Section 4: Standards

TITLE:		SECTION:	POLICY NUMBER:
Standards for Nursing Administration Practice		Standards	04-001-00
EFFECTIVE DATE:	**REVIEW DUE:**	**REPLACES NUMBER:**	**NUMBER OF PAGES:**
February 10, 2018	February 2021		7
APPLIES TO:			
Community Health Nurses			

POLICY:

Nursing administration staff will perform at the level of professional conduct expected of his/her role in administration. Nursing administration staff are accountable to uphold the Standards of Practice for Nursing Administration (Reference Sheet 04-001-01).

These standards have been adopted from the Registered Nurses Association of Northwest Territories and Nunavut (2006) *Standards of Nursing Practice for Registered Nurses* **and the Canadian Nurses Association (1988)** *The Role of the Nurse Administrator and Standards for Nursing Administration.*

DEFINITIONS:

Nursing Administrator refers to all three levels of administration:
  ➢ First Line Nurse Administrator
    Carries the title of: Supervisor of Health Programs; or Nurse Manager

  ➢ Middle Nurse Administrator
    Carries the title of: Director of Health Programs; Regional Director; or Territorial Manager

  ➢ Chief Executive Nurse Administrator
    Carries the title of Chief Nursing Officer

Standards:
  ➢ Articulate the expectations the public can have of a registered nurse in any practice setting, domain and/or role.
  ➢ Are expected and achievable levels of practice against which actual performance can be measured
  ➢ Serve as a legal reference to describe "reasonable and prudent" nursing practice
  ➢ Provide direction for the development of nursing programs
  ➢ Provide a basis for self-assessment and peer review
  ➢ Provides direction for professional development

Indicators:
  ➢ Illustrate how standards may be met
  ➢ Are not intended to be an exhaustive or prioritized list for any standard of practice and may be further refined or developed to specifically describe their application in a given context of practice.

PHILOSOPHY AND PRINCIPLES:

➢ the client is the central focus of the professional service nurses provide, and as a partner in the decision-making process, ultimately makes his or her own decisions;

➢ the goal of professional nursing service is the outcome desired by the client that poses no unnecessary exposure or risk of harm;

➢ continuing competence is a necessary component of practice, and the public interest is best served when nurses constantly improve their application of knowledge, skill, judgment and attitude;

➢ provision of competent and professional nursing service requires practice environments that have adequate support systems; and

➢ The public has entrusted the RNANT/NU to honour the privilege to practice nursing through the licensing and regulation of its members.
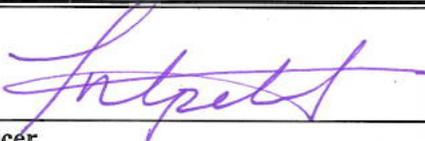
RELATED POLICIES, GUIDELINES, LEGISLATION:

Reference Sheet 04-001-01   Standards of Practice for Nursing Administration

REFERENCES:

Canadian Nurses Association (1988). *The Role of the Nurse Administrator and Standards for Nursing Administration.* Ottawa: Canadian Nurses Association

Registered Nurses Association of Northwest Territories and Nunavut (2006). *Standards of Nursing Practice for Registered Nurses.* Yellowknife: RNANTNU

Approved by:		Effective Date:
(signature) 11 FEB 2011		
Chief Nursing Officer	Date	
(signature) February 11, 2011		April 1, 2011
Deputy Minister of Health and Social Services	Date	

