provides consultation, guidance or direction to the LPN with respect to the Canadian Triage & Acuity Scale (CTAS)[2], assessment findings or specific nursing care of the client.

In usual circumstances, the LPN is expected to work collaboratively with the paramedic in emergency situations, however the LPN should seek consultation from the RN or client's physician to address ongoing nursing or medical needs of in-patient clients. Similarly, the LPN is not generally expected to consult with the EHS physician providing medical oversight by telephone.

Policy and Practice Supports

The nurse and employer have a shared accountability to have policies and supports in place to enable all care providers to deliver safe and competent services. LPNs should be aware of relevant policies or, if none exist, act as leaders and advocate[3] for their development.

The College recognizes that unusual circumstances may require LPNs to take a different approach to their practice. During these rare and situation specific situations, LPNs are ethically obligated to provide the best care they can, given the circumstances and their individual level of competence.

[2] LPNs who have obtained the necessary knowledge, skill and judgment (competence) by completing a formal CTAS course, may participate in the triage process in collaboration with an **RN.**
[3] Policy advocacy includes participating in their development.