

Standards



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Practice Standards for Regulated Members

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The goal of nursing practice in Alberta is to provide safe, competent and ethical nursing care to Albertans. Nurses are accountable and responsible for their practice. In this document, the term nurse(s) refers to all regulated members of the College and Association of Registered Nurses of Alberta (CARNA) including: registered nurses (RN), graduate nurses (GN), certified graduate nurses (CGN), nurse practitioners (NP) and graduate nurse practitioners (GNP).

The legislated practice statement for the profession of registered nurses applies to all regulated members of CARNA in clinical practice, research, education and administration and is outlined in the *Health Professions Act*.

In their practice, registered nurses do one or more of the following:

(a) based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to

(i) assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and wellbeing,

(ii) assess, diagnose and provide treatment and interventions and make referrals,

(iii) prevent or treat injury and illness,

(iv) teach, counsel and advocate to enhance health and well-being,

(v) coordinate, supervise, monitor and evaluate the provision of health services,

(vi) teach nursing theory and practice,

(vii) manage, administer and allocate resources related to health services,

and

(viii) engage in research related to health and the practice of nursing,

and

(b) provide restricted activities authorized by the regulations

R.S.A. 2000, c. H-7, Sch. 24, s. 3

Nurses, as professionals, are committed to the development and implementation of practice **standards**¹ through the ongoing acquisition, critical application and evaluation of relevant knowledge, skills, attitudes and judgment. Standards are foundational to the promotion of safe, competent and ethical nursing practice.

Nursing practice is a synthesis of the interaction among the concepts of person, health, environment and nursing. The practice of individual nurses is determined by the needs and health goals of their **clients** and is limited by the specific **competencies** of the individual nurse to perform the activities necessary for the client population with whom that nurse practices, within applicable legislation and requirements of the employer as described in employer policies. The nursing practice context is any setting where a nurse establishes a **therapeutic relationship** with a client with the intention of responding to health needs.

Nursing – A Self-Regulating Profession

The establishment of practice standards is a prerequisite for **self-regulation** of the registered nurse profession. The *Health Professions Act* (R.S.A. 2000, c. H-7) requires that standards of practice and a code of ethics be developed, enforced and maintained by a profession [s. 3(1)(c)] and outlines the process of adoption to be used (s.133). Standards of practice describe the required behaviour of every nurse and are used to evaluate individual performance (Appendix 1). The College and Association of Registered Nurses of Alberta (CARNA) *Practice Standards for Regulated Members* have been developed to:

- regulate, guide and provide direction for:
 - ◆ nurses in clinical practice
 - ◆ nurse researchers in identifying and exploring relationships between nursing practice and client care outcomes
 - ◆ nurse administrators to support and facilitate safe, competent and ethical nursing practice within their agencies
 - ◆ nurse educators in setting objectives of educational programs

¹ Words or phrases in bold italics are listed in the Glossary. They are displayed in bold italics upon first reference.

- promote professional nursing practice
- be used as a legal reference for reasonable and prudent practice
- facilitate evaluation of nursing practice
- enable the client to judge the adequacy of nursing service
- provide a framework for developing specialty nursing standards
- facilitate articulation of the role of nursing within the health-care team

The Practice Standards for Regulated Members

- apply at all times to all nurses regardless of role or setting
- assist nurses in decision-making
- outline practice expectations of the profession
- inform the public and others about what they can expect from practicing nurses
- serve as a legal reference for reasonable and prudent practice

Contravention of the *Practice Standards for Regulated Members* may result in a finding of **unprofessional conduct** (Appendix 2) leading to a professional sanction under the *Health Professions Act* (HPA).

The *Practice Standards for Regulated Members* are used by members when annually assessing their nursing practice in order to determine professional development goals to meet **continuing competence** program requirements.

It is the responsibility of all members of CARNA to understand the *Practice Standards for Regulated Members* and apply them to their nursing practice, specific to their areas of practice, settings and roles. These standards represent criteria against which the practice of all regulated members will be measured by CARNA, the public, clients, employers, colleagues and themselves. Taken in their entirety, the standards reflect the values of the profession and clarify what CARNA expects of its members.

