

# STANDARDS FOR NURSE PRACTITIONER PRACTICE IN NEWFOUNDLAND & LABRADOR (2013)



Association of  
**Registered Nurses**  
of Newfoundland  
and Labrador



This Standards document was approved by ARNNL Council in 2013 and replaces the *Framework for Nurse Practitioner Practice in Newfoundland and Labrador* (2008).



## Acknowledgements

This *Standards for Nurse Practitioner Practice in Newfoundland & Labrador* document was developed with a Working Group comprised of representatives from the Regional Health Authorities, Medicine, Pharmacy, Nurse Practitioners, Educators and the Nurse Practitioner Standards Committee.

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# Introduction

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) is the regulatory and professional body for all registered nurses (RNs), which include nurse practitioners (NPs). The mandate of the ARNNL is to establish and promote the standards of the profession, to promote and ensure competency of its members and to support its members in promoting the health and well-being of the public (*Registered Nurses Act, 2008*). In fulfilling this mandate the ARNNL establishes the ethical and practice standards, and the entry level competencies for RNs and NPs; and ensures NPs meet the entry-level and continuing competency requirement for safe, ethical, quality care.

ARNNL believes that NPs make a positive impact on the provision of quality health care services and are integral to the sustainability of the public health care system. The skills and knowledge of NPs are particularly suited to promoting health and wellness, managing acute and chronic health conditions within the NP scope of practice, improving access to services and reducing wait times (ARNNL, 2007). Nurse practitioners work independently and in collaboration with clients and other health professionals to provide comprehensive health services.

Under the *Registered Nurses Act (2008)* and the *Registered Nurses Regulations (2013)* the ARNNL is legislated to establish the parameters of NP practice in NL, in consultation with the Nurse Practitioner Standards Committee. The *Standards for Nurse Practitioner Practice in Newfoundland & Labrador (2013)* describes the NP scope of practice, and establishes the professional practice standards for NPs. Together with ARNNL's *Standards of Practice for Registered Nurses (2013)* and the *Code of Ethics for Registered Nurses (2008)* the NP professional practice standards identify minimum expectations for practice and apply to all NPs practicing in NL.

The *Standards for Nurse Practitioner Practice in Newfoundland & Labrador* establish the regulatory and professional foundation for nurse practitioner practice. They serve as a means of informing RNs, NPs, the public, government and other stakeholders on nurse practitioner practice.

This document identifies eight standards for nurse practitioner practice:

- Standard 1 – Responsibility and Accountability
- Standard 2 – Knowledge-Based Practice
- Standard 3 – Client-Centred Care
- Standard 4 – Public Trust
- Standard 5 – Interprofessional Practice
- Standard 6 – Health Assessment and Diagnosis
- Standard 7 – Therapeutic Management
- Standard 8 – Clinical Procedures/Interventions



## Legislation

The *Registered Nurses Act* (2008) authorizes nurse practitioners to independently perform a range of health services that extend beyond those of registered nurses. These health services require a high level of autonomy in decision making and accountability for client care and health outcomes. The *Registered Nurses Act*, section 11(1)(f) authorizes ARNNL to make regulations respecting the licensing of and the scope of practice of nurse practitioners. The *Act* gives the NP Standards Committee, 37(1), the authority to establish standards for NPs to include:

- a. prescribing the forms of energy that a NP may order and prescribing the purpose for which and the circumstances in which the form of energy may be applied;
- b. prescribing the laboratory and other tests that a nurse practitioner may prescribe; and
- c. designating the drugs that a nurse practitioner may prescribe and the circumstances under which the drugs may be prescribed.

The *Registered Nurses Act*, section 17 protects the title “Nurse Practitioner” and initials “NP” for exclusive use of a legally recognized and licensed nurse practitioner.

NPs must be licensed and are required to be well-informed of all legislation relevant to NP practice. The Appendix contains a list (not all inclusive) of other legislation relevant to NP practice.

