



PRINCIPLES AND GUIDELINES

A Framework for Continuing Care Assistants in Acute Care

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INTRODUCTION

The health care landscape continues to evolve. Along with that evolution comes new challenges. In such an environment, the exploration of innovative and effective ways of delivering quality patient care is a critical component of a sustainable and high-functioning health care system.

Human resources are the cornerstone of Nova Scotia's health care system. Having the right person, with the right skills, training, and education ensures that patients experience the best care. Health care professionals who are engaged in activities that are best suited to their abilities and are supported in their practice consequently experience greater job satisfaction. A system that effectively uses the skill and knowledge of its health care professionals operates most efficiently.

Changing Roles and New Responsibilities

In the 1980s and 1990s, assistive personnel filled a variety of roles in the health care system. Among other functions, they worked as nurse aides, orderlies, patient care attendants, personal care workers, home support workers, and continuing care assistants. Today, there is a growing trend towards the use of assistive personnel within diverse health care settings. Increasingly, assistive personnel are taking on more roles in health care and are becoming part of the staff mix in acute care facilities (Chaboyer, McMurray & Patterson, 1998; McGillis Hall, 1998; Radcliffe, 1995). This has impacted directly on the workload and accountability of registered and licensed practical nurses (ICN, 2000; CNA, 2006).

Employing assistive personnel in acute care has a number of benefits. It has the potential to improve patient care, increase hospital efficiency, and enable registered nurses (RNs) and licensed practical nurses (LPNs) to work to their full scopes of practice. However, employing increasing numbers of these workers does impact on other health care professionals – particularly, nurses who work closest with assistive personnel. As a result, registered and licensed practical nurses have asked for, and require, clarification on the roles and utilization of assistive personnel. Hospital administrators also have a need to better understand the skills and training of assistive personnel so that they may create environments in which assistive personnel, nurses, and other health professionals can work together with a clear sense of individual roles and responsibilities as they apply to patient care.

In response to these questions and to ensure a clear understanding of the different roles of assistive care personnel, the Assistive Personnel Working Group, under the direction of the Provincial Nursing Network (PNN), was formed in fall 2005. The Working group limited its focus to the development of a framework that outlines the education, roles, and utilization of assistive personnel who support RNs and LPNs in acute care environments.

Development of the Framework

As part of its work, the Assistive Personnel Working Group conducted an extensive review of existing literature. Many studies examining assistive personnel found that workers often have varying levels of preparation and training. Much of the evidence linking assistive personnel to either positive or negative patient outcomes in acute care settings is inconclusive. Studies do, however, indicate that a clear and common understanding of the preparation, role, and utilization of assistive personnel is needed to ensure safe and effective patient care (Baranek, 2005; ICN, 2000; CNA, 2006).

In 2000, Nova Scotia introduced the Continuing Care Assistant (CCA) educational program, replacing programs that previously trained home support workers, personal care workers, and home health care workers (Marsh & Boone, 2004). Certification of CCAs now falls under the purview of the CCA Program Advisory Committee, which reports directly to the Department of Health.

For the purpose of this framework, it is recommended that facilities hiring assistive personnel in acute care settings employ Continuing Care Assistants. While CCAs have been, and continue to be, trained to work in long-term care settings, their skills and education prepare them for employment in other areas and settings. Thus, the word 'continuing' may aptly reflect the continuum of care that a patient or client experiences within the Nova Scotia health care system, including acute care environments (Marsh & Boone, 2004). Most importantly, when hiring certified CCAs, employers are assured of a standard level of training and education. It is also strongly recommended that employers consider this framework when utilizing CCAs in acute care. In doing so, they will support patient safety and quality of care, as well as efficient and effective health service delivery. In addition, they will provide nurses, managers, and CCAs with the necessary guidance when CCAs are employed within acute care settings.

PURPOSE

This document supports the development of care delivery models that include CCAs. The rationale behind this fundamental shift is the belief that, in health care, it is essential to have the right person, doing the right task, at the right time, and in the right place.

For acute care facilities that have made the decision to introduce assistive care personnel into the workplace, this document is intended to act as a guide for nurses, managers, CCAs, and employers. Clarity around the roles and scope of employment for CCAs is essential. Therefore, these principles and guidelines are aimed at strengthening employer accountability to its employees. The framework will also help optimize the scope of employment for CCAs and the scope of practice for RNs and LPNs.

