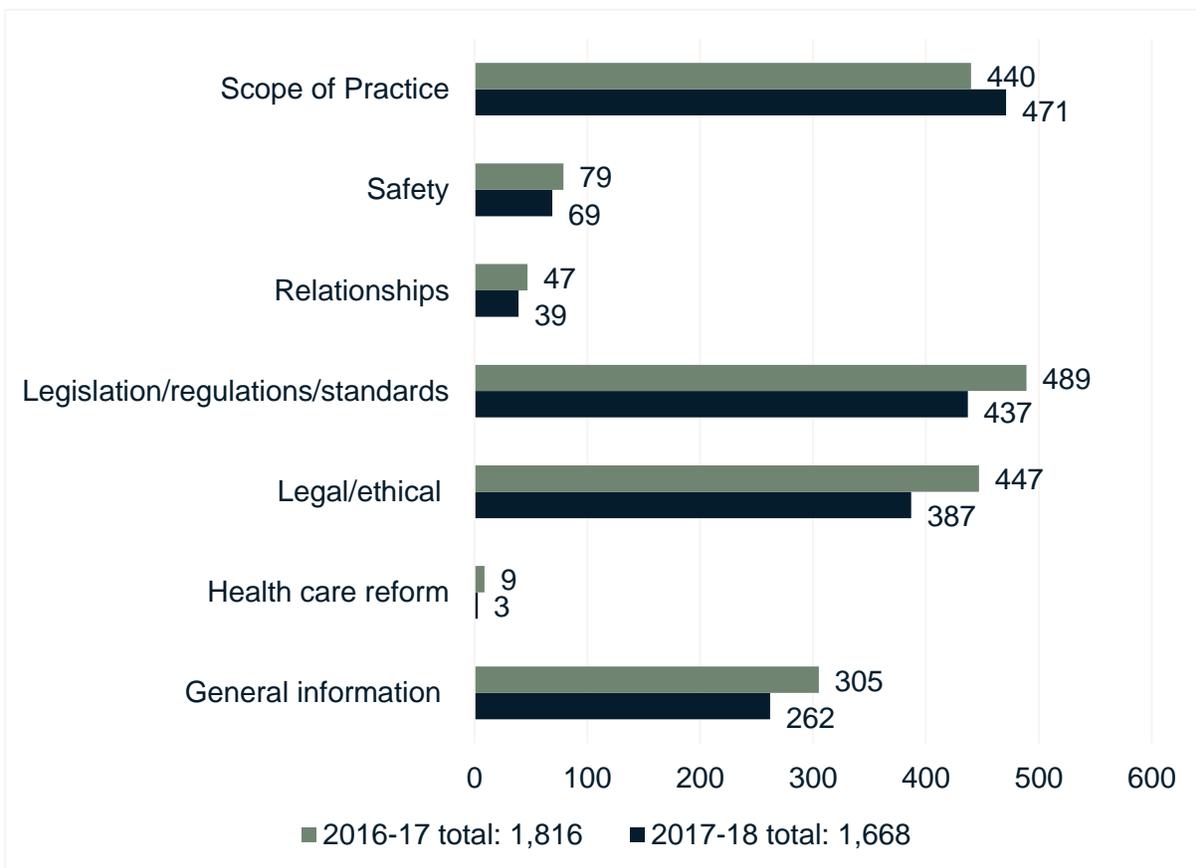


Review of practice consultations 2017-18



CARNA policy and practice consultants provide confidential consultations to individuals and groups regarding issues that directly or indirectly affect the delivery of safe, competent and ethical nursing care. Regulated members of CARNA are the primary users of practice consultations followed by members of the public, employers, administrators, other health-care professionals, government and others.

Two-year comparison of practice consultations



*In 2017-18 practice year, 1854 requests were received, of these 186 (11 per cent) were followed up by consultants, but callers did not return calls.

Top three categories of consultations

1. Scope of practice

Scope of practice was the largest category of consultations in the 2017-18 practice year. The majority of consultations in this category were related to determining if a particular intervention should or could be part of the RN scope of practice and if further education was needed. This list of interventions was diverse but some examples include suturing, blood draws, wound debridement, Botox administration, intubation, and performing cervical cancer screening.

Consultations related to NP scope of practice included questions about prescribing controlled drugs and substances and cannabis for medical purposes, completing certain forms (such as drivers medical forms or mental health forms), and performing a specified assessment. This category also included numerous consultations regarding clarity of and differentiation of roles within the profession of nursing and included consultations related to differentiating the role and the scope of practice between the RN, RPN and LPN.

2. Legislation/regulation/standards

The majority of the consultations in this section were related to medication management. There were several consultations completed to help nurses understand their role when administering or prescribing particular medications such as cannabis for medical purposes, administration of naloxone in different practice settings, and medications and substances administered in aesthetic practice settings.

A small number of consultations were completed to help nurses understand the requirements of fitness to practice, the supervision of unregulated providers or students, and the use of title.

3. Legal/ethical

The majority of these consultations were related to liability questions such as: “Do I have professional liability protection?” or “Do I have enough liability protection for my area of practice?” Other consultations included discussions regarding the requirements for nurses for accurate, timely or objective documentation in a particular practice setting or using a particular form. Examples of documentation questions include:

- What are the timelines for documentation in a certain practice setting?
- Can nurses document for others?
- Should healthcare aides be documenting the care they provide?
- Can email or telephone discussions be included in the client’s healthcare record?
- Is charting by exception acceptable?
- How to document care provided by a family member?

A few consultations in this category were about the nurse’s responsibility and accountability to provide care in situations such as conscientious objection, caring for a family member, not feeling competent or prepared, and the obligations of a nurse to client care after leaving a position.