## Interpretation

Nurse practitioners are autonomous health professionals with education in advanced nursing practice and theory. As advanced practice nurses, they provide a comprehensive range of essential health services grounded in professional, ethical and legal standards, within a holistic model of care. In providing these services, nurse practitioners draw on their education, experience and in-depth knowledge of the biological and psychosocial aspects of health and disease. They also apply their understanding of health management, health promotion, health protection, disease and injury prevention, and the determinants of health.

NP scope of practice is the activities and functions that NPs are educated and authorized to perform in accordance with the *Registered Nurses Act*, *Registered Nurses Regulations* and the *Standards of Practice for Registered Nurses* and policies.

Nurse practitioners are registered nurses with advanced educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order, and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice (Canadian Nurses Association, 2006). Through formal and informal education and experience NPs in NL possess the competencies outlined in the *Canadian Nurse Practitioner Core Competency Framework* (2010).

Nurse practitioners provide comprehensive care to individuals, families and communities that include health promotion, illness prevention, supportive, curative and rehabilitative care. NP practice is diverse and contingent upon the needs of the client population served. NPs are members of collaborative teams and practice in primary, secondary and tertiary health care settings, in sectors such as acute care, long term care and community. This advanced nursing practice role consists of five interrelated domains including: practitioner, consultant/collaborator, leader, educator and researcher (ARNNL, 2007).



## Streams of Practice

ARNNL licenses NPs in one or more of the three NP streams of practice: adult, pediatric and family/all ages. These terms are defined below.

**Adult:** NPs licensed in the adult stream of practice provide care for individuals over the age of 18 years in either a generalized adult practice where they see adults with a variety of medical conditions, and/or adults in a generalized or specialty practice setting (ARNNL, 2011a). In some cases, care of older adolescents may also be provided by a NP in the adult stream of practice when the adolescent's age and/or condition may more closely approximate that of an adult.

**Pediatric:** NPs licensed in the pediatric stream of practice provide care for individuals under the age of 18 in either a generalized practice where they see individuals with a variety of medical conditions, or individuals in a generalized or specialty practice setting (ARNNL, 2011a). In some instances, NPs (pediatric) may provide care to young adults whose developmental age may closely approximate that of a child or adolescent rather than an adult, or a young adult who has been receiving care from the NP (pediatric) for a chronic disease since childhood. Neonatal NPs are registered within the pediatric stream of practice and have specialized education relevant to neonatology.

**Family/All Ages:** NPs licensed in the Family/All Ages stream of practice provide care for clients across the lifespan, including newborns, children, adolescents, adults, pregnant and post partum women, and older adults in a generalized or a specialty practice setting (ARNNL, 2011a).

In summary, all NPs regardless of their stream of practice:

- apply a primary health care approach;
- manage and coordinate client care;
- work collaboratively with other health care providers;
- diagnose, treat and manage health conditions, diseases or disorders for which they are competent; and
- consult when the client's condition requires care beyond the NP's scope of practice or level of competence, or when the care may be enhanced by consultation or transfer.

## Competencies

Nurse practitioners must restrict their practice to performing activities that the individual nurse practitioner is competent to perform, and to activities that are appropriate to their client population and practice setting.

Activities and procedures performed must comply with:

- the ARNNL *Standards of Practice for Registered Nurses*;
- the ARNNL *Standards for Nurse Practitioner Practice in Newfoundland & Labrador* (outlined in this document);
- legislation; and
- the policies of the health care organization/employer.

The NP possesses the competency to provide comprehensive health assessments, identify health risks and health needs; and diagnose diseases, disorders, injuries and conditions. The NP discusses health assessment findings, diagnoses, prognosis and outcomes with clients and/or the health care team. There are no legislative restrictions on NP authority to perform these activities.