STANDARDS OF PRACTICE FOR NURSING ADMINISTRATION

LEADERSHIP	
Standard	The Nurse Administrator provides leadership that is viable and proactive
Indicators	➢ seeks out new options and approaches to problems despite possible risks; ➢ seeks out new opportunities to improve program quality and productivity; ➢ inspires others to cooperate in achievement of professional and organizational goals; ➢ provides staff with stimulating opportunities for their creativity; ➢ encourages initiative by giving responsibility, resources, and authority; ➢ rewards achievement and success appropriately; ➢ manages change effectively; ➢ identifies potential leaders and acts as a mentor to these individuals to further their career development; ➢ represents the nursing perspective within the Department and within the Government; ➢ participates in activities of the Registered Nurses Association of Northwest Territories and Nunavut; ➢ promotes nursing involvement in public policy-making bodies.
Standard	The Nurse Administrator evaluates the effectiveness and efficiency of nursing services.
Indicators	➢ implements a quality assurance program and ensures the program integrates into the overall Government of Nunavut's quality assurance program; ➢ uses systems to determine whether nursing services are effective and efficient; ➢ ensures that evaluation is consistent with a nursing code of ethics, standards of nursing practice; and other relevant documents; ➢ reports the evaluation results to the appropriate bodies; ➢ promotes a periodic review of the philosophy of the nursing department, objectives, standards of care, policies, and procedures.
PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY	
Standard	The Nurse Administrator plans for and implements effective and efficient delivery of nursing services.
Indicators	➢ Articulates a philosophy of nursing and standards of care which are based on a conceptual framework(s) of nursing; ➢ Assesses client, organizational, and community need for nursing services; ➢ Forecasts the type of nursing services needed based on changes in demographics, social values, technology, nursing and medical science; ➢ Determines the congruency between the identified need for nursing services and the department's mission and mandate; ➢ Plans in accordance with the acts and regulations which affect nursing and health care; ➢ Establishes program priorities and policies; ➢ Plans a well-defined structure and processes for the delivery of nursing services; ➢ Coordinates the delivery of nursing services with other departments and community agencies.

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY	
Standard	The Nurse Administrator participates in the setting and carrying out of the Department of Health and Social Services goals, priorities, and strategies.
Indicators	➤ Participates in long range fiscal planning including resource allocation decisions; ➤ Participates in evaluating the congruency between the Department's mission and its programs; ➤ Interprets the potential impact of corporate activities on client care; ➤ Participates in and influences the conceptualization and design of new or revised client programs; ➤ Plans, in collaboration with colleagues, for adequate facilities which are appropriate to the delivery of client programs; ➤ Participates in the development of a quality assurance program; ➤ Identifies and manages issues which put the organization at risk;
Standard	The Nurse administrator is accountable to the public and responsible for ensuring that her or his practice and conduct meet the standards of the profession by providing competent, safe and ethical nursing practice.
Indicators	➤ Assumes primary responsibility for: ▪ Investing time, effort or other resources in maintaining evidence-based knowledge and skills for practice; ▪ Practicing within own level of competence; ▪ Maintaining current practicing registration with the RNANT/NU; ▪ Maintaining own physical, mental and emotional well-being. ➤ Practises in accordance with: ▪ the Nursing Profession Act and its regulations and bylaws; ▪ the RNANT/NU Standards for Nursing Practice; ▪ the CNA Code of Ethics; ▪ other relevant position statements, guidelines or documents, adopted by RNANT/NU and the Government of Nunavut; ▪ individual competence and ability to evaluate own practice ➤ Presents an informed view of the nursing profession and its relationship to the health care system, clients, colleagues, students, other professionals and the public. ➤ Acts as a resource and role model for student nurses, colleagues and others. ➤ Responds to and reports to appropriate person or body, situations which may be adverse for clients and/or health care providers, including incompetence, misconduct and incapacity of registered nurses and/or other health care providers. ➤ Participates in the development of health care policies and procedures that guide the practice of health care providers. ➤ Advocates for continuing quality improvement in all areas of professional practice. ➤ Maintains clear, timely and accurate records of pertinent data and communicates the information in a timely manner. ➤ Communicates and collaborates with clients, the nursing team, and members of the health care team for the delivery of safe, competent, and ethical care. ➤ Uses information to ensure the best use of human and other resources ➤ Provides the opportunity for staff and clients to have input into the decision-making process

