

**DECISION-MAKING:
EXAMINING REQUESTS
FOR NEW NURSING
PROCEDURES**

Nurses Association
of New Brunswick



OUR MISSION

The Nurses Association of New Brunswick is a professional organization that exists to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy.

The Nurses Association of New Brunswick endorses the principles of self-regulation, that is, promoting good practice, preventing poor practice and intervening when practice is unacceptable.

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February 2008

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INTRODUCTION

Nursing is a self-regulated and competency-based profession wherein registered nurses are accountable for their own practice at all times. In New Brunswick, nurses are expected to practice in a manner consistent with the *Nurses Act (1984)*, the *Standards of Practice for Registered Nurses (NANB 2005)*, the *Code of Ethics for Registered Nurses (CNA, June 2008)* and other legislative standards and policies relevant to the nursing profession. It is, therefore, within this defined professional framework that the individual nurse is responsible for safe, competent and ethical care. As the legislated, regulatory body for the profession, the Nurses Association of New Brunswick (NANB) is responsible for supporting individual nurses in meeting their professional obligations.

Nursing practice takes place in a context of ongoing advances in research and technology which in turn changes the complexity of nursing care requirements. The dynamic nature of the health care environment requires that nurses respond to clients' needs by expanding their knowledge and skills on an ongoing basis in order to incorporate new knowledge and skills into their nursing care.

This document replaces the 2002 NANB document titled "Decision-Making in Clinical Nursing Practice".

PURPOSE AND OBJECTIVES

This document outlines a decision-making process necessary to critically examine requests to add new procedures to nursing's responsibilities and was developed so that the registered nurse's practice remains dynamic and is readily and appropriately able to adjust to meet changing care needs.

This document outlines the following:

1. Principles and criteria to be used by nurses and their employers to critically examine requests to add new procedures to nurses' responsibilities;
2. Processes for implementation of new procedures; and
3. Processes for delegating medical functions.

This document was developed to:

- a) support critical thinking and sound clinical decision-making;
- b) ensure quality patient/client outcomes;
- c) uphold safe nursing practice; and
- d) support nurses as they continue to acquire new competencies relevant to their own area of practice.

PROFESSIONAL ACCOUNTABILITY

Nurses, as professionals, have the authority to define and carry out their responsibilities within their range of competency. This approach requires that nurses be highly skilled in assessing their competence to perform certain procedures and to make judgements about the limits of their practice. The determination of the most appropriate health care worker to provide a specific service or to perform a certain procedure will depend greatly on the context of practice; therefore, decision-making for these procedures must be employer or setting-specific.

The professional characteristics framework adopted in the NANB *Standards of Practice for Registered Nurses* (2005) forms the foundation for this decision-making document. Clients are the central focus of the professional care nurses provide and each nurse promotes, facilitates and provides the best possible nursing service. In order to achieve this goal, each nurse possesses, demonstrates, and continually acquires competencies relevant to their own area of nursing practice.

The quality of the practice setting and the support systems put in place to help nurses achieve this goal have a direct impact on the ability of the nurse to provide safe, competent, and ethical care.

PRINCIPLES

- The primary consideration in deciding if a nurse should assume responsibility for a new procedure in any setting is whether it is in the client's best interest. At no time should client safety or well-being be compromised as a result of changes to nursing practice.
- The decision to add or delete a procedure is not made by the individual nurse. It is a decision made in collaboration with nursing management and requires administrative support (e.g.; Policy) for the implementation and the evaluation of the new procedure.
- The practice of nurses must meet legislative requirements and respect policies and standards relevant to the profession and the practice setting (NANB, 2005).
- Nurses are responsible for their own level of competence (NANB, 2005). Nurses may require additional experience and education to attain and maintain competence in relation to newly introduced procedures.
- Employers, as partners in the efforts to achieve quality care, are responsible for creating practice environments that support competent nurses to provide a quality outcome for the client.

Employers must ensure appropriate resources are available for developing an educational program, implementing the procedure and evaluating nurses' initial and continued competence.

TWO-STEP PROCESS FOR DECISION-MAKING

STEP 1

Is the new procedure reasonable, appropriate and consistent with the current literature and professional practice of nursing?

The decision to add a new procedure to nurses' responsibilities is not made by the individual nurse. Rather, it is a decision made in collaboration with nursing management/leadership and it requires administrative support for implementation.

Using an approved employer process, nurses must determine:

1. the risks and/or possible complications and benefits to the client of performing the new procedure, and the consequences of not performing the new procedure:
 - 1.1 the presence or absence of required clinical supports to intervene and manage potential risks (includes human, technical and other resources);
2. the appropriateness of performing the new procedure in the particular setting for the specific client or group of clients:
 - 2.1 the overall care requirements (nature of the technical requirements, nature and extent of nursing and medical involvement required);
 - 2.2 current literature on the topic supports the integration of the new procedure in like practice settings; and
 - 2.3 peers, other professionals, the professional nurses association (NANB) are consulted as necessary;
3. the opportunity to acquire the knowledge and skill to safely perform the procedure, including the management of potential complications:
 - 3.1 the level of underlying knowledge required or the ability for the nurse to expand on current knowledge base to perform the new procedure;
 - 3.2 the opportunity to incorporate the new procedure in the core nursing competencies required in the practice setting; and
 - 3.3 the frequency with which the procedure will be required in the practice setting (constant, sporadic, seldom) and the opportunity to maintain competence.

STEP 2

If the procedure is determined to be appropriate, reasonable and consistent with current professional practice, proceed to implementation.