Indicators of CARNA Standards:

- illustrate how standards must be met
- are not written in order of importance

Standards

Standard One: Responsibility and Accountability

The nurse is personally responsible and accountable for their nursing practice and conduct.

Indicators

- 1.1 The nurse is accountable at all times for their own actions.
- 1.2 The nurse follows current legislation, standards and policies relevant to their practice setting.
- 1.3 The nurse questions policies and procedures inconsistent with therapeutic client outcomes, best practices and safety standards (Appendix 3).
- 1.4 The nurse practices competently.

Standard Two: Knowledge-Based Practice

The nurse continually acquires and applies knowledge and skills to provide competent, **evidence-informed** nursing care and service.

Indicators

- 2.1 The nurse supports decisions with evidence-based rationale.
- 2.2 The nurse uses appropriate information and resources that enhance client care and the achievement of desired client outcomes.
- 2.3 The nurse uses **critical inquiry** in collecting and interpreting data, planning, implementing and evaluating all aspects of their nursing practice.
- 2.4 The nurse exercises reasonable judgment and sets justifiable priorities in practice.
- 2.5 The nurse documents timely, accurate reports of data collection, interpretation, planning, implementation and evaluation of nursing practice.

- 2.6 The nurse supports, facilitates or participates in research relevant to nursing.
- 2.7 The nurse applies nursing knowledge and skill in providing safe, competent, ethical care and service.
- 2.8 The nurse performs **restricted activities** authorized under the HPA *Registered Nurses Profession Regulation* that they are competent to perform and that are appropriate to their area of practice.

Standard Three: Ethical Practice

The nurse complies with the Code of Ethics adopted by the Council in accordance with Section 133 of HPA and CARNA bylaws (CARNA, 2012).

Indicators

- 3.1 The nurse practises with honesty, integrity and respect.
- 3.2 The nurse protects and promotes a client's right to autonomy, respect, privacy, dignity and access to information.
- 3.3 The nurse ensures that their relationships with clients are therapeutic and professional.
- 3.4 The nurse communicates effectively and respectfully with clients, significant others and other members of the **health care team** to enhance client care and safety outcomes.
- 3.5 The nurse advocates for and contributes to establishing practice environments that have the organizational and human support systems, and the resource allocations necessary for safe, competent and ethical nursing care (See Appendix 4).
- 3.6 The nurse follows ethical guidelines when engaged in any aspect of the research process.

Standard Four: Service to the Public

The nurse has a duty to provide safe, competent and ethical nursing care and service in the best interest of the public.

Indicators

- 4.1 The nurse coordinates client care activities to promote continuity of **health services**.

- 4.2 The nurse collaborates with the client, significant others and other members of the health-care team regarding activities of care planning, implementation and evaluation.
- 4.3 The nurse effectively assigns care or nursing service and supervises others when appropriate or required to enhance client outcomes.
- 4.4 The nurse explains nursing care to clients and significant others.
- 4.5 The nurse articulates nursing's contribution to the delivery of health care services.
- 4.6 The nurse participates in **quality improvement** activities.
- 4.7 The nurse integrates infection prevention and control principles, standards and guidelines in providing care and service to protect the health and well-being of clients, staff and the public.

Standard Five: Self-Regulation

The nurse fulfills the professional obligations related to self-regulation.

Indicators

- 5.1 The nurse maintains current registration.
- 5.2 The nurse follows all current and relevant legislation and regulations.
- 5.3 The nurse follows policies relevant to the profession as described in CARNA standards, guidelines and position statements.
- 5.4 The nurse practices within the legislated scope of practice of the profession.
- 5.5 The nurse practices within their own level of **competence**.
- 5.6 The nurse regularly assesses their practice and takes the necessary steps to improve personal competence.
- 5.7 The nurse engages in and supports others in the continuing competence process.
- 5.8 The nurse reports unprofessional conduct to the appropriate person, agency or professional body.
- 5.9 The nurse ensures their **fitness to practice**.