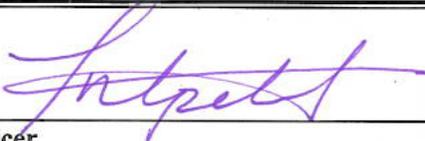| PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY	
Standard	The Nurse Administrator provides for allocation, optimum use of and evaluation of resources such that the standards of nursing practice can be met.
Indicators	- Provides valid measures for determining the need for and type of nursing required; - Uses systems for recruitment and retention of personnel; - Uses criteria for employment of personnel - Implements a system of appraisal for personnel performance and productivity according to the Human Resources Manual; - Ensures that appropriate expertise is available for delivery of efficient nursing services; - Ensures compliance with statutory, contractual, and regulatory requirements; - Uses appropriate measures to determine material resources required; - Ensures adequate space, facilities, equipment, and supplies to fulfill the need of the professional, educational and management functions of nursing services; - Evaluates the relationship between changes in technology and human resources; - Establishes and implements a budget, including methods for control of the budget.
Standard	The Nurse Administrator maintains information systems appropriate for planning, budgeting, implementing and monitoring the quality of nursing services.
Indicators	- Defines and maintains clear lines of communication; - Seeks information from diverse internal and external sources in order to develop a complete understanding of the Department and its environment; - Uses effective communication skills to receive and disseminate information; - Determines a systematic method of collecting, retaining, and retrieving statistical data relevant to client and management information; - Uses information systems in the preparation, management, and control of the nursing budget; - Liaises with other government departments, community and professional organizations; - Ensures that systems for confidentiality regarding clients and staff are maintained and are consistent with legislative requirements and organizational policy.
CONTINUING COMPETENCE	
Standard	The Nurse administrator demonstrates responsibility for maintaining competence, fitness to practice and acquiring new knowledge and skills in her/his own area of practice.
Indicators	- Demonstrates appropriate theoretical knowledge and competence in skills as needed in her/his own area of practice - Justifies decisions with reference to knowledge or theory. - Has the knowledge, skill, judgment, and attitude needed to practice in her or his own setting - Strives to improve the knowledge, skill judgment, and attitudes needed to practice within a dynamic healthcare system. - Promotes the acquisition of new knowledge - Assists clients, colleagues, students, other professionals and the public to acquire new knowledge - Assesses individual competence and assumes responsibility for his/her own professional development. - Seeks out and uses feedback from others in assessing own practice and provides feedback to others to support their professional development. - Develops, implements and evaluates a professional development plan - Promotes an environment supportive of continuous professional development.

CONTINUING COMPETENCE	
Standard	The Nurse Administrator promotes the advancement of nursing knowledge and promotes the utilization of research findings.
Indicators	➢ Encourages innovative approaches to nursing practice; ➢ Provides opportunities for professional growth and development of staff; ➢ Collaborates with educational institutions for the provision of education, practice, and research opportunities for nursing students and faculty; ➢ Provides for comprehensive resources within the Department to support educational activities; ➢ Promotes and facilitates the conduct of nursing research; ➢ Initiates and participates in research relevant to nursing; ➢ Promotes utilization of research findings; ➢ Monitors the impact of research activities on client, staff, and nursing practice; ➢ Collaborates with nurse researchers and researchers from other health-related disciplines on research projects.
APPLICATION OF KNOWLEDGE	
Standard	The Registered Nurse bases his/her practice on the application of current knowledge and demonstrates competencies relevant to his/her area of nursing practice.
Indicators	➢ Uses current literature/research to support and direct practice. ➢ Uses nursing and other theoretical frameworks to assess, plan, implement and evaluate care, and revises plan as needed. ➢ Analyses and evaluates knowledge and modifies practice accordingly. ➢ Performs planned interventions in accordance with policies, procedures and care standards. ➢ Demonstrates critical thinking and sound clinical judgement. ➢ Establishes and maintains communication systems to support delivery of quality health care. ➢ Demonstrates knowledge of management and organizational theory by creating an environment that fosters cooperation in the provision of health care.
ETHICS	
Standard	The Nurse Administrator understands, upholds and promotes the ethical standards of the profession.
Indicators	➢ Bases nurse-client relationships on mutual respect, shared objectives, and the right to self-determination. ➢ Ensures that the client=s rights are respected in the development and implementation of policies. ➢ Establishes, maintains and concludes appropriate & therapeutic nurse-client relationship(s). ➢ Advocates for a client's right to autonomy, respect, privacy, confidentiality, dignity, access to appropriate information, and choice. ➢ Protects confidential information obtained in the course of professional practice, in accordance with legislation and/or client consent. ➢ Promotes practice environments that have the organizational and human support systems and the resource allocation necessary for safe, competent and ethical nursing care ➢ Applies and promotes principles of equity and fairness to assist clients in receiving unbiased treatment services and resources proportionate to their needs. ➢ Establishes a system whereby ethical issues/concerns can be addressed.