NPs practice within their level of competence, stream of practice and practice setting. NPs are authorized to:

- order and interpret laboratory tests and forms of energy;
- perform procedures and interventions;
- provide orders to other health care providers for the clinical management of clients;
- prescribe drugs according to therapeutic classes listed in the *American Hospital Formulary Services (AHFS) Pharmacologic Therapeutic Classification* system. NPs prescribe in accordance with the *RN Act*, the *RN Regulations*, the *Pharmacy Act*, the federal *Food and Drug Act and Regulations*, [http://www.hc-sc.gc.ca/fn-an/legislation/acts-lois/act-loi\\_reg-eng.php](http://www.hc-sc.gc.ca/fn-an/legislation/acts-lois/act-loi_reg-eng.php) and the federal *Controlled Drugs and Substances Act (Canada)* <http://laws-lois.justice.gc.ca/eng/acts/C-38.8/index.html>.

NPs must comply with all applicable legislation, regulations, standards, programs and guidelines when prescribing pharmaceuticals, including the *Tamper Resistant Prescription Pad Program (TRPPP)*.

*Note:* With approval of the *New Classes of Practitioners Regulations* (December 2012) under the *Controlled Drugs and Substances Act*, the federal barrier to NP prescribing narcotics and controlled substances has been removed. ARNNL will authorize this practice once the necessary requirements to ensure public protection are in place.

## Overview of the Standards

The standards of practice in this document are authoritative statements that set out the legal and professional basis for nurse practitioner practice in Newfoundland and Labrador. The ARNNL has developed this document to direct, evaluate and regulate nurse practitioner practice. This document also serves to inform the public as to what they can expect from nurse practitioners.



## Standard 1: Responsibility and Accountability

The NP is responsible for practicing safely, competently and ethically and is accountable to the client, health care organization/employer, profession and the public.

### Indicators:

The NP:

- 1.1 Maintains current licensure to practice as a NP in Newfoundland and Labrador.
- 1.2 Practices in accordance with current legislation, standards and other regulatory controls for NPs and adheres to ethical decision making principles.
- 1.3 Is accountable for making client care decisions within his/her legislated scope of practice, level of competence and stream of practice.
- 1.4 Participates in continuing competence and lifelong learning.
- 1.5 Demonstrates a cost effective and efficient approach to the provision of care.
- 1.6 Assumes a leadership role to initiate and guide change in the health care system.
- 1.7 Acts as a role model, mentor, and consultant to students, nurses and other health professionals.
- 1.8 Participates in professional organizations and activities that influence advanced practice nursing and/or population health outcomes (adapted from The National Organization of Nurse Practitioner Faculties [NONPF], 2011).
- 1.9 The NP who is not an employee of a regional health authority, submit a declaration stating:
  - he/she has a physician for the purpose of consultation with respect to the care of a client
  - the name and address of the physician
  - the date that the NP entered into the arrangement with the physician and that the care may be transferred to the physician (*Registered Nurses Regulations*, 2013).

In addition, the NP in independent practice:

- 1.10 Establishes policies and procedures in accordance with legislation, evidence-informed practices and other regulatory requirements to guide her/his practice, including but not limited to the following:
  - keeping of client health records;
  - procurement, storage, record keeping, management and disposal of drugs.
- 1.11 When closing the practice the NP is responsible to:
  - provide sufficient public and individual notice of the closure to clients;
  - provide copies of client health records upon request during the period of notice and make arrangements for same after closure of the practice;
  - ensure all necessary follow up of clients is completed/transferred;
  - assist clients to make alternate care arrangements; and
  - advise colleagues and health care facilities of the practice closure and contact information, including instructions to access and transfer client records.



## Standard 2: Knowledge-Based Practice

*The NP practices using knowledge, skills and clinical judgments, and integrating knowledge from nursing, pharmacy and medicine to make a diagnosis, and to develop, implement and evaluate the plan of care.*

### **Indicators:**

The NP:

- 2.1 Has knowledge of, applies and synthesizes the pathophysiology of acute diseases and injuries, chronic conditions, normal health events and emergency health needs encountered in practice.
- 2.2 Has knowledge of, applies the principles of pharmacoeconomics, pharmacokinetics and pharmacodynamics when managing client's drug therapy.
- 2.3 Demonstrates the principles of primary health care in practice.
- 2.4 Supports clinical decisions with evidence and research.
- 2.5 Demonstrates critical thinking and clinical decision making skills when assessing, treating and managing clients.
- 2.6 Supports and participates in research to improve practice and client outcomes.

