 Department of Health Government of Nunavut		<b>NURSING POLICY, PROCEDURE AND PROTOCOLS</b>	
		<b>Community Health Nursing</b>	
<b>TITLE:</b>		<b>SECTION:</b>	<b>POLICY NUMBER:</b>
<b>Managing Nursing Practice and Professional Conduct</b>		Administration	05-033-00
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<b>APPLIES TO:</b>			
All Health Staff			

## 1. BACKGROUND:

Health is committed to providing excellent health care services by safe, ethical and competent health care providers. The purpose of this policy is to provide a standardized process to managing practice concerns to ensure timely action can be taken to protect the public and address the learning needs of its health care staff. The *GN Human Resources Manual* provides policies and procedures on how to monitor and evaluate staff performance, and how to identify and handle performance concerns. This policy is intended to be used as an adjunct to the performance management policies set out in the *HR Manual* and not to replace them. An adjunct policy is required, as nurses are also accountable to a nursing regulatory body, whereby mandatory reporting regulations are stated in the by-laws of the Registered Nurses Association of Northwest Territories and Nunavut (RNANTNU).

## 2. POLICY:

All nursing practice and professional conduct concerns shall be addressed in a timely manner and in accordance with Government of Nunavut Human Resources (HR) policies and procedures. When an employee's performance or behaviour is unsatisfactory, corrective action must be promptly taken.

## 3. PRINCIPLES:

- 3.1 Nurses are responsible and accountable for demonstrating they are able to meet job expectations and the nursing regulatory body's standards of practice.
- 3.2 Upholding client safety and quality of care are key priorities for the Department of Health.
- 3.3 All Health staff are responsible for acting upon nursing practice or professional conduct concerns which come to their attention and the Department of Health provides a supportive environment for reporting of such concerns.
- 3.4 Regulated nursing professionals have the professional obligation to report to the regulatory body, any situation in which they have reason to believe there is a risk to the public resulting from unprofessional conduct of a nurse.
- 3.5 Performance evaluations must be frequent and ongoing to prevent or minimize performance concerns and allow for early intervention to safeguard client care. Performance evaluations are not about blame or shame, but rather provide an opportunity for continuous quality improvement and professional development.

## 4. DEFINITIONS:

**Competence:** The integration of knowledge, skills, attitudes and judgment, abilities, experience and the underlying ethical intent of professional nursing practice, in a given context, and in accordance with standards of practice.

**Competencies:** The integrated knowledge, skills, attitudes and judgment required for performance in a designated role and setting.

**Director:** For the purposes of this policy, Director refers to all program and facility Directors within the Department of Health.

**Nurse:** For the purpose of this policy, nurse refers to all regulated nursing professions – Registered Nurses, Licensed Practical Nurses, Nurse Practitioners, Registered Psychiatric Nurses.

**Unprofessional Conduct:** An act or omission of a nurse constitutes unprofessional conduct if a Board of Inquiry finds that the nurse:

- a) Engaged in conduct that:
  - Demonstrates a lack of knowledge, skill or judgment in the practice of nursing,
  - Is detrimental to the best interests of the public,
  - Harms the standing of the nursing profession,
  - Contravenes the nursing act or the regulations, or
  - Is prescribed by the bylaws as unprofessional conduct; or
- b) Provided nursing services when his or her capacity to provide those services, in accordance with accepted standards, was impaired by a disability or a condition, including an addiction or an illness.

## 5. GUIDELINE:

**Professional practice and professional conduct concerns may be reported from a variety of sources such as a colleague, a client, a client's family, chart review, performance evaluation, or clinical audit; and therefore, the process for managing the matter may vary slightly under those circumstances. The following guideline focuses on the scenario whereby the concern is reported by a department of health staff.**

