

C.N.A Board Passes Resolution: Specialized Knowledge and Skills of Registered Nurses: Protection of Valuable Resources

June 23, 2011 was the Canadian Nurses association Annual General Meeting at the Ottawa Convention Center in Ottawa and we attended to represent the CAET and to advocate to the C.N.A Board of Directors to vote in support of Resolution Number 2 - Specialized Knowledge and Skills of Registered Nurses: Protection of Valuable Resources. We had the opportunity to get in front of the CNA Board to take a firm position of the need for the CNA to advocate in support of protecting specialized RN's in key areas and used the role of Enterostomal Therapists as an example of specialized nurses in wound, ostomy and continence care. We pointed out the issue of specialized RN's being threatened by lower skilled healthcare professionals and being down graded in several cases.

Good news! The resolution was passed by the C.N.A Board of Directors .

The next steps are for the CNA to assign resources and develop a plan to move the resolution into action. CAET will need to be a part of this process in order to make sure that it is implemented and can do so through the AAE Network.

I have included the final resolution for your review as follows.

With best regards,

Cathy Harley
Executive Director, CAET

Resolution 2	Specialized Knowledge & Skills of Registered Nurses : Protection of Valuable Resources
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BE IT RESOLVED, THAT the Canadian Nurses Association (CNA), in collaboration with its associate and affiliate members and emerging groups ((herein after referred to as the "AAE Network"), jurisdictional representatives and other appropriate parties define the practice areas where the specialized nursing knowledge and skills are essential and would be at the most risk of negative impact on patient outcomes if replaced with lesser-skilled or different-skilled workers.

BE IT FURTHER RESOLVED, THAT the CNA, in collaboration with the AAE Network, jurisdictional representatives and other appropriate parties develop a national advocacy strategy to:

- Demonstrate that the contributions of Registered Nurses with specialized knowledge and practice, when part of an appropriate nursing staff mix model, can yield overall cost savings to the Canadian healthcare system while improving client outcomes and safety;
- Position Registered Nurses with specialized knowledge and practice as a key leader within the interprofessional healthcare team;
- Promote a national standardized framework for decision-making for the selection of alternate models of care for healthcare agencies considering replacement of Registered Nurses with specialized knowledge and skills with lesser-skilled, different-skilled workers or alternate care providers;
- Develop a communication strategy and key messaging regarding the replacement of Registered Nurses with specialized knowledge and skills with lesser-skilled, different-skilled workers or alternate care providers;
- Ensure Registered Nurses with specialized knowledge and skills retain authority and accountability for the coordination and planning of patient/client care, which includes the responsibility to appropriately assign/supervise and/or delegate other alternate care providers to safely and legally provide care within their scope of practice or scope of employment;
- Lobby federal and/or provincial/territorial governments, as appropriate, to establish policies and or legislation to maximize and protect the role of Registered Nurses with specialized knowledge and skills within identified practice settings and models of care.

Background

CNA associate and affiliate members and emerging groups represent 43 national nursing associations and 40,951 members. Each association strives to unify the voice of their membership, a membership comprised of nurses who are interested and passionate about the focus area of their association. Each association works tirelessly to advance the nursing profession through collaboration, promotion of best and promising practices, education, advocacy and political action.

One of the trends noted increasingly by AAE Network members is the erosion of the role of the Registered Nurses with specialized knowledge and skills by replacement with alternate care providers who may be lesser-skilled (whether regulated or non-regulated) and different-skilled workers (may be other healthcare professional disciplines). Although all roles have benefit to

the system it is important to ensure that the model of care chosen for patient/client populations be appropriate to optimize client and system outcomes and ensure that the specialized knowledge and skills of the Registered Nurse be wisely utilized.

CNA (2007) defines specialization in nursing as “a focus on one field of nursing practice or healthcare that encompasses a level of knowledge and skill in a particular aspect of nursing greater than that acquired during basic nursing education. Specialized practice may relate to: the client’s health problem; the diagnostic grouping; the practice setting; type of care; and combinations of these” (p. 17). Some Registered Nurses validate their specialty competence through a credential that confirms their knowledge and skill level. Certification is a form of credentialing that is provided by some employers, educational institutions, regulatory bodies and CNA. In some provinces, the terms “specialist,” “specialty,” “specialized practice,” “specialization” and “certification” have particular meanings for regulatory purposes. The CNA Certification Program currently recognizes 19 nursing specialties for which national certification is available on a voluntary basis. RNs who obtain CNA certification are entitled to use a credential after their names to designate certification. For example, the designation for an RN certified in cardiovascular nursing is CCN(C). There are 16,242 CNA-certified Registered Nurses in Canada.

Today’s complex Canadian healthcare environment relies upon a diversely educated and/or trained workforce comprised of individuals with varying degrees of education, training, experience, expertise (competencies) and regulated oversight. In an effort to reduce costs of care, Registered Nurses with specialized knowledge and skills are sometimes being replaced by alternate care providers. Some of these providers are lesser-skilled (regulated or non-regulated) and are paid at lower hourly wage rates and some are different-skilled workers (other healthcare professional disciplines). Specific areas of concern include (but are not limited to) circulating Registered Nurse working in operating rooms and **Enterostomal Therapists who work in a variety of practice settings across the continuum of care being replaced by unregulated health workers**, Nurse Practitioners and Family Practice Nurses in Primary Health Care settings being replaced by Physician Assistants and Public Health Nurses being replaced by Licensed Practical Nurses.

These types of staffing changes can negatively impact patient/client safety and outcomes as demonstrated in the Canadian Nurses Association (2001) discussion paper, entitled “Decreasing RN Staffing Levels may not Result in Expected Cost Savings”. This paper demonstrated how Registered Nurses decreased negative patient outcomes, increased patient safety and did not increase costs. In fact it concluded that reducing RN staffing levels may contribute to increased costs through increased lengths of stay and other complications.

Registered Nurses with specialized knowledge and skills exhibit professional judgment in the selection and/or assignment of actions and responsibilities that may be safely and legally delegated to ancillary healthcare personnel or other healthcare professionals. Regardless of the act of delegation, the Registered Nurse should retain authority, accountability and

responsibility for the coordination and planning of patient care by appropriate delegation and/or supervision of others within their scope of practice or scope of employment as defined in the Registered Nurse scope of practice.

Reference:

Canadian Nurses Association (2001). *Decreasing RN Staffing Levels may not Result in Expected Cost Savings*. Ottawa: Author.

Canadian Nurses Association (2007). *Framework for the Practice of Registered Nurses in Canada*. Ottawa: Author.