## Standard 3: Client-Centred Care

*The NP contributes to and promotes measures that optimize positive client health outcomes at the individual, organizational and system level.*

### **Indicators:**

The NP:

- 3.1 Involves clients in the development, implementation and evaluation of the plan of care.
- 3.2 Recognizes cultural diversity in the delivery of health care.
- 3.3 Acts foremost as an advocate for clients and their families.
- 3.4 Integrates ethical principles in decision making at the individual, organizational and system level.
- 3.5 Evaluates the ethical consequences of decisions for individuals, the organization and system.
- 3.6 Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.
- 3.7 Counsels and supports clients through the continuum of care.
- 3.8 Demonstrates effective communication, empathy and respect in dealing with clients.



## Standard 4: Public Trust

*The NP upholds the public's trust in the profession.*

### **Indicators:**

The NP:

- 4.1 Demonstrates professional presence and leadership to enhance client care, the profession and the health care system.
- 4.2 Acts as a moral agent in providing nurse practitioner services.
- 4.3 Protects client's privacy and confidentiality.
- 4.4 Provides leadership and support to healthy public policy initiatives that improve the health care system.
- 4.5 Contributes to advancement of evidence-informed practice through initiation and/or participation in research and scholarly activities.

## Standard 5: Interprofessional Practice

*The NP collaborates and consults with the client, family and interprofessional team members in the provision of care to optimize client outcomes.*

### **Indicators:**

The NP:

- 5.1 Promotes and facilitates collaborative partnerships with the client, the interprofessional team and others, including families, administration and other sectors.
- 5.2 Establishes collaborative relationships with physicians, pharmacists and other interprofessional team members.
- 5.3 Initiates consultations with physicians and other health care professionals as required to meet the client's health care needs.
- 5.4 Documents consultation and referral requests and outcomes in the client's permanent health record.
- 5.5 Transfers care or shares care after consulting with the relevant health care professional and the client.
- 5.6 Provides consultation to and accepts referrals from other health care providers for clients whose health conditions are within the NP scope of practice.



## Standard 6: Health Assessment and Diagnosis

*Within the stream of practice, scope of practice and level of competence, the NP provides a comprehensive health assessment, diagnoses health conditions/illnesses, and communicates the diagnosis, prognosis, treatments and outcomes to the client.*

### **Indicators:**

The NP:

- 6.1 Performs a comprehensive health assessment and analyzes data from multiple sources to formulate a diagnosis of a health condition/disease.
- 6.2 Communicates health assessment findings and diagnosis, discusses prognosis and treatment options and outcomes with the client.
- 6.3 Orders diagnostic imaging tests (with the exception of MRI, CT and PET), laboratory and other tests when clinically indicated.
- 6.4 Orders MRI, CT and PET specific to the stream of practice (adult/pediatric only) or in consultation with the collaborating physician and according to organizational policy.
- 6.5 Ensures that diagnostic tests ordered by the NP, are interpreted and the results are followed up in a timely manner.
- 6.6 Documents all health assessments, diagnoses and diagnostic tests on the client's permanent health record.

## Standard 7: Therapeutic Management

*The NP manages and monitors the care of the client by providing safe, effective and current therapies, within the NP's stream of practice, scope of practice and competence.*

### **Indicators:**

The NP:

- 7.1 Prescribes pharmacological and non-pharmacological therapies in accordance with federal and provincial legislation, standards, best practices and organizational policy.
- 7.2 Utilizes evidence-informed guidelines and resources, to appropriately prescribe drugs and other therapies in the clinical management of clients.
- 7.3 Provides orders for client care to be implemented by other health care professionals including verbal orders in urgent and emergent situations and documents the orders according to organizational policy.
- 7.4 Provides client education about pharmacological, non-pharmacological and other therapies.
- 7.5 Monitors and documents the client's response to prescribed therapies.
- 7.6 Documents prescribed or discontinued therapies on the client's permanent health record.



