



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

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DRAFT FOR CONSULTATION



The Nova Scotia College of Nursing (NSCN) issues the authorization to prescribe. To qualify, RNs must successfully complete additional registration and educational requirements. The authorization to prescribe applies only to the specific client health conditions identified by the employer and for which the RN prescriber has the clinical expertise. The authorization permits the prescriber to use the identifier 'RN-AP' in their signature.

The RN prescribing regulatory model is enabled in the employment setting through employer authorizing mechanisms, policies, and processes. As such, RN prescribers may only prescribe for clients with specific health conditions, in contexts and under circumstances as identified by their employer.

Setting the Standards of Care

As the regulator for nurses in Nova Scotia, NSCN plays an important role in setting standards for nursing care that protect the health and safety of the public.

The *RN Prescriber Standards of Practice* (2018) outline the professional and legal obligations and accountabilities of RN prescribers and provides a common understanding of RN prescribing practice expectations in Nova Scotia. The standards also identify the performance levels that RN prescribers are required to achieve in practice.

The *RN Prescriber Standards of Practice* (2018) complements the *RN Prescriber Competencies* (2018). The competencies are the specific knowledge, skills, abilities, and judgment required for RN prescribers to practise safely and ethically.

RN PRESCRIBERS SUPPORT ACCESS TO THE HEALTH SYSTEM

The role of the RN Prescriber is to support client's access to the health system. It is vitally important that prescribers and employers understand the RN Prescriber is not intended to replace, or substitute an existing care provider, be the most responsible care provider, or practice independently or autonomously without access to a NP or physician collaborator. It is also important that RN prescribers and employers understand that RN prescribing does not fall under the Treat and Release Policy. Finally, employers and RN prescribers should recognize that the scope of practice for the RN prescriber is limited to the **specific** health conditions identified by the employer and noted in an appropriate authorizing mechanism, such as a policy. For example, a prescriber may be authorized to prescribe for **clients** presenting to an ED with a **Health Condition A**, but cannot be authorized to prescribe for any client presenting to the ED.

RN Prescribing: A Shared Responsibility

Ensuring the standards of practice for RN prescribers are met is a shared responsibility between nurses, employers and NSCN.

RN PRESCRIBERS

As self-regulated professionals, RN prescribers in Nova Scotia are accountable to the:

- *Standards of Practice for Registered Nurses*
- *Entry-Level Competencies for Registered Nurses*
- *RN Prescriber Standards of Practice*
- *RN Prescriber Competencies*
- Canadian Nurses Association's *Code of Ethics for Registered Nurses and Nurse Practitioners*

The policies of employers or other organizations do not relieve individual nurses of their accountability or their primary obligation to meet the standards to prescribe safely and competently.

STANDARDS OF PRACTICE FOR RN PRESCRIBERS

EMPLOYERS

Employers are accountable to create and maintain practice environments that enable RN prescribers to meet their standards and provide safe, competent and ethical health care. They are responsible to identify the client health conditions to be served by the RN prescriber and create essential supports such as evidenced-informed organizational policies, decision support tools and processes enabling RN prescribers to consult or collaborate with other members of the health care team.

Finally, employers are accountable to verify that potential RN prescribers possess the necessary clinical expertise to qualify for the authorization to prescribe.

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To maintain its commitment to the public for safe and competent RN prescribers, NSCN is responsible to develop the standards and competencies for RN prescribers and develop resources to support RN prescribers in their prescribing practice.

NSCN also has the statutory responsibility to take action when an RN prescriber does not provide safe and appropriate care.

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STANDARDS OF PRACTICE FOR RN PRESCRIBERS

Standard 1: Responsibility and Accountability

Registered nurse prescribers are accountable to prescribe¹ (which includes medications, devices, and/or ordering screening and diagnostic tests) safely, competently, compassionately and ethically and are accountable to clients, the employer, the profession and the public.

RN prescribers:

- 1.1 Select the medication/device and completes prescriptions legibly based on evidence informed practice (i.e. a decision support tool).
- 1.2 Determine when a decision support tool is applicable.
- 1.3 Prescribe only to clients with health conditions identified by the employer and for which they have the required competence.
- 1.4 Make prescribing decisions based on an assessment² of the client.
- 1.5 Follow organizational, provincial and/or national reporting requirements, including, but not limited to the Canadian Adverse Drug Reaction Reporting Program.
- 1.6 Order and interpret screening and diagnostic tests relevant to the client's condition.
- 1.7 Use evidence-informed practice for appropriateness, safety and cost-effectiveness when ordering screening and diagnostic tests to support their prescribing decisions.
- 1.8 Use a systematic and timely process to receive, document, track and communicate the results of screening and diagnostic tests.
- 1.9 Adhere to provincial and/or agency standards/policies for ordering, documenting and reporting the results of screening and diagnostic tests and associated prescriptions.
- 1.10 Participate in NSCNs continuing competence program.

