NOVA SCOTIA COLLEGE OF NURSING

NURSES AND PARAMEDICS WORKING IN COLLABORATIVE EMERGENCY CENTRES
PRACTICE GUIDELINE

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 its registrants. The term nurse in this document refers to LPNs, NPs, and RNs unless otherwise stated.

Contents

Background 2

Collaborative Emergency Centres in Nova Scotia 2

Interprofessional Client Care 2

Competencies 3

Delegation 4

Policy and Practice Supports 5

Key Points 5

Suggested Reading 5

This Practice Guideline was developed in collaboration with the College of Paramedics of Nova Scotia.

First published August 2019 as Practice Guidelines for Nurses and Paramedics Working in Collaborative Emergency Centres

Background

As self-regulated professionals, nurses and paramedics are accountable for their own practice, which includes understanding and meeting their standards. This tool is a resource for nurses and paramedics working in Collaborative Emergency Centres (CECs) to assist in their understanding of:

- What is a CEC
- Interprofessional client care
- Competencies in a CEC
- Delegation in a CEC
- Policies and procedures

Like all regulatory tools, nurses should use this document in conjunction with the standards of practice and code of ethics for licensed practical nurses (LPN) and registered nurses (RNs).

Collaborative Emergency Centres in Nova Scotia

A Collaborative Emergency Center (CEC) is a model of care that makes access to emergency care a seamless part of primary health care in Nova Scotia by enhancing access to a comprehensive interprofessional primary health care team capable of dealing with unexpected illness or injury. The CEC is located either within or in very close proximity to a rural hospital or health care facility.

CECs are set up as a contract with Emergency Health Services Nova Scotia (EHSNS)/Emergency Medical Care Incorporated (EMCI) and the Nova Scotia Health Authority. Under the agreement, EHSNS/EMC provide some structural (human resource and equipment), process (evidence-based protocols) and system (e.g. telecommunications) elements. The human resources include onsite paramedics and an online Emergency Health Services Nova Scotia (EHSNS) physician. The paramedics and online EHSNS physicians are only responsible for working in the night-time Collaborative Emergency Centre and it is not anticipated that either of these parties would provide care outside of the CEC (i.e. responding to inpatient care).

The CEC set-up only operates during the evening hours from 8 p.m. to 8 a.m., with the premise that four client dispositions will be adhered to including:

1. treat and self care
2. treat and next day follow-up in the local health care system (i.e. follow up to occur the next day in the Emergency Department by the regular ER staff, including the physician)
3. treat and facilitate follow-up at Regional Emergency Department
4. treat and emergent transfer to closest facility with a staffed Emergency Department. At night, ambulances generally do not bring clients to the CEC; however, the night-time CEC team have helped clients who required emergent critical care (i.e. BLS crew with STEMI brings the client to the ED as they carry TNK).

If there is a client in the CEC at the start of the CEC evening shift, there will be a transfer of care from the physician in the ER with the EHSNS online physician.

Interprofessional Client Care

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

While most paramedics working in a CEC are primary care paramedics, some CECs utilize both intermediate and advanced care paramedics as well. The paramedic assigned to the CEC is responsible to inform the RN of their class of licensure and the competencies associated with the class of licensure.

> Every decision for the client is based on the collective assessment, clinical judgment and decision making authority of the paramedic, RN and online EHSNS physician. Each member of the team is accountable to have an understanding of the scope of practice of other members of the collaborative team.

The responsibility for client assessment is a shared responsibility between the paramedic and the RN in consultation with the on call EHSNS physician. Assessment findings are based on shared data collection and analysis of that data by the RN and the paramedic. When the collaborating online EHSNS physician disagrees with the assessment and/or plan of care proposed by the RN and paramedic, the physician has the authority to make the final decision about the client's care and is ultimately responsible for this decision. The RN and paramedic are responsible to follow through and document the revised plan of care.

If an LPN is required in the CEC area due to a high acuity client situation, the RN is responsible to provide consultation, guidance and/or direction to the LPN with respect to the Canadian Triage & Acuity Scale (CTAS), assessment findings or specific nursing care of the client.

Competencies

Each health professional is required to contribute to the client's care based on both their unique and shared competencies.