REFERENCES:

Canadian Nurses Association (1988). *The Role of the Nurse Administrator and Standards for Nursing Administration.* Ottawa: Canadian Nurses Association

Registered Nurses Association of Northwest Territories and Nunavut (2006). *Standards of Nursing Practice for Registered Nurses.* Yellowknife: RNANTNU

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(signature) 11 FEB 2011		
Chief Nursing Officer Date		April 1, 2011
(signature) February 11, 2011		
Deputy Minister of Health and Social Services Date		

TITLE:		SECTION:	POLICY NUMBER:
Standards for Monitoring & Evaluating Community Health Nursing		Standards	04-002-00
EFFECTIVE DATE:	**REVIEW DUE:**	**REPLACES NUMBER:**	**NUMBER OF PAGES:**
February 10, 2018	February 2021		4
APPLIES TO:			
Community Health Nurses			

POLICY

The Department of Health and Social Services ensures there is a system in place for continuous monitoring and evaluation of the quality of care delivered through the Community Health Nursing Program.

Each community shall be visited by the Director of Health Program (or designate) at least once a year as part of the Community Health Nursing evaluation.

PRINCIPLES

➢ Prompt action will be taken to work with the health centre staff to eliminate potential or actual problems/concerns.

➢ Ongoing monitoring of activities will ensure program and departmental goals and objectives have been successfully achieved.

RELATED POLICIES, GUIDELINES, LEGISLATION:

Guideline 04-002-01   Guidelines for Conducting a Community Visit by Nursing Administration
Policy 04-003-00   Health Centre Chart Audit
Guideline 04-003-01   Conducting a Health Centre Chart Audit
Reference Sheet 04-003-02   Chart Audit Template

GUIDELINES 04-002-01

The Director of Health Programs (or designate) shall conduct community visits at a least once per year.

PREPARATION ACTIVITIES

Contact the Supervisor of Health Programs (SHP) in advanced to:

➢ Arrange a mutually agreeable date for the community visit
➢ Identify specific agenda items to review during the visit
➢ Allow the SHP an opportunity to plan his/her time and that of his/her staff during the visit

Community visits require two to four days on site, depending on:

> ➢ The size of the community;
> ➢ The date of the last community visit; and
> ➢ The overall frequency of community visits.

DOCUMENTATION

Narrative summary reports are completed for each community visit and placed in the community file. Community visit findings and recommendations shall be shared verbally with the staff, followed by a written report. The summary report should be sent within two weeks of the visit.

VISIT ACTIVITIES

Administration Review:
> ➢ Staff moral
> ➢ SHP administrative duties
> ➢ Rapport of the health centre within the community
> ➢ Review administrative files, including birth and death record system
> ➢ Review month-end reports
> ➢ Community health information reports and other program information, including the after-hours calls log book
> ➢ Evaluation of the percentage of time spent on treatment vs. health promotion activities
> ➢ Transient accommodation

Personnel Review:
> ➢ Staff performance appraisals
> ➢ Workload
> ➢ Leave and attendance
> ➢ Certifications (as required)
> ➢ Other personnel concerns (consider consultation with Human Resources, if appropriate)

Narcotic Count and Audit:

> ➢ Count as per current *Nunavut Controlled Substances Policy and Procedures*
> ➢ Review entries in the Narcotic and Controlled Drugs Registers and findings on the *Nunavut Controlled Substances Audit* form.
> ➢ Review any drug loss/discrepancy reports and authorizations for destruction.
> ➢ Random chart audit on narcotics and controlled drugs given, on a minimum of five charts as per *the Nunavut Controlled Substances Policy and Procedures*.
> ➢

Client Chart Audit:

> ➢ 10 files audited at random using the territorial audit tool
> ➢ Involve the SHP and other nurses with these audits, as appropriate
> ➢ Care delivered, including diagnostic testing, diagnosis and treatment plans
> ➢ Evidence of relevant health teaching
> ➢ S.O.A.P. charting requirements
> ➢ Legal charting requirements (e.g. RN designation after signature)
> ➢ Client file is set up as per the regional format requirements
> ➢ Process for referrals

Facility Tour:

> ➢ Tour facility
> ➢ Identify deficiencies in set-up and space
> ➢ Advise and discuss areas for improvement to enhance client care and health promotion activities

Workplace Health and Safety:

> ➢ Health Centre Fire evacuation plan
> ➢ Cleanliness of workplace
> ➢ Vehicle maintenance logs
> ➢ Environmental concerns
> ➢ Workplace Health and Safety Committee
> ➢ HSS Emergency Preparedness Plan
> ➢ Community Emergency Preparedness Plan / Health