Preventing Professional Practice Concerns
<p>An effective strategy for managing professional practice concerns is preventing or reducing its occurrence.</p> <p>Strategies for preventing nursing practice and professional conduct concerns include:</p> <ul style="list-style-type: none"><li>▪ Effective recruitment practices (e.g. verification of employment history, reference checks, pre-employment checks, CRC, certification checks), matching skills and experience with the intended position;</li><li>▪ Offering orientation to new employees and ongoing professional development training;</li><li>▪ Clear expectations communicated at time of hire and with subsequent ongoing performance reviews about required competencies (knowledge, skills and judgment) and behaviours required to demonstrate safe, competent and ethical nursing practice in their current clinical role.</li><li>▪ Providing resources early on to support areas of improvement;</li><li>▪ Training for direct supervisors in effective staff management;</li><li>▪ Provide information about how staff can access the support and advice they need</li></ul>
Professional Practice Concern Identified
<p>When a professional practice concern has been identified by a staff member, he/she is required to report it to their supervisor (Be specific and factual; avoid assumptions). If there is an immediate risk to the client or public, that staff member may need to intervene immediately to protect client safety and prevent harm.</p> <p>If the practice concern has been raised through the office of Patient Relations or the Continuous Quality Improvement unit, the staff member will notify the Director of that region for further review.</p> <p>The supervisor shall provide feedback to the staff member who reported the concern, to advise that a review of the concern will be conducted. It is important not to divulge specific details of the action which breaches the nurse's right to privacy and confidentiality.</p> <p>Note: At any time, the staff member who reported the concern is not satisfied that action has taken place, he/she shall notify the Director, CNO, or Director of Professional Practice Unit.</p>



### Validating the Concern

The supervisor/ manager is required to gather the facts about the practice concern and report the findings to the Director. Consult the Chief Nursing Officer (CNO) and/or Director of Professional Practice as needed.

Determine if it is a professional practice concern by asking the following questions:

- ☐ Does the concern present a risk to clients?
  - What are the actual or potential effects on client care?
  - Are the clients / public at risk if the situation is not corrected?
- ☐ Does the practice concern conflict with standards, policies and/or guidelines?
  - Are there written GN standards/policies/procedures and practice guidelines?
  - Are there written statements from the nursing organization or regulatory body (i.e. By-laws, Standards of Practice, CNA Code of Ethics)?
- ☐ Does the concern demonstrate a significant lack of knowledge, skill or ability in a specific area?
- ☐ Does it contribute to a toxic work environment?

*If you answered 'yes' to any of these questions, you may have a professional practice concern – Further analysis and reporting is required. Refer to the subsequent sections in this policy for guidance.*

*If you answered 'no', your concern is not likely a professional practice concern and it should be discussed with your supervisor for next steps.*

Other questions that may help you better understand the circumstances of the concern:

- ☐ Does the absence of policy, procedure and guidelines contribute to this concern?
- ☐ Are there common factors associated with this concern? If so, what are they?
- ☐ Is the concern recurring?
  - How often and under what circumstances did the situation occur?
  - Do others have similar concerns? Is there any documentation in the nurse's HR file?
  - Has this concern recurred in a collective group of nurses versus an individual nurse?

*If you answered 'yes' to any of these questions, you may have identified a gap in the organizational system that may be interfering with the nurses' ability to act in accordance to nursing standards, policies and procedures. Further analysis and action is required, which is beyond the scope of this policy; discuss with your supervisor.*

Resources: The following resources outline the specific competencies required of the nursing role and can guide the validation and analysis phases: Nursing standards of practice, FNIHB clinical guidelines, GN policies and procedures, CNA code of ethics, job description, and nursing competency documents (GN and RNANTNU).

### Analyzing the Professional Practice Concern

When a professional practice concern has been identified, all evidence and the circumstances around the practice concern need to be examined; consider if the concern relates to:

- **Competence and gaps in Knowledge**  
For example: pathophysiology, current treatments, medication administration, resources, policies
- **Competence and gaps in Skills**  
For example: psychomotor skills, use of client monitoring equipment, teaching clients, communication skills, calculating pediatric medication doses
- **Competence and gaps in Judgment**  
For example: recognizing when to refer, advocating for changes in physician orders, altering the plan of care, prioritizing work
- **Competence and Ethical Practice:**  
*Attitude* (For example: respect for colleagues and clients, awareness of own beliefs, sensitivity to feelings, personal values, body language, tone of voice, teamwork, flexibility)  
*Behaviours* (For example: ineffective/disruptive communication patterns, absenteeism, other concerns)
- **Competence and Cultural Safety:**

For example: incorporates Inuit Societal Values and cultural practices and beliefs into all dimensions of health care practice, and reflects these in individualized client care plans; recognizes the impact of historical trauma and events on clients' utilization of health care services and the therapeutic nurse/client relationship)

Review any previously implemented performance management plans and note any improvements the nurse made in his/her practice. Consider:

- ☐ What assistance, educational activities or supports were offered in the past?
- ☐ Did the nurse receive this assistance, complete the activities or use the supports? If not, why not?
- ☐ Did these activities and supports make a difference in his/her practice? If so, how is this demonstrated?
- ☐ Has the environment changed? If so, how?