1 RN prescribers are not authorized to prescribe medical cannabis or drugs and medicines listed in the *Controlled Drugs and Substances Act* (Canada) and its regulations, methadone, and investigational agents.

2 In person assessments may be required in situations where there is an increased risk such as, but not limited to starting new or changing existing medications. In cases where in-person is not possible (such as a pandemic) RN prescribers should engage decision support tools or collaborators to support their decision making.

STANDARDS OF PRACTICE FOR RN PRESCRIBERS

Standard 2: Knowledge-Based Practice

Registered nurse prescribers apply specific evidence informed knowledge, skill and judgment to address the needs of clients with health conditions for which they are authorized to prescribe.

RN prescribers:

- 2.1 Synthesize relevant knowledge to contribute to the plan of care through the prescription of medication(s) and/or device(s) and associated screening or diagnostic tests.
- 2.2 Attain, maintain, and demonstrate competencies relevant to the identified client health conditions as well as the medications and associated diagnostic tests for that condition.
- 2.3 Conduct thorough and accurate health history, physical assessment, and consultations
- 2.4 Formulate appropriate diagnosis based on the client assessment to enable a prescribing decision within the nurses' area of competence³.
- 2.5 Develop a plan of care in collaboration with the client and other health care team members as needed that includes information about the medications and/or devices, follow up plan and evaluation.
- 2.6 Select the medication and/ or device(s) based on knowledge of physiology, pathophysiology and pharmacotherapeutics.
- 2.7 Monitor and evaluate the client's response to the prescribed medication and/or device.
- 2.8 Clearly document the prescribing decision, including decisions based on results of screening and diagnostic tests.

³ This may include establishing a diagnosis as part of chronic disease management or management of episodic health condition(s) within the nurse's area of competence.

Standard 3: Client-Centred Relationships

Registered nurse prescribers establish professional and therapeutic relationships using a client-centered approach.

RN prescribers:

- 3.1 Communicate with the client about the health assessment findings and/or diagnosis, including potential outcomes.
- 3.2 Advise clients of the appropriate use of prescription and non-prescription medication and/or devices that they prescribe and the required follow up.
- 3.3 Counsel clients on the reasons for ordering specific screening and diagnostic tests and the associated benefits and risks.
- 3.4 Confirm the client's understanding of their plan of care related to their prescribed medications, device, screening and diagnostic tests.
- 3.5 Prescribe in the best interest of the client without influence from factors such as financial support by pharmaceutical companies, marketing incentives or own interests.

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STANDARDS OF PRACTICE FOR RN PRESCRIBERS

Standard 4: Professional Relationships and Leadership

Registered nurse prescribers collaborate and consult with health care team members and demonstrate leadership to deliver quality nursing and health care services.

RN prescribers:

- 4.1 Collaborate with nurse practitioner(s), physician(s) and other members of the health care team when the needs of the client exceed their individual or professional scope of practice.
- 4.2 Consult with appropriate health care team members when another's professional expertise is required.
- 4.3 Establish appropriate methods for informing relevant health care team members of their mutual client's health conditions and treatment decisions.
- 4.4 Consult with and refer to an appropriate health care team member when there are indications of polypharmacy and medication(s) and/or device(s) may need to be discontinued.

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STANDARDS OF PRACTICE FOR RN PRESCRIBERS

Standard 5: Individual Self-Regulation

Individual RN prescribers are accountable to regulate themselves in accordance with their legislated and individual scope of practice, scope of employment and requirements as defined by NSCN.

RN prescribers:

- 5.1 Do not prescribe and order diagnostic tests for themselves and/or family members.
- 5.2 Maintain an accurate, current employer and work contact information in the NSCN database.
- 5.3 Do not prescribe within a practice where they are self-employed⁴.
- 5.4 Include their nursing designation and identifier (RN-AP) in their signature when working in the RN prescriber role.
- 5.5 Limit the use of the identifier only to situations in which they are working in the RN prescriber role.

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⁴ RN prescribers are not able to be self-employed. This includes not acting as independent contractors or in partnership with other self-employed practitioners.

Glossary

Accountability: the obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties and to answer for the consequences and outcomes of one's actions. Accountability resides within an individual's role and can never be shared or delegated.

Agency: facility or organization through which health services are provided or offered (i.e. health authority, hospitals, community health centres, physicians offices, home care programs).

Authorized client health condition: the health conditions identified by employer and for which the RN prescriber has been authorized by NSCN to prescribe.

Client(s): the individual, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services

Collaboration: Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process.

Compassionate: the ability to recognize another's pain and suffering, experience feelings of empathy for that person and to take action to ease the suffering.

Competence: the ability to integrate and apply competencies in a designated role and practice setting.

