



Licensed Practical Nurses Association of B.C.

Position Statement re: Clinical Direction

CLPNBC launched a new document on June 5th, 2013 called “**Scope of Practice for Licensed Practical Nurses, Understanding the Regulatory Requirements for LPN Scope of Practice**” [Link to Document on CLPNBC Website](#)

The College of LPNs of BC stated at the recent AGM/ Conference that this document is based on current Nurse (Licensed Practical) Regulation 283/2008 HPA. This document was to begin the process of transition to the new LPN Regulation that will be written using the Restricted Activities Model and the College introduction of “Standards, Limits and Condition”.

There was great concern expressed by LPNABC representatives at the CLPNBC Conference regarding the **change of the definition of “supervision”** which in the current regulation, the LPN is held accountable under “supervision” of the Registered Nurse who is providing nursing services. The College of LPNs has supported the further definition to be “clinical guidance” as the RN is NOT held accountable for the LPN scope of practice.

The CLPNBC has now added the following to the definition of “Supervision”:

Clinical Direction – in the context of supervision, as authorized under the Regulation, refers to specific written instructions given to an LPN from an RN. The clinical direction provided is client-specific, dated and signed by an RN who has assessed the client. In an emergency situation this client-specific clinical direction may be given verbally. (CRNBC is currently developing a new practice standard called *Providing Clinical Directions*.) CLPNBC Scope of Practice (June 2013)

LPNABC has contacted CRNBC to learn that there is NO standard in place at the time we release this statement; to support this new definition, which has implications to hold both RN & LPNs liable for the outcomes with no supporting documentation through legislation/regulation which is required by law. The College has launched this new definition without proper supports in place (eg: regulation and joint statements from CRNBC & CRPNBC and having standards in place).

LPNABC is **not** in agreement of this definition. This will reduce or remove the LPN autonomy and could have implications on the utilization (staffing models) if the LPN is to be held to the standard of having the RN issue “clinical directions” for all nursing activities that LPNs are currently capable of performing under direction (orders) of the MD/NP attending the client/patients.

LPNABC is in the process of bringing these concerns forward to the Ministry of Health, CLPNBC, CRNBC, CRPNBC and employers. LPNs are to be recognized for their full contribution to the health care system in all areas of current employment.

Please see LPNABC response to the regulation proposal specific to the issue of “orders” below. LPNABC sent a response to the Ministry of Health regarding the proposed rewrite of the Nurses (Licensed Practical) Regulation in December 2012. LPNABC met with the Ministry of Health on February 8, 2013 to further discuss the LPN Regulation to ensure that the Ministry rewrite/revise the regulation to fully optimize our current professional practice and proactively move towards the new Entry to Practice level of the present PN educational program.



1. Ministry of Health Proposed rewrite to Nurses (Licensed Practical) regulation – posted October 19th – December 21, 2012 (consultation period) definition of “order”

"order" means an instruction or authorization issued, by any method, by a health professional for a registrant to provide a service that includes the performance of an activity described in section 7 (1) to or for a named individual whom the health professional has assessed, whether or not the instruction or authorization

- (a) makes provision for the time or times at which the service is to be initiated by a registrant, or
- (b) incorporates by reference, in whole or in part and with any changes the health professional considers necessary or appropriate, a guideline, protocol or other recorded description of a course of action or decision-making process to be used by a registrant in providing the service to or for a specified class of individuals;

2. LPNABC responded to the following issue regarding the proposal that Registered Nurses give “orders”

“order” means an instruction or authorization issued, by any method, by a health professional **who is attending the patient/client** for a registrant to provide a service that includes the performance of an activity described in section 7 (1) to or for a named individual whom the health professional has assessed, whether or not the instruction or authorization

- (a) makes provision for the time or times at which the service is to be initiated by a registrant, or
- (b) incorporates by reference, in whole or in part and with any changes the health professional considers necessary or appropriate, a guideline, protocol or other recorded description of a course of action or decision-making process to be used by a registrant in providing the service to or for a specified class of individuals;

Comment: LPNABC strongly opposes the suggestion that a Registered Nurse or Registered Psychiatric Nurse has the necessary qualifications to provide an order by any means. RN & RPNs may not be attending or familiar with the patient/client (eg: Wound Care Clinician, which is attending the client versus RN that has never seen or assessed the client wounds) would be able to issue an order to an LPN.

The assumption in this definition is that all RNs and RPNs are competent to provide orders by any methods; establish the quality of the order, ensure it is client specific and is appropriate for that client. The Registered Nurses current Standards for Acting without an Order has very specific language holding the RN liable as follows:

*“ Accept sole accountability for determining that the client’s condition warrants performance of the Activity
Assess client status and make a nursing diagnosis of a client condition that can be improved or resolved through nursing activities.” CRNBC Scope of Practice (Feb 2012) pg. 11*



Also of concern is the loss of LPNs current utilization and optimization of their comprehensive training to assess the patient/client and respond with the appropriate nursing activity.

It has come to the notice of LPNABC that RNs who work alongside LPNs in all areas of practice report they would do not want to be responsible for the LPNs practice through the act of writing an “order, direction or instruction” for clients that they are not providing nursing services for themselves.

The act of giving an “order/direction” for the health care professional that is “attending” the client and is familiar with the medical treatment plan is based on the client’s personal history and the HCP¹s ongoing assessment. To have RNs or RPNs sharing that responsibility will hinder collaborative practice. This model will then create a new layer of health care professionals who will have been accountable for the clients care and may not be attending the client. The current standard for RN to write instruction is to “... Assess the client.” ***This means that the LPN would perform their assessment, identify a need for nursing intervention (eg: suppositories for constipation) and the RN is held accountable to perform their OWN assessment to diagnose the condition, ensure the clinical direction/order is client specific and appropriate response; then write the instruction.*** This creates a duplication of assessments and is not time efficient nor maximizing the LPN education, do training and experience at the point of care.

LPNs are currently trained to recognize change and collaborate with the appropriate HCP for the best outcome. The LPN will either connect with the Medical Practitioner or Nurse Practitioner that is attending the client for medical direction or collaborate/consult with an RN regarding nursing services being provided.

This need for the government to review the current Nurses(Licensed Practical) Regulation to ensure that the scope of practice for LPNs is fully optimized based on current practice is essential. LPNABC also needs to encourage CLPNBC to not limit the scope by introducing Standards, Limits & Conditions that will hinder practice.

¹ HCP – health care profession (eg: MD, NP, RN, RPN and allied health).