Document all relevant information relating to the concern, while protecting client confidentiality. At minimum, the following Information is to be documented:

- ☐ Date(s), time(s) and location(s) of events.
- ☐ Who was involved, including staff and clients? Avoid using client names or other specific identifiers.
- ☐ Describe what happened, including any near misses.
- ☐ Indicate which standards were not met and how this affected or could have affected client care.
- ☐ The actions taken to address the situation and additional recommendations to resolve the concern.
- ☐ Keep a copy for the supervisor's records and send a copy to the Director.

#### **Acting upon Professional Practice Concerns**

Arrange a meeting with the nurse to discuss the concern(s) and the practice expectations in a clear, fair, respectful and supportive manner. The discussions need to be framed around learning from the incident and improving practice. HR policies and procedures are to be strictly adhered to.

Practical Tips: Arrange the time and location of the meeting such that it minimizes potential disruptions

Listen to the nurse's perspective, as he/she may not agree there is a concern. Recognize the nurse's perception is his/her reality and allow time for the nurse to discuss that perspective. Build on the nurse's strengths and be clear about which behaviours need to change.

1. *If the practice concern was determined to be an isolated incident involving a gap in knowledge or training **AND** does not pose ongoing risk to public safety, the supervisor will:*

- Instruct the nurse to complete a Professional Development plan (PD) based on his/her self-assessment - Set a date to review the PD plan (Refer to *Follow-up Plan* section).  
(Use the RNANT/NU Continuing Competence Program template found at <https://www.rnantnu.ca/registration/continuing-competence>)
- If necessary, discuss how colleagues will be informed of any changes (i.e. buddy system, or call schedule).
- Document the meeting details in the nurse's HR file.
- Engage the nurse educator and Director if additional resources are needed to support the development of and/or fulfillment of the learning plan activities.

2. *If the Director and Supervisor deem the concern(s) to be serious in nature, suggest that a recurrence may be likely and pose ongoing client safety risks, the supervisor and director will:*

- Notify CNO, HR and submit a formal complaint to the nursing regulatory body (see *External Reporting of the Practice Concern* section)
- Initiate progressive discipline measures as advised by HR or Employee Relations. Roles and responsibilities in the progressive disciplinary process are outlined in the *Employee Discipline Policy* (found in the GN *HR Manual*). HR policies and procedures are to be strictly followed.

AND Implement one or more of the following based on the nature of the concern:

- Provide supervision of practice until the concern is resolved and the nurse is meeting nursing



standards;

- Restrict specific duties until remediation plan objectives have been met;
  - Suspend all duties pending further investigation – Consult HR, Employee Relations and CNO first
- Example of when a one's practice requires restriction until further investigation: The nurse shows significant and repeated deficiencies in knowledge, skill or judgment which has significant potential of resulting in public harm.

3. *If the concern involves an allegation of criminal activity, the Executive Director, Assistant Deputy Minister – Operations, HR, and the nursing regulatory body must be notified immediately. The Legal division for the GN is also to be contacted for advice on how to proceed with reporting to RCMP.*

### External Reporting of the Practice Concern

Not every error or practice concern means that a nurse poses ongoing risk to client / public safety and therefore does not automatically require reporting to the nurse's regulatory body.

Examples of appropriate reporting to the nursing regulatory body:

- ☐ The nurse demonstrates significant and/or repeated deficiencies in knowledge, skill or judgment;
- ☐ The nurse demonstrates poor insight, or gaps in understanding or application of basic nursing principles;
- ☐ The nurse demonstrates a lack of appreciation for the seriousness of potential outcomes for clients who receive substandard care;
- ☐ The nurse was involved in an alleged criminal activity.

**Nursing Regulatory Body:** The Executive Director will promptly notify the Director of HR staff and CNO of the intent to report a practice concern to the regulatory body. The CNO will notify the ADM-operations.

- Whenever possible, the CNO should be notified prior to submitting the complaint to the nursing regulatory body in order to verify that (1) any ongoing client safety risks have been addressed; (2) additional resources/supports have been put in place to support the nurse, team and/or client; (3) appropriate practice restrictions (as warranted) have been instituted; and (4) that all related documentation has been secured in a single repository.

(Note: When the CNO is not available, the Director of Professional Practice is to be consulted.)

- If a nurse's employment has been terminated due to reasons of professional misconduct, incompetence or incapacity, the GN still has an obligation to report the nurse to their regulatory body.