Criteria for implementation

1. There must be a written employer policy identifying the newly introduced procedure, including conditions and/or restrictions on implementation.
2. There must be an educational program of theory and clinical practice to allow the nurse to attain competence in performing the new procedure. Theory may include classroom instruction, self-learning modules for independent study (must include clearly defined instructional objectives, learning activities and resources), one-on-one instruction, or a combination of the above.
3. There must be some form of competency assessment at the completion of the educational program. Competency assessment may include demonstration, observation and return demonstration, clinical experience under supervision, a written test, or a combination of the above. Employer must determine what is reasonable with respect to initial competence assessment.
4. Employer must determine what is reasonable with respect to maintenance of competence. Continued competence is evaluated as part of an annual performance appraisal.
5. Employer ensures appropriate resources are available during implementation, as nurses gain experience and develop competence in the new procedure.
6. The employer ensures that there are mechanisms for reviewing and recording the achievement and maintenance of competence.

(Also see Appendix 1- Decision-Making Diagram)

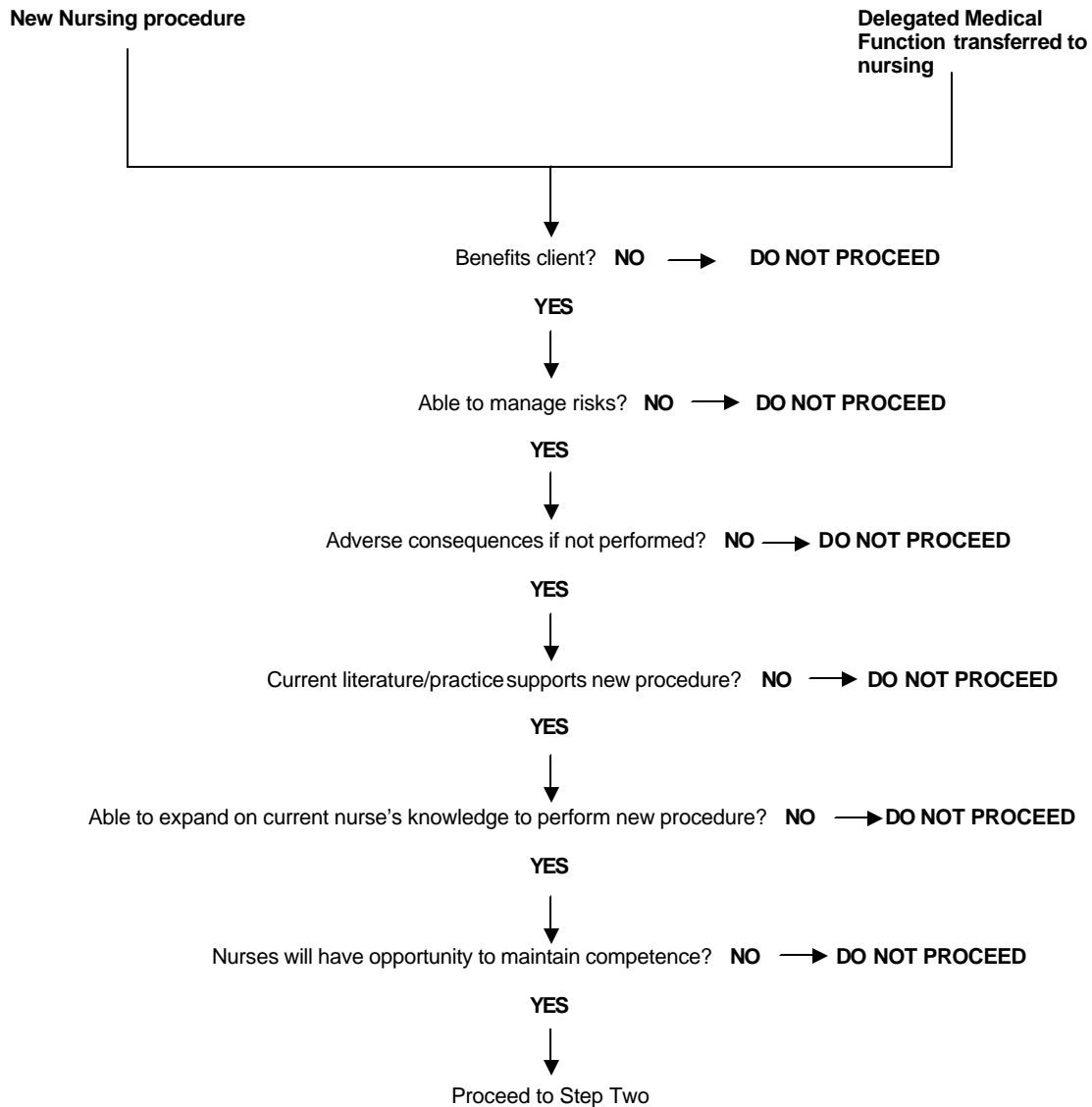
DELEGATION OF MEDICAL FUNCTIONS

Delegation means the transfer of authority to perform a selected task or function in a selected situation. Delegation of a medical function is required for those procedures which are performed primarily by the physician provided that such actions do not contravene existing laws or acceptable standards of medical or nursing practice. The medical authority, nursing management and employer are accountable for delegating certain medical functions to nurses. The provider performing the procedure is responsible for competently performing the delegated function.

To decide whether it is appropriate to accept a delegated medical function, nurses and management should follow the two-step decision-making process described in this document.
(Also see Appendix 1-Decision-Making Diagram)

**APPENDIX 1
DECISION-MAKING DIAGRAM**

Step One: *Is the new procedure reasonable, appropriate and consistent with the current literature and professional practice of nursing?*



Step Two: Implementation of new procedure

- ✓ Ensure that appropriate resources are available to support implementation
- ✓ Write employer policy (if Delegated Medical Function, needs approval by the Medical Advisory Committee)
- ✓ Develop educational program of theory, clinical practice and competency assessment
- ✓ Determine mechanisms for reviewing and maintaining competence

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