- 7.7 Dispenses specific medications in small quantities in situations where a pharmacist is not available or accessible and/or it is in the best interest of the client.
- 7.8 Prescribes over-the-counter medication, other therapies and therapeutic devices for the purpose of accessing a drug/insurance payment plan.
- 7.9 Takes every reasonable precaution to prevent prescription fraud, including storage of prescription pads in a secure location.
- 7.10 Completes a prescription accurately and completely according to the *Pharmacy Act* and regulations and other relevant legislation, standards and policies.
- 7.11 Does not prescribe drugs or other therapies for family members, close friends, or oneself when another nurse practitioner or physician is available.
- 7.12 In accordance with the *Federal Food and Drug Act*, shall not distribute pharmaceutical drug samples.
- 7.13 Orders blood and blood products as required for the treatment of clients.
- 7.14 Documents and reports adverse events associated with pharmacological and non-pharmacological therapies according to federal/provincial legislation, regulation and policy (e.g., Canadian Adverse Drug Reaction Reporting Program).

## Standard 8: Clinical Procedures/Interventions

*The NP performs non-invasive and invasive procedures/interventions within the NPs stream of practice, scope of practice and competence.*

### **Indicators:**

The NP:

- 8.1 Demonstrates the competence to perform the procedure safely and effectively.
- 8.2 Obtains and documents informed consent from clients or the substitute decision maker prior to performing procedures/interventions in accordance with organizational policy.
- 8.3 Considers the risks and benefits to the client, the probable outcome, and ensures safeguards and resources are available to manage outcomes.
- 8.4 Documents procedures/interventions in the client's permanent health record.



## Appendix

### Legislation relevant to Nurse Practitioner Practice

(Note: The following list is not all inclusive).

#### Provincial legislation:

- Advance Health Care Directives Act
- Child, Youth and Family Services Act
- Communicable Disease Act
- Emergency Medical Aid Act
- Fatalities Investigation Act
- Licensed Practical Nurses Act
- Medical Act
- Mental Health Care and Treatment Act
- Neglected Adults Welfare Act
- Personal Health Information Act
- Pharmacy Act
- Pharmaceutical Services Act
- Radiation Health and Safety Regulations under the Radiation Health and Safety Act
- Vital Statistics Act

#### Federal legislation:

- National Association of Pharmacy Regulatory Authorities
- New Class of Practitioners Regulations
- Controlled Drugs and Substances Act
- Food and Drug Act



## Glossary

**Client:** Refers to the recipient of care and can be a patient, resident, individual, family, group or community (ARNNL, 2008).

**Circle of Care:** Means the persons participating in and activities related to the provision of health care to the individual who is the subject of the personal health information and includes necessarily incidental activities such as laboratory work and professional consultation (Personal Health Information Act 24(3), 2008).

**Client-Centred Care:** An approach to nursing care in which clients, groups, communities or the population in general are viewed as whole: placing them at the centre of care, using their needs and wishes to inform the health care plan (ARNNL, 2013).

**Consultation:** To seek advice or information or provide advice or information to/from a physician or other interprofessional team member for the purpose of obtaining/providing an opinion, recommendation or concurrence in the care of clients, usually on a more immediate or urgent basis.

**Collaboration:** A nurse practitioner working together with a client and one or more interprofessional team members to achieve a common goal for the client's outcome of care (ARNNL, 2008).

**Evidence-Informed Practice:** Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (ARNNL, 2013).

**Independent Practice:** This is the practice of self employed nurse practitioners. The services provided are within the scope of NP practice and may be provided by the NP or others employed by the NP. The practice can be directed to individual clients, groups, communities and organizations. The types of services offered can be direct care services such as primary care, or advocacy, health promotion, education, research, administration and consultation services.