**Documentation for Formal Reporting:** When a professional practice concern is being reported to the regulatory body, all documentation must be gathered before the complaint is submitted and secured in a single electronic repository that is accessible to the regional administrative team (directors and ED), Director of HR and the CNO. This is extremely important in our transient environment where staff originally involved in submitting the complaint is no longer working in the region when the nursing regulatory body requests supporting documents. The ED will have oversight of the creation and maintenance of such electronic files.

The types of supporting documents to include in the electronic repository include (but not limited to):

- ☐ A copy of the letter submitted to the nursing regulatory body;
- ☐ A copy of all meeting records, letters, and emails;
- ☐ A copy of all related performance evaluations and performance management forms;
- ☐ A copy of any incident report forms associated with the practice concern; and
- ☐ A copy of relevant documentation from client's health record.
- ☐ Copy of staffing schedule and call log (if relevant).
- ☐ Protect confidentiality of whistle blower and patient – this will determine where this will be stored.





**Reference Check:** When a practice concern has been identified and the nurse resigns or employment is terminated before resolution of the practice concern, Health staff are encouraged to disclose the unresolved concerns to future employers who seek a reference check for that nurse. When Health staff are unsure what details can be disclosed to maintain confidentiality of the HR file, contact HR.

#### **Follow-up Plan**

Once nurses are advised of practice concerns, they are responsible and accountable for demonstrating they are able to meet job expectations and the nursing regulatory body's standards of practice. In most incidences, once a nurse becomes aware of practice concerns, the nurse will self-initiate steps necessary to improve their practice. Nurses with significant and ongoing concerns may require more attention, direction and skilled assistance from the supervisor, nurse educator or other resource person.

The department has a responsibility to provide a support system (e.g. training, human resources, equipment, etc.) that enables nurses to meet the professional standards of practice set by the nursing regulatory body. Always ask - have we done our due diligence in educating, training, mentoring, monitoring and evaluating?

#### **\*\*\* Follow procedures outlined in the *HR Manual* for managing performance concerns\*\*\***

- At the follow up meeting, review the PD plan and develop a learning plan to support the nurse's needs (See Appendix: *Learning Plan* for guidance). Be clear about how you will assist the nurse and what the nurse must do to meet his/her learning needs. Consult professional practice resources as necessary (e.g. Director Professional Practice, nursing regulatory body, CNO, PHN-C).
- At set intervals, monitor the PD plan objectives with the nurse, program supervisor and/or clinical educator
- After practice concerns have been addressed through the learning plan, it is important to evaluate the outcome and determine if the practice concern has been resolved.
  - For most situations, the nurse's practice will improve. In such cases, continued support shall be offered through the standard performance review process.
  - If, after a reasonable time and effort, the nurse is not meeting the learning plan objectives, consult the Director and HR to determine next steps. Brief the CNO of any ongoing concerns.
- Document the details of all follow up meetings, as per the *HR Manual*.

#### **Practice Restrictions Imposed by the Nursing Regulatory Body**

If the regulatory body imposes practice restrictions on the nurse's license following an inquiry, a letter will be issued. The nurse must disclose the conditions of their settlement agreement to the employer in these circumstances.

- When the Director receives a copy of the settlement agreement from the nurse, it is to be forwarded to the Executive Director, Director of HR, and CNO.
- The CNO is responsible for responding to the settle agreement letter, as the nursing regulatory body requires written confirmation and agreement from the employer when practice restrictions are instituted.
- A plan to address any practice restrictions will be developed between the Director, Supervisor and Nurse Educator and reviewed with the CNO.



## 6. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Canadian Nurses Association. *Code of Ethics for Registered Nurses*

GN HR Manual: Policy 801 Employee Discipline

GN HR Manual: Policy 802 Discipline – Casual Employees

GN HR Manual: Policy 803 Suspension Pending Investigation

Nunavut Nursing Act

RNANTNU Bylaws: #5 Professional Conduct

RNANTNU Bylaws: #24 Release of Information

RNANTNU *Standards of Nursing Practice for Registered Nurses and Nurse Practitioners*

## 7. REFERENCES:

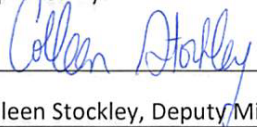
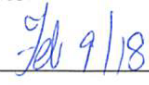
College of Registered Nurses of British Columbia (2014). *Assisting Nurses with Practice Problems*.