Glossary

Accountability – The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties (Ellis & Hartley, 2009).

Client(s) – The term client(s) can refer to patients, residents, families, groups, communities and populations.

Competence – The integrated knowledge, skills, judgment and attributes required of a nurse to practise safely and ethically in a designated role and setting (CARNA, 2011a).

Competencies – The integrated knowledge, skills, abilities and judgment required to practise nursing safely and ethically.

Continuing Competence – The ongoing ability of a nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practise safely and ethically in a designated role and setting. Maintaining this ongoing ability involves a continual process linking the code of ethics, standards of practice and life-long learning. The nurse reflects on his/her practice on an ongoing basis and takes action to continually improve that practice (CNA, 2000).

Critical Inquiry – This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning and application of standards (Brunt, 2005).

Evidence-Informed Practice – Practice based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence including client perspectives, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (CHSRF, 2005).

Fitness to Practice – All the qualities and capabilities of an individual relevant to his/her capacity to practice as a registered nurse, including but not limited to, freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs his or her ability to practice nursing (CNA, 2008).

Health Care Team – A number of health care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to

provide care for and with individuals, families, groups, populations or communities (CNA, 2008).

Health Service – A service provided to people

- i. to protect, promote or maintain their health,
- ii. to prevent illness,
- iii. to diagnose, treat, rehabilitate, or
- iv. to take care of health needs of the ill, disabled, injured or dying

(*Health Professions Act*, R.S.A. 2000, c. H-7)

Patient Safety – The pursuit of the reduction and mitigation of unsafe acts within the health care system, as well as the use of best practices shown to lead to optimal patient outcomes (Frank & Brien, 2009).

Quality Improvement – A continuous cycle of planning, implementing strategies, evaluating the effectiveness of these strategies, and reflection to see what further improvements can be made. Quality-improvement projects are typically described in terms of the plan-do-study-act (PDSA) cycle as follows:

- plan – the change, based on perceived ability to improve a current process
- do – implement the change
- study – analyze the results of the change
- act – what needs to happen next to continue the improvement process?

Quality-improvement activities require health professionals to collect and analyze data generated by the processes of health care. (WHO, 2011)

Restricted Activities – High risk activities performed as part of providing a health service that requires specific competencies and skills to be carried out safely. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity. Restricted activities authorized for registered nurses are listed in the *Registered Nurses Profession Regulation* (CARNA, 2011b).

Self-Regulation – Recognizes that a profession is in the best position to determine standards for education and practice and to ensure that these standards are met. Self-regulation safeguards **patient safety** by clearly determining the competencies and

qualifications required by individual nurses (CNA, 2007). In Alberta, the privilege of self-regulation of the registered nurse profession is granted to CARNA through the *Health Professions Act* (HPA).

Standard – An authoritative statement that describes the required behaviour of every nurse and is used to evaluate individual performance (CARNA, 2011a).

Therapeutic Relationship – A planned, goal directed, interpersonal process occurring between the nurse and client that is established for the advancement of client values, interests, and ultimately, for promotion of client health and well-being.

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Appendix 1: Other Standards Documents Published by CARNA

CARNA has other specific standards to provide direction to nurses in addition to the *Practice Standards for Regulated Members*. These include:

- *Complementary and/or Alternative Therapy and Natural Health Products: Standards for Registered Nurses* – January 2011
- *Documentation Standards for Regulated Members* – January 2013
- *Registered Nurses with a Blood-Borne Virus Infection: Standards for Reporting and Guidance for Prevention of Transmission of Infection* – September 2008
- *Privacy and Management of Health Information: Standards for CARNA's Regulated Members* – September 2011
- *Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities* – October 2005
- *Decision-Making Standards for Nurses in the Supervision of Health Care Aides - CARNA, CRPNA, CLPNA* – 2010
- *Standards for Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care* – October 2005
- *Standard for the Use of the Title "Specialist" in Registered Nurse Practice* – March 2006

Current versions of all CARNA standards are available from the CARNA website at: www.nurses.ab.ca

Appendix 2: Unprofessional Conduct

Health Professions Act, R.S.A.2000, c. H-7.