Stores Review:

> ➢ Review stock supplies and ordering system
> ➢ Review protocol for requisitioning of supplies and justification for any recent requests for equipment
> ➢ Review quality control checks for emergency medical equipment

Treatment Clinics Review:

> ➢ Execution of treatment clinics and how health promotion activity is integrated into treatment clinics
> ➢ Identification of any staff learning needs in relation to providing treatment services
> ➢ Identification of ongoing health trends (e.g. rising incidence of hypertension and obesity in the community) and the risk reduction strategies (e.g. health promotion activities, screening) employed by the health centre staff to address these conditions
> ➢ Review the after-hour call backs
> ➢ M.D. appointment list
> ➢ Review client travel – scheduled and medivac
> ➢ Implementation of in-patient and home visiting protocols

Program Review:

> ➢ Complete a full audit of at least three core programs
> ➢ Review, at minimum, the following components of the other core programs:
> > ➢ Well child and immunization cards
> > ➢ Chronic disease follow-up and surveillance system (register, card index, database, etc.)
> > ➢ School health and immunization record
> > ➢ Adult immunizations
> > ➢ Prenatal charts and prenatal diagnostic screening criteria
> > ➢ Adult health services (e.g. well woman, well man)
> > ➢ Communicable disease surveillance (e.g. TB, STD, Hep B&C)

Staff Interviews:

> ➢ Spend time individually with both nursing and support staff and encourage them to discuss any matter/concern
> ➢ Review job descriptions
> ➢ Discuss any problem areas identified prior to the community visit
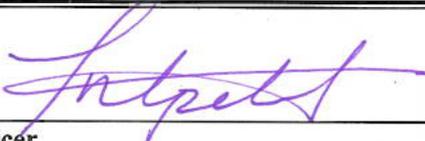> ➢ Provide feedback on findings of visit to individual staff as required

Staff Meetings:

➢ General discussion with all staff (i.e. what is happening in the community, new initiatives, conferences, workshops, etc.)
➢ Provide feedback on findings of visit relative to team functioning and health centre operation

Community Development for Health:

➢ Program planning – current and future plans
➢ Number and type of community meetings attended as a committee member
➢ Type of support and expert guidance given to community groups
➢ Community health promotional activities
➢ Local healthy public policy
➢ Meetings with key community members and stakeholders
➢ Community Health Representative's involvement in the community
➢ Meetings with Hamlet Health Committee

RELATED POLICIES, GUIDELINES, LEGISLATION:

Policy 04-002-00   Standards for Monitoring and Evaluating Community Health Nursing Programs
Policy 04-003-00   Health Centre Chart Audit
Guideline 04-003-01   Conducting a Health Centre Chart Audit
Template 04-003-02   Chart Audit Template
Community Health Nursing Standards and Protocols
Nunavut Controlled Substances Policy and Procedures

Approved by:		Effective Date:
signature 11 FEB 2011		
Chief Nursing Officer	**Date**	April 1, 2011
signature February 11, 2011		
Deputy Minister of Health and Social Services	**Date**	

Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS
	Community Health Nursing

TITLE:		SECTION:	POLICY NUMBER:
Health Centre Chart Audit		Standards	04-003-00
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APPLIES TO:			
Community Health Nurses			

POLICY

The Supervisor of Health Programs (or delegate) shall conduct random health centre chart audits each month. The chart audits shall be documented only on a Government of Nunavut chart audit form.

PRINCIPLES

Conducting regular health centre chart audits are essential activities in Quality Assurance programs.

The process of auditing medical records should be considered an opportunity to teach, learn and enhance nursing practices.

RELATED POLICIES, GUIDELINES, LEGISLATION:

Guidelines 04-003-01   Conducting a Health Centre Chart Audit
Reference Sheet 04-003-02   Chart Audit Template

GUIDELINES 04-003-01

1. At the end of each month, the Supervisor of Health Programs (SHP) and/or delegate shall conduct a chart audit on eight (8) health centre charts.

2. Selecting the eight health records to be audited shall be based on the following criteria:
    a) The client who had initial contact with the health centre, discharged from care AND subsequently medivaced within the next 72 hours; or
    b) The client who had contact with the health centre on more than two separate occasions for an unresolved entrance complaint within one month;

If all eight charts required for the audit process cannot be compiled based on the above selection criteria, then the remaining charts may be selected according to the following criteria:
    c) A random selection of the remaining charts drawn from clients who had contact with the health centre during the past month.
    d) The selection of charts should capture encounters with each nurse.