GN *Human Resources Manual*

Nunavut Nursing Act

RNANTNU Bylaws

RNANTNU *Standards of Nursing Practice for Registered Nurses and Nurse Practitioners*

Approved By: 	Date:  9/18
Colleen Stockley, Deputy Minister – Department of Health	
Approved By:	Date:
Jennifer Berry, Chief Nursing Officer – Department of Health	



## Appendix: Professional Development Learning Plan

Learning plans include the following statements:

- The Practice standard / objective that governs the specific practice concern(s). For example, a nurse initiates an abdominal x-ray without a written order, protocol or medical directive. The practice standard that is breached would be:
  - “Demonstrates professional responsibility and accountability by practicing in accordance with relevant legislation, standards and GN policies”
- Learning Activities
  - The activities and resources should also reflect self-learning activities for the nurse, as there is an expectation that each nurse demonstrate ownership of their learning goals and activities, as part of their membership in a self-regulated profession.
- Resources needed to carry-out the learning activities (e.g. articles, policies, nurse educator, online course, etc.)
- Expected Results (criteria for measuring changes / outcomes)
- Timeline
- Evaluation / outcome of the learning activities.

The professional development learning plan is to be reviewed with the nurse at set intervals.





## **SAMPLE Nursing Professional Development Learning Plan**

<b>Employee's Name:</b>		<b>Position:</b>	
Practice Standard / Objective	Learning Activities and Resources Needed	Expected Results and Timeline	Evaluation / Outcome
1. Demonstrates professional responsibility and accountability by practicing in accordance with relevant legislation, standards and GN policies	<ul style="list-style-type: none"> <li>- Review RNANTNU <i>Standards of Practice for Registered Nurses and Nurse Practitioners</i></li> <li>- Review the following GN policies and protocols: ...</li> </ul>	<p>Is accountable and accepts responsibility for all nursing actions and for achieving practice standards.</p> <p>Refers to and adheres to GN policies and protocols and FNIHB Clinical Practice Guidelines</p> <p>Consults supervisor and physician appropriately</p> <p>Date: #####</p>	
2. Demonstrates professional responsibility and accountability by practicing in accordance with Code of Ethics for Registered Nurses	<ul style="list-style-type: none"> <li>- Review CNA <i>Code Of Ethics For Registered Nurses by (enter date ###)</i></li> </ul>	<p>Incorporates nursing values and ethical responsibilities into every aspect of client care and team interactions</p> <p>Uses effective conflict management strategies</p>	
3. Maintains timely, comprehensive and accurate documentation utilizing SOAP format	<p>Review the following:</p> <ul style="list-style-type: none"> <li>- CRNBC <i>Documentation in Nursing Practice Learning Module</i></li> <li>- GN <i>Documentation policies</i></li> <li>- RNANTNU <i>Documentation Guidelines</i></li> <li>- <i>Guidelines for Writing SOAP notes and History and Physicals</i></li> <li>- <i>A Practical Guide to Clinical Medicine</i></li> </ul> <p>To be completed by (enter date ###)</p>	<p>Documents accurate and comprehensive health history, including history of presenting illness, past medical history, allergy status and medication history</p> <p>Documents each client encounter according to GN policy and RNANT/NU standards</p> <p>Vital signs and weights will be documented in the body of the nursing note and not in the margin</p>	



## **SAMPLE Nursing Professional Development Learning Plan**

<b>Employee's Name:</b>		<b>Position:</b>	
	- Random chart audits will be conducted by SCHP weekly	Completes Prenatal records as per GN guidelines	
<b>Comments:</b>			
<b>Employee's Signature:</b>		<b>Date of Initial Receipt:</b>	
<b>Supervisor's Name and Signature:</b>		<b>Date of Issue:</b>	
<b>Employee's Signature:</b>		<b>Date of Final Review:</b>	
<b>Supervisor's Name and Signature:</b>		<b>Date of Final Review:</b>	

### **RESOURCES:**

List all resources that were included as part of the learning activities, for example:

- RNANTNU documentation guidelines
- CRNBC documentation module <https://www.crnbc.ca/Lists/Flash%20Modules/Documentation/player.html>
- GN Documentation Policies (attached separately)
- A Practical Guide to Clinical Medicine – Sections History of Presenting Illness; The Rest of the History; and Review of Systems  
<https://meded.ucsd.edu/clinicalmed/history.htm>
- RNANTNU Standards of Practice for Registered Nurses and Nurse Practitioners <http://rnantnu.lamp.yk.com/wp-uploads/2013/05/Standards-of-Practice-for-RNs-and-NPs-2014.pdf>