Interpretation

1(1) In this Act

(pp) “unprofessional conduct²” means one or more of the following, whether or not it is disgraceful or dishonourable:

- (i) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- (ii) contravention of this Act, a code of ethics or standards of practice;
- (iii) contravention of another enactment that applies to the profession;
- (iv) representing or holding out that a person was a regulated member and in good standing while the person’s registration or practice permit was suspended or cancelled;
- (v) representing or holding out that person’s registration or practice permit is not subject to conditions when it is or misrepresenting the conditions;
- (vi) failure or refusal
 - (A) to comply with the requirements of the continuing competence program, or
 - (B) to co-operate with a competence committee or a person appointed under section 11 undertaking a practice visit;
- (vi.1) failure or refusal
 - (A) to comply with a request of or co-operate with an inspector;

² The HPA definition is subject to amendment from time to time. Readers should ensure they consult the current version of the HPA available at: http://www.qp.alberta.ca/Laws_Online.cfm

- (B) to comply with a direction of the registrar made under section 53.4(3);
- (vii) failure or refusal
 - (A) to comply with an agreement that is part of a ratified settlement,
 - (B) to comply with a request of or co-operate with an investigator,
 - (C) to undergo an examination under section 118, or
 - (D) to comply with a notice to attend or a notice to produce under Part 4;
- (viii) contravening an order under Part 4, conditions imposed on a practice permit or a direction under section 118(4);
- (ix) carrying on the practice of the regulated profession with a person who is contravening section 98 or an order under Part 4 or conditions imposed on a practice permit or a direction under section 118(4);
- (xii) conduct that harms the integrity of the regulated profession;

Appendix 3: Addressing Unsafe Practice Situations

Why is Safety a Concern for Nurses?

The goal of nursing practice is to provide safe, competent, ethical nursing care and service to the public. As changes in the health-care system evolve, nurses in all settings and roles face the challenges of reduced staff and budgets, meeting increasingly acute and complex client needs and changing roles and responsibilities of health-care providers.

What is Meant by Unsafe Practice Situations?

Unsafe practice situations are circumstances in which the obligation of the nurse to provide safe, competent, ethical care and service cannot be fulfilled. An unsafe practice situation can be a result of inadequate staffing, workplace conflict, disruptive behavior, outdated policies and procedures, inappropriate or inadequate supplies and equipment or inappropriate staff mix decisions.

The following process can be used by nurses to address unsafe practice situations:

Step 1: Identify the Problem

- What is the concern?
- Why is it a concern?
- What are the implications for client outcomes and safety?
- What evidence is there that a problem exists (e.g., incident reports)?
- Are other institutions or agencies concerned about this? Why?

Step 2: Assess the Environment

- Who else is concerned about the problem (e.g., other professionals, the public)?
- How could you work with others in addressing the problem?
- What factors are impacting on the concern (e.g., economic, social, interpersonal, government or regional policy, administrative policy or philosophy, etc.)?
- How are decisions made?
- Who makes decisions?

- What resources do you have?
- Who is the most appropriate person to take the concern to?
- Are there committees in the organization or agency that should address problems of this nature? Are registered nurses on such committees?

Step 3: Document the Problem

- State objective facts, dates, times, place, setting, people present.
- Provide your professional opinion on the specific outcomes or consequences for the client.
- If the problem is related to a staffing or staff mix concern, CARNA's *Guidelines for Assignment of Client Care* (June 2008) can be used as a framework for identification and documentation of the problem.
- Document the problem when it occurs and keep a copy.
- Document all conversations, meetings, and decisions made in relation to the problem.