**Interprofessional Care:** "The provision of comprehensive health care services to clients by multiple health providers who work collaboratively to deliver quality care within and across settings" (Interprofessional Care Steering Committee as cited in CNO, p.12, 2011).

**Moral Agent:** The capacity or power of a registered nurse to direct his or her motives and actions to some ethical end; essentially, doing what is good and right.

**Professional Practice Standard:** The standards and indicators related to the scope of practice for nurse practitioners.

**Non-Pharmacological Therapy:** Refers to orthotic aids, medical devices, medical supplies and/or other therapies (behavioural).

**Referral:** To request the services of another health professional to treat/care for a client (ARNNL, 2008).

**Scholarly Activity:** Refers to an oral or written presentation for peers, students or the public that reflects a thorough and critical collection of knowledge in an area of practice (adapted from American Academy of Family Physicians [AAFP], 2003).

**Standards:** Authoritative statements that set out the legal and professional basis for nursing practice. They are statements outlining the levels of performance that nurse practitioners are required to achieve in their practice.

**Substitute Decision Maker:** The person appointed by the maker of an advance health care directive to make health care decisions on his or her behalf (Advance Health Care Directives Act, 1995).



## References

- American Academy of Family Physicians (2003). *Research and Scholarly Activity*, AAFP Reprint No. 280.
- Association of Registered Nurses of Newfoundland and Labrador (2007). *Position Statement Advanced Practice-Nurse Practitioner*, St. John's: Author.
- Association of Registered Nurses of Newfoundland and Labrador (2008). *Framework for Nurse Practitioner Practice in Newfoundland and Labrador*, St. John's: Author.
- Association of Registered Nurses of Newfoundland and Labrador (2011a). *The Streams of Practice Descriptions*, St. John's: Author.
- Association of Registered Nurses of Newfoundland and Labrador (2011b). *Position Statement Advertising Nursing Services*, St. John's: Author.
- Association of Registered Nurses of Newfoundland and Labrador (2013). *Standards of Practice for Registered Nurses*, St. John's: Author.
- Canadian Nurses Association (2005). *Blueprint for the Canadian Nurse Practitioner Examination Family/All Ages*, Ottawa: Author.
- Canadian Nurses Association (2006). *Practice Framework for Nurse Practitioners in Canada*. Ottawa: Author.
- Canadian Nurses Association (2008). *The Code of Ethics for Registered Nurses*. Ottawa: Author.
- Canadian Nurses Association (2010). *Canadian Nurse Practitioner Core Competency Framework*. Ottawa: Author.
- College of Nurses of Ontario (2011). *Practice Standard: Nurse Practitioner*. Toronto: Author.
- Government of Canada (2012). *New Classes of Practitioners Regulations under the Controlled Drugs and Substances Act (1996)*. Ottawa: Author.
- Government of Newfoundland and Labrador (1994, last amended 2012). *Pharmacy Act*. SNL P-12.1. St. John's: Author.
- Government of Newfoundland and Labrador (1995, last amended 2006). *Advance Health Care Directives Act*. St. John's: Author.
- Government of Newfoundland and Labrador (2008, last amended 2009). *Registered Nurses Act*. SNL R-9.1. St. John's: Author.
- Government of Newfoundland and Labrador (2008, last amended 2012). *Personal Health Information Act*. St. John's: Author.
- Government of Newfoundland and Labrador (2009). *Nurse Practitioner Regulations*. NLR 68/09. St. John's: Author.
- The National Organization of Nurse Practitioner Faculties (2011, amended 2012). *Nurse Practitioner Core Competencies*. Author.







Association of  
**Registered Nurses**  
of Newfoundland  
and Labrador

55 Military Road

St. John's

NL | Canada

A1C 2C5

Tel (709) 753-6040

1 (800) 563-3200 (NL only)

Fax (709) 753-4940

[info@arnnl.ca](mailto:info@arnnl.ca)

[arnnl.ca](http://arnnl.ca)