3. The SHP or delegate shall review the medical records for:
   a) **Subjective Information** – Chief complaint is clearly stated in client's own words. The quantity and quality of information recorded is appropriate. There is a well-documented and concise history of presenting illness or evidence of an attempt by the Registered Nurse to seek further subjective data. Subjective data is documented in chronological order with pertinent positive and negative information
   b) **Objective Information** -Vital signs, as appropriate, are documented. The physical assessment is clearly documented and accurate. The physical assessment is consistent with the subjective information obtained. The laboratory and other diagnostic tests are clearly recorded and justifiable.
   For infants – a temperature [and route] is documented. The infant's weight is recorded clearly within the SOAP note and on the gender-appropriate growth chart.
   c) **Assessment** – Medical and/or nursing diagnoses are documented. The diagnosis is consistent with the documented subjective and objective data findings.
   d) **Plan and Evaluation** - Plan is appropriate to the assessment documented. Client education, health promotional activities, treatment and follow-up care is documented and based on sound clinical judgment. All medications are administered, dispensed and/or prescribed according to best practices and the Nunavut formulary.
   e) **Referrals** – Referrals are consistent with the documented findings, assessment and plan of care. Documented evidence that referral was made and followed up.
   f) **General** - Is the entry legible? Does the entry follow SOAP format? Is the entry clearly signed with designation? Is there a date and time recorded?

4. The SHP shall discuss with the appropriate nurse(s) any errors, inconsistencies or problems that arise from the review of a client's medical records.

5. The findings of the chart audit shall be documented on the *Chart Audit Form* (Template 04-003-02) and submitted to the designated Director of Health Programs each month.

6. The Director of Health Programs will review the report and keep a copy on file.

7. The Director of Health Programs and the SHP will work with the appropriate nurse(s) to develop his or her learning plan accordingly.
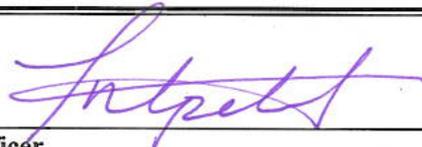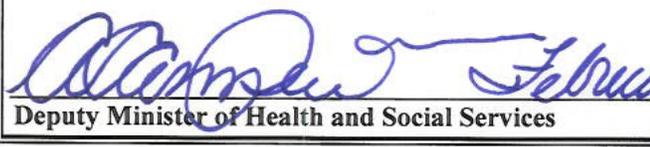
AUDIT / MONITORING

A yearly regional review shall be conducted of all completed chart audits to examine nursing trends and any factors that influence quality nursing care.

RELATED POLICIES, GUIDELINES, LEGISLATION

Policy 04-003-00   Health Centre Chart Audit
Template 04-003-02   Health Centre Chart Audit form

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signature 11 FEB 2011	
Chief Nursing Officer **Date**	April 1, 2011
signature February 11, 2011	
Deputy Minister of Health and Social Services **Date**	

The findings of each conducted chart audit shall be documented on the *Chart Audit Template* form and submitted to the designated Director of Health Programs.

HEALTH CENTRE CHART AUDIT TOOL

Health Centre: Reviewer: Month/Year:

Chart Identifier	Subjective	Objective	Assessment and Diagnosis	Plan and Evaluation	Referral	General
Use number or initials – do not use patient name. Include date and time of visit.	Quantity and quality of information is appropriate. Chief complaint stated in client's own words. Concise history of presenting illness in chronological order with pertinent positive and negative findings recorded.	Vital signs and physical assessment complete and clearly documented (Includes lab and diagnostic test if results readily available) For infants – weight is recorded clearly on chart and growth graph.	Medical, nursing or social diagnosis completed. The diagnosis is appropriate to subjective and objective assessments.	Plan is consistent with the assessment. Client education, health promotion, treatment and follow-up care all documented. All meds are administered, dispensed or prescribed appropriately. Pending lab / diagnostic tests	Made to appropriate person. Documented evidence that referral was made and Followed-up.	Is the entry legible and signed with designation? Follow SOAP format with date and time indicated? Is follow-up required post chart audit findings?