Paramedics work in accordance with EHSNS *Clinical Practice Guidelines*, as well as additional protocols that have been established for their practice within CECs. Based on the paramedic's education, class of licensure, their area of expertise may include but is not limited to:

For all paramedics:

- Conducting thorough acute care assessments with a focus on 'triage'
- Implementing bedside diagnostics (i.e. ECG)
- Conducting emergency procedures
- Providing acute emergency care (i.e. IV initiation, oxygen, airway management)
- Facilitating emergency transfers with EHSNS documentation

For advanced care paramedics:

- In addition to the information described for all paramedics,
- Providing advanced airway interventions (intubation, surgical airways)
- Advanced Cardiac Life Support (pacing, cardioversion)

The RN's education and experience prepare them to provide holistic care of clients throughout the lifespan. RNs assess, identify a working nursing diagnosis, implement, coordinate, monitor and evaluate care. Based on this, the RN's area of expertise may include but is not limited to:

- Conducting thorough acute care assessments with a focus on 'triage'
- Conducting a comprehensive physical and psychosocial assessment with focus on forming an initial clinical impression

- Implementing bedside diagnostics (i.e. ECG)
- Providing clinical judgment to inform a working diagnosis
- Conducting emergency procedures
- Documentation
- Providing acute emergency care (i.e. IV initiation, oxygen)
- Coordinating client care by:
    - Providing discharge planning, teaching and follow up
    - Ensuring follow up care arrangements are made or delegated to the appropriate individual or service (i.e. CEC day staff, next-day booking, X-ray, lab, etc.)

All CEC health care providers must have the appropriate education and training to provide safe, competent, ethical and compassionate care to clients in a CEC setting. The Colleges recommend each RN/paramedic team identify their specific learning needs related to providing care in the CEC and communicate their needs in writing to their respective manager. RNs are to engage with their manager at the NSHA and the paramedics are to engage with their manager at Emergency Medical Care Incorporated. It is essential that RNs and paramedics are able to maintain their professional competence according to their respective standards of practice.

If an RN or paramedic believes that they do not have the knowledge, skills and judgment to practice in a CEC, they must inform their respective employer of the competencies that they possess and those competencies in which they feel deficient. In emergency situations, RNs and paramedics are ethically obligated to provide the best care they can, given the circumstances and their competencies. Rather than refusing an assignment because of lack of required competencies to work in a CEC, the RN or paramedic should negotiate the work assignment with their respective manager based on the competencies that they possess and inform the CEC team of any competency limitations.

If the RN or paramedic refuse the assignment, they must inform their respective employer of the reason for the refusal, document the decision-making process and provide the employer with a reasonable amount of time to find a suitable replacement. The RN or paramedic must continue to provide care until a replacement is found. Employers have a reciprocal duty to provide RNs and paramedics with adequate orientation, timely education, policies and resources to enable them to achieve and maintain the competencies required to practise in a CEC.

Delegation

There may be unique situations that arise which are outside of the scope of practice of the RN or paramedic. In these situations, there may be a need for delegation. Delegation is the decision to transfer an intervention that is within the scope of practice of one health care professional that has the authority to perform the intervention to another health care team member for whom this intervention is outside her/his scope of practice. Delegation takes place only when it is determined to be in a client's best interest.

In an *emergency situation* when the delegatee has not received the necessary formal education, an intervention may be delegated if the health professional believes that the risk to client safety is greater than to not delegate. The delegator must provide appropriate instruction and supervision in this situation. An example of delegation in a CEC may be:

An RN and a primary care paramedic (PCP) are working in a Collaborative Emergency Centre (CEC) with an online EHS physician. They are caring for a client with a contaminated open leg fracture and are preparing to transfer him to the regional facility. The client needs an IV initiated, IV antibiotics, morphine administered and oxygen applied. The PCP could start the IV. The RN could apply the oxygen and delegate the administration of the morphine to the PCP while they prepare the IV antibiotics. In this example, the RN delegated the administration of morphine to the PCP because administration of narcotics is not within a PCPs entry to practice education.

Policy and Practice Supports

The interprofessional collaborative team and their respective employers have a shared accountability to have policy and supports in place to ensure all care providers are able to deliver safe competent care.

According to the *Standards of Practice for Registered Nurses*, RNs are accountable to advocate for and contribute to the development of policies that improve nursing practice or health care. In situations where there is an absence of policy RNs should utilize the *Professional Practice Issues Resolution Framework*.

Paramedics are expected to adhere to the operational policies of their employer, along with EHSNS *Clinical Practice Guidelines* and protocols established for CECs. The Code of Ethics and Standards of Practice require a paramedic to continuously improve practice by appropriately questioning and revising policy and procedures that may be inconsistent with informed and safe practice.

For further information on anything contained within this practice guideline, please contact a NSCN Practice Consultant at practice@nscn.ca.

Key Points

- All CEC health care providers must have the appropriate education and training to provide safe, competent, ethical and compassionate care to clients in a CEC setting.
- CECs enhance access to emergency care provided by a comprehensive interprofessional primary health care team capable of dealing with unexpected illness or injury.
- The responsibility for client management is shared between the RN, the paramedic and the online EHSNS physician.
- If an LPN is required in the CEC area due to a high acuity client situation, the RN is responsible to provide consultation as required.
- Each health professional is required to contribute to the client's care based on both their unique and shared competencies.

Suggested Reading

- Abandonment Guideline
- Assignment and Delegation Guidelines for Nurses
- EHSNS Clinical Practice Guidelines for Paramedics
- Professional Practice Issues Resolution Framework