Documentation is an essential step in the process of addressing unsafe practice situations. The Canadian Nurses Protective Society can provide information as to the ethical and legal requirements for documentation, particularly when there are liability issues involved. If you are documenting anything that is hearsay or unsubstantiated speculation, note it as such in order that follow-up can occur with the original source.

Step 4: Plan Your Course of Action

- Gather information and documentation to support your concern and course of action.
- Identify potential strategies to address the problem.
- Analyze the “pros” and “cons” of each strategy.
- Develop a plan of action.
- Work together and distribute the work involved in addressing the concern.

Step 5: Implement and Evaluate Your Plan

- Decide the most appropriate level at which to address the problem - begin with your immediate supervisor and proceed as necessary.

- Evaluate each part of the plan as you implement it.
- Questions to ask:
 - ◆ Is this approach effective - why or why not?
 - ◆ Is more information needed?
 - ◆ Are other resources needed?
 - ◆ Do any of the steps of the action plan need to be repeated?

Resources That Can Be Accessed

- Policies and procedures in the practice setting
- CARNA standards, guidelines and position statements
- CARNA policy and practice consultants, who can help define problems, identify appropriate resources, and support nurses in problem solving (1-800-252-9392)
- Canadian Nurses Protective Society (1-800-267-3390) www.cnps.ca
- CARNA regional activities and networking.

When unsafe practice situations arise, you can make a difference.

For assistance, contact CARNA.

Appendix 4: Organizational Supports Needed in the Practice Setting

A quality professional practice environment is an environment that has the organizational and human support allocations necessary for safe, competent and ethical nursing care (CNA 2008, 2010). Such an environment enables nurses to meet the CARNA *Practice Standards for Regulated Members* and maximizes client and health system outcomes. In creating a quality professional practice environment, the following organizational supports have been identified:

1. Service Delivery

- 1.1 appropriate human resources, in sufficient numbers, for safe client care
- 1.2 appropriate staff mix
- 1.3 available resource people with appropriate expertise for consultation and education
- 1.4 accessible, relevant, current reference materials
- 1.5 quality improvement and risk management program to evaluate and improve quality and appropriateness of nursing service and client outcomes
- 1.6 an environment conducive to the development of therapeutic nurse-client relationships and interdisciplinary collaboration

2. Information Management

- 2.1 accessible and retrievable client data
- 2.2 confidentiality of documentation
- 2.3 protocols for the collection and preservation of nursing data within the health record system
- 2.4 current standardized guidelines for documentation of nursing service
- 2.5 coordination and integration of data recorded by health team members
- 2.6 health-care data that can be shared by health team members

3. Communication

- 3.1 coordination and communication among health team members, clients and other agencies
- 3.2 appropriate information and communication technologies
- 3.3 conflict resolution mechanisms
- 3.4 a quality professional practice environment that facilitates collegiality, mutual trust, respect, encouragement and support

4. Facilities and Equipment

- 4.1 sufficient equipment and supplies that meet client and staff needs
- 4.2 appropriate equipment, supplies, and materials that are accessible and operational

5. Nursing Leadership

- 5.1 a statement of philosophy of nursing
- 5.2 an accessible, current, written outline of the organizational structure
- 5.3 a written description of nursing responsibilities
- 5.4 written policies and procedures that are relevant, accessible and based on current evidence
- 5.5 nurse participation in decision-making at all levels of the organization
- 5.6 a safe environment for clients and staff

6. Professional Development

- 6.1 continuing education specific to the role/position
- 6.2 learning experiences and opportunities that promote nursing practice and professional growth
- 6.3 regular performance appraisal process

Appendix 5: Addendum to the Practice Standards for Regulated Members (2013)

The CARNA *Practice Standards for Registered Nurses (2013)* references the CNA *Code of Ethics for Registered Nurses (2008)*. Please note that the CNA *Code of Ethics for Registered Nurses (2008)* has since been withdrawn and CARNA has approved the CNA *Code of Ethics for Registered Nurses (2017)*.