



**Northern Inter-Tribal Health Authority**

**NITHA OVERARCHING POLICY  
FOR SPECIALTY PRACTICE BY REGISTERED NURSES  
EMPLOYED WITHIN THE NITHA PARTNERSHIP**

**Updated June 15, 2023**

## SPECIALTY PRACTICE BY REGISTERED NURSES NITHA OVERARCHING POLICY

### NITHA OVERARCHING POLICY FOR SPECIALTY PRACTICE BY REGISTERED NURSES EMPLOYED WITHIN THE NITHA PARTNERSHIP

#### OVERARCHING POLICY STATEMENT

RNs working within the NITHA Communities may be required to learn Registered Nurse Specialized Practice (RN SP) competencies in order to provide client care that is unique to their practice setting. The RN SP's are designed for the practice setting and the population being served. Additional training and/or education is required for RN SP's, as it does not encompass the entry level RN competencies. These specialized competencies, which are beyond the foundational competencies obtained in an entry to practice RN education program, enable performance of specialty practices including assessments, skills, treatments and interventions. The RN competency requirements and education content are defined by the employer within the RNSP.

NITHA Specialty Practice Documents provide for consistency regarding common skills, diagnosis, treatments and interventions and are evidence based on current guidelines. Any alteration of the documents provided from NITHA renders them invalid. A NITHA partner may opt to develop their own Specialty Practice document. RNSP's must be within the legislative scope of RN practice.

Authorized by:



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#### DEFINITIONS

- **Advanced RN Intervention:** A skill that is complex in knowledge requirement and application, may require the RN to perform complex technical skills or minor invasive actions, and may also have an increased potential for the occurrence of an unintentional outcome that the RN must manage appropriately and safely. An Advanced RN Intervention must be written in a RN Clinical Protocol
- **Health Condition:** Distinct signs and symptoms of an underlying medical disease or disorder that with an RN's intervention can be improved or resolved until the client is managed by a physician, RN(NP) or other authorized Health Care Providers.
- **Health Service/Program:** Established in client care situations that have a specific focus with clients referred by a primary care provider, through public screening/prevention programs, employment policies, or other methods. A health service/program is overseen by a designated physician. The RN in a health service/program assists a primary care provider to manage a client's diagnosed disease or disorder, runs a screening program and/or implements interventions for disease prevention, health promotion, health maintenance or rehabilitation.
- **Medical Directive:** A physician-approved document for a procedure, treatment or intervention that may be performed without a client-specific signature, for a population of patients who meet certain conditions.

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- **Qualified Educator:** RN, RN AAP, RN(NP), physician, pharmacist or other professional. The educator must have the foundational competencies to perform the specialty practice within his/her legislated scope of practice, and when required, has acquired the appropriate credentials through formal education or certification from an expert health care organization
- **RN Clinical Protocol:** Series of registered nursing activities that are implemented in pre-determined situations to provide highly specialized client care. The RN Clinical protocol enables the RN to collaborate with a physician in an agreed upon practice for the clinical management of a client care situation where their scopes of practice overlap.

**RNSP must always be within the legislative scope of a RN (including individual competencies and supported by employer policies).**

**RN Procedures:** A set of steps or a detailed way of performing a skill or treatment, with lower potential for unintended outcomes.

- **RN Specialty Practices:** Skills, treatments, and interventions within the RN scope of practice that have specialized competencies, which are obtained beyond the entry to practice RN education program. Include RN Procedures and RN Clinical Protocols.

### PURPOSE

- To ensure safe nursing practice.
- To ensure safe patient care.

### POLICY

- Each RN Specialty Practice will have a written policy and identified educational program (e.g. Immunization Certification, ACLS, PALS)
- NITHA Specialty Nursing Practice Working Group determines criteria to identify that each RN Specialty Practice is reasonable, appropriate, and consistent with professional nursing practice provincially or nationally, as defined by the CRNS. RN Clinical Protocols need to include all essential components for the specific RNSP.
- RNSP/ RN Clinical Protocol need: an authorizing Mechanism.

As per CRNS Per the Guideline:

1. **Client-Specific Orders:** A client-specific order provided by a physician, NP or other authorized health care professional is required to authorize the care described in an RN Clinical Protocol when it applies to an individual client. A client-specific order can be on the client order sheet or could be a 'patient order set' that can be individualized to meet the health care needs of a specific client.
2. **Directives:** A directive is a written order required to authorize the care described in an RN Clinical Protocol which applies to a client population. A directive is always

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authorized in advance by a physician or NP. An RN Clinical Protocol for a client population needs to contain a directive from a physician or NP at the local level or higher, who has the scope of practice and authority from the employer to authorize the specific RNSP for the practice area. Directives enable RNs who have attained the competency requirements to manage all individuals within the client population as described in the RN Clinical Protocol.

- The RN competency requirements, including related education, are defined by the employer within the RNSP.
- RNs have the obligation to uphold the current standards, competencies and code of ethics as a foundation for their practice.
- NITHA acknowledges and support that advances in health care and technology will require the employer to provide education for approved RN Specialty Practices.
- The RN is responsible for ensuring his/her practice is consistent with legislation, CRNS bylaws, the scope of practice, and pertinent SRNA documents. RNs recognize that the employer can limit but cannot expand their legislated scope of practice.