Consultation: a request for advice on the care of a client from another health professional. The consultant may or may not see the client directly. The responsibility for clinical outcomes remains with the consultee who is free to accept or reject the advice of the consultant.

Context of practice: parameters or other factors that affect the practice of nursing, including client population, (i.e., age, diagnostic grouping), location of practice setting (i.e., urban, rural), type of practice setting and service delivery model (i.e., acute care, community), level of care required (i.e., complexity, frequency), staffing (i.e., number, competencies) and availability of other resources. In some instances, context of practice could also include factors outside of the health care sector (i.e., community resources, justice).

Continuing competence: the ongoing ability of a registered nurse or a nurse practitioner to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and setting.

Decision Support Tool: Evidence-informed resources based on but not limited to published research, clinical best practice guidelines and expert opinion (i.e. in The Canadian Immunization Guide, Public Health Agency of Canada, 2015). Decision support tools are used by RN prescribers in conjunction with their clinical judgement to ensure appropriate prescribing practices.

Delegation: transferring the responsibility to perform a function or intervention to a care provider who would not otherwise have the authority to perform it (i.e., function/intervention is within the delegating provider's scope of practice, but not within that of the care provider to whom it is being delegated). Delegation does not involve transferring accountability for the outcome of the function or intervention.

Device: Any article or health care product intended for use in the care, treatment or prevention of disease which does not achieve any of its primary intended purposes by chemical action or by being metabolized. This may include but is not limited to: wound care and ostomy supplies, diabetic supplies, contraceptives, etc.

Documentation: written or electronically generated information about a client that describes the care, including the observations, assessment, planning, intervention and evaluation or service provided to that client.

Evidence-informed practice: Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including the client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.

Family: those identified by a client receiving care or an individual in need of care as providing familial support, whether or not there is a biologic relationship. In matters of legal decision-making, it must be noted that provincial legislation may define family.

Health care team: providers from different disciplines, often including both regulated health professionals and unregulated workers, working together to provide care for and with individuals, families, groups, populations or communities.

Indicators: specific criteria that illustrate how standards of practice are to be applied and met and against which the actual performance of an individual registered nurse is measured.

Individual scope of practice: the roles, functions, and accountabilities which members of a profession are legislated, educated and authorized to perform. The individual scope of practice for a registered nurse is based on the scope of practice of the nursing profession and further defined by the registered nurse's specific education, experience, and context of practice (i.e., hospital, community).

Intervention: a task, procedure, treatment or action with clearly defined limits that can be assigned or delegated within the context of client care.

Leadership: is a relational process in which an individual seeks to influence others towards a mutually desirable goal. It not limited to formal leadership roles.

Nursing plan of care: an individualized, comprehensive and current guide to nursing care designed to appropriately identify priority problems, targets outcomes and specify nursing interventions to meet the client's nursing needs. It is developed by registered nurses in collaboration with other members of the health care team, including clients. These plans serve as vehicles to communicate, monitor and track progress related to nursing interventions.

Plan of care: an individualized, comprehensive and current guide to clinical care designed to identify and meet the client's health care needs. It may or may not be developed by registered nurses in collaboration with other members of the health care team, including clients.

Prescribe: to advise or authorize the use of a medication, device, treatment and/or order relevant screening or diagnostic tests... for the management of a client's diagnosis. The act of prescribing involves assessing and monitoring the safety and efficacy of the prescribed medication, device or treatment.

Professional relationship: refers to the relationships within a health care team that includes both members from the same profession and members from other professions.

Professional therapeutic relationship: A client relationship that is established and maintained by the registered nurse through the use of professional knowledge, skills and attitudes in order to provide nursing care that is expected to contribute to the client's well-being. It is central to all nursing practice.

Quality Practice Environments: environments in which nurses are able to provide safe, compassionate, competent and ethical nursing care with sufficient organizational and human supports.

Refer: an explicit request for another health professional to become involved in the care of a client. Accountability for clinical outcomes in negotiated between the health professionals involved.

Responsibility: an activity, behaviour or intervention expected or required to be performed within a professional role and/or position. Responsibility may be shared, delegated or assigned.

Scope of practice: the roles, functions and accountabilities which members of a profession are legislated, educated and authorized to perform. In Nova Scotia, the scope of practice of registered nurses is defined within the *Nursing Act*.

Self-employed: earning a living directly from one's own profession or business and being the owner of that business rather than as an employee earning salary or commission from another.

Self-regulation: the relative autonomy by which a profession is practised within the context of public accountability to serve and protect the public interest.

Standards: authoritative statements that promote, guide, direct and regulate professional nursing practice. It describes the desirable and achievable level of performance expected of all registered nurses, including nurse practitioners, against which actual performance can be measured.

Standards for nursing practice: the minimal professional practice expectations for any registrant of a particular designation in a setting or role, approved by the Board.

Timely: ensuring that a response or action occurs within a timeframe required to achieve safe, effective and positive client outcomes.

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