### PROCEDURE

The RN may perform an RN Specialty Practice when the following criteria have been met:

- The nurse manager identifies the need for the RN Specialty Practice in the practice area/setting and the specialty practice is approved by the NITHA Specialty Practice Working Group.
- An educational program of theory and practice, developed and/or approved by NITHA working group or the Partner Organization is made available to the RN prior to performing the RN Specialty Practice. The program should include the following:
  - relevant evidence-based clinical theory
  - Cultural competence
  - opportunity to acquire dexterity and
  - a method of testing competence

### GUIDELINES

The RN may perform an RN Specialty Practice when the following criteria have been met:

- The Employer identifies the need for the RN Specialty Practice in the practice area/setting and the specialty practice is approved by a Physician or NP.
- An educational program of theory and practice, developed and/or approved by NITHA or Partner Organization is made available to the RN prior to performing the RN Specialty Practice. The program should include the following:
  - relevant evidence-based clinical theory and an opportunity to acquire dexterity, if required.
  - a method of testing competence

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- The RN successfully completes the educational program that is required to perform the specific RN Specialty practice. This may be theory based, skills based or a combination thereof. A certification record for RNs should be tracked per employer.
- As a professional responsibility, an RN performs or reviews the RN Specialty Practice often enough to ensure competence and the provision of safe client care.
- The Medical Directive, policy and education programs for RN Specialty Practices are reviewed and approved by the NITHA, Nurse Manager Working Group or Employer Organization every three years or earlier, if required
- Graduate nurses (GNs) who have completed the appropriate employer education may perform RN Specialty Practices only with the direct supervision of an RN who is certified in the specific RN Specialty Practice.

### **RN SPECIALTY PRACTICES**

#### **Health Condition in an Emergency**

- An RN Clinical Protocol is required when an RN must provide care independently, to manage a client's health condition in an emergency situation, and a physician is not accessible to provide timely client-specific orders.
- The RN Clinical Protocol for an emergency situation must be pre-determined and have an established document.
- Emergency care situations are described as sudden, unexpected and unpredictable where a client is critically ill and has significant care needs, and the activities that are implemented in the RN Clinical Protocol will prevent serious health deterioration and/or complications for the client.

#### **Health Service/Program**

- An RN Clinical Protocol is required when an RN in a defined clinical role provides care independently, without client-specific orders for individuals who are in an established health service/program.
- The RN in a defined clinical role obtains specialized education, appropriate to the role, from an expert health care organization course, through specialty certification such as Canadian Nurses Association certification, or by other evidence-informed methods. When specialized education does not exist, education is obtained through an employer provided course.
- A Medical Directive must be included when an RN, working independently, is required to carry out activities that require a practitioner order.

#### **Advanced RN Intervention**

- An RN Clinical Protocol and a client-specific order are required to perform an Advanced RN Intervention.

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### Portability

- An RN Specialty Practice is transferable amongst northern communities as long as it is targeted for the practice area and the policy and education are the same.

**Consult Physician/or Nurse Practitioner** when practice is outside legislated scope and without authorized delegation.

### PRACTICE/ ADMINISTRATION

- To enable clear roles and responsibilities between the care providers and to maintain safe client care, there are shared expectations between RN's, RN AAP's, NP's, physicians, and the employer.
- In regards to performing RN Specialty Practice, the RN's responsibilities include:  
Ensuring that practice is consistent with legislation, CRNS bylaws, required credentials, the scope and standards of practice, and any pertinent CRNS documents regarding RN Specialty Practice.
- Obtain and maintain the appropriate specialized competencies, proficiency and education prior to performing a specialty practice. The RN must only perform procedures in which they feel competent and communicate to their manager/supervisor if they require more training or education.
- Identifying the appropriate situation when a RN Clinical Protocol can be implemented or when a client-specific order is required.
- When implementing an RN Clinical Protocol, the RN:
  - a. Adheres to the employer's written policy and protocol
  - b. Completes an assessment of the client
  - c. Uses clinical judgment to determine:
    - a nursing diagnosis derived from the assessment
    - the available options for the client's care needs
    - the risks and benefits of each option
    - the ability to manage both intentional and unintentional outcomes until client specific orders are obtained
  - d. Communicates with a physician or NP in a timely matter when the RN Clinical Protocol indicates to do so, when the RN cannot manage the client care needs, or when clinical judgment dictates a client-specific order.
  - e. Ensures proper documentation on the client's health record

In regards to supporting RN Specialty Practice, the employer's responsibilities are:

1. Developing policies and documents to support RN Specialty Practice. Policies cannot expand the legislated scope of RN practice as interpreted by the SRNA.
2. Supporting collaboration between physicians, RNs and other care providers to identify potential RN Clinical Protocols and providing the written approval in policy for their use.
3. Ensuring a RN receives the appropriate education to obtain the specialized competencies specific to the RN Specialty Practice and provides opportunities for a RN to maintain his/her competence in a specialty practice.

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4. Providing essential resources (e.g., personnel, equipment) that enable a RN to safely perform a specialty practice. Maintaining a current record of the RNs who are approved to perform a specialty practice in a practice setting.
5. RN Clinical Protocols are approved by the employer prior to implementation of the practice. RNSPs must be supported by an overarching employer policy that indicates that RNs may provide RNSPs unique to their practice setting.
6. Employers support this care through the provision of resources and the creation of policies for specific practice environments.

Responsibilities of the Physician (or delegate) who signs the medical directives for RN Specialty Practice shall review the Medical Directives at a minimum of every 3 years or sooner if best practice updates are essential for quality care.

### REFERENCES

CRNS (2020) Registered Nurse Practice Specialty Practice Guideline. <https://www.crns.ca/wp-content/uploads/2020/06/RNSP-Guidelines-2020.pdf>

Saskatoon Health Region Policies and Procedures (2015)

Title: RN SPECIALTY PRACTICES <https://www.saskatoonhealthregion.ca/about/NursingManual/1104.pdf>