As employers consider the role of CCAs, these principles and guidelines should be used as a go-forward document for the implementation of CCAs in acute care environments.

ASSUMPTIONS

The following assumptions were discussed and made explicit during the working group meetings. They are provided here to inform the interpretation of this set of Principles and Guidelines.

- Assistive personnel currently hold various titles and job descriptions, and scopes of employment are defined by the employer.
- Assistive personnel work in various settings throughout the acute care sector without consistent guidelines, training, and/or education in Nova Scotia.
- A framework is necessary to assist employers, nurses, regulators, and government considering the role of assistive personnel, as well as to provide clarity to assistive personnel.
- Assistive personnel are described in this document as individuals who are trained to function in an assistive role to the nurse in the provision of patient care tasks and/or support functions as assigned by the nurse.
- Like all health care workers, assistive personnel require an appropriate and supportive work place.
- The intent of the Principles and Guidelines document is not to have assistive personnel replace the RN or LPN, but solely to assist in their implementation into the workplace.
- For the purposes of this document, the working group focused on CCAs as assistive personnel in the acute care sector.
- The education and training received by CCAs prepares them for a supportive role to RNs and LPNs. Therefore, it is inappropriate to delegate any portion of professional nursing practice to CCAs. A clear understanding of assignment of patient care tasks and/or support functions within the CCAs' scope of employment is needed. Assignment is not equivalent to delegation, and is thus defined in the Glossary of Terms for clarity and to make an important distinction between the two terms.
- Implementing the role of CCAs in acute care may increase demand for CCAs in both the acute and continuing care sectors. It is, therefore, important that efforts to recruit and retain CCAs are maintained.

PRINCIPLES AND GUIDELINES

The following section presents the principles and guidelines that emerged from the work carried out by the Assistive Personnel Working Group. The principles and guidelines should be viewed as a framework intended to guide acute care facilities and professionals as CCAs are introduced into their care teams and not as a decision-making tool for the inclusion of these workers into the workforce.

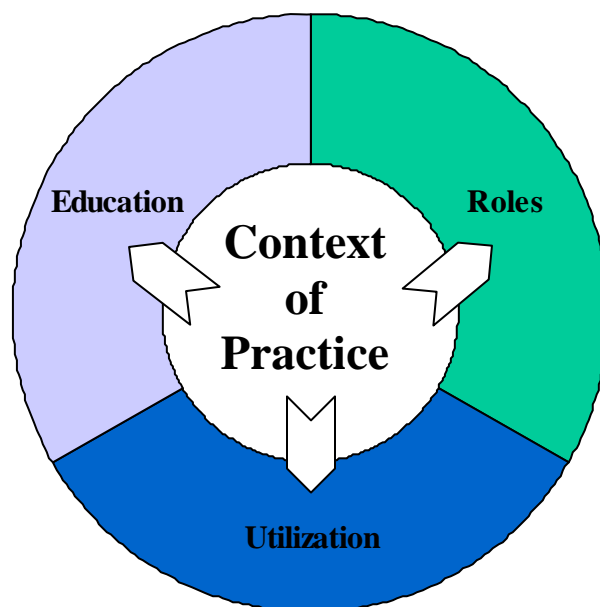
The principles and guidelines are presented in three categories: *Roles*, *Utilization*, and *Education* with the aspect of *Context of Practice* influencing each of these three areas (Figure 1). After a brief overview of each category, several principles are presented. Each principle is followed by one or more representative guidelines, each intended to provide specific examples of how the principle might be applied.

Context of Practice

The College of Registered Nurses of Nova Scotia (CRNNS) (2003) defines the term *context of practice* as conditions or factors within a practice setting or health care environment affecting the practice of nursing. Such factors include patient population, type of care, complexity of interventions, frequency of interventions, service delivery models, and staffing.

Changing levels of patient acuity and complexity, as well as workload volume, contribute to the context of practice and have an impact on care providers. Therefore, increasing utilization of CCAs in acute care will need to be evaluated in relation to the changing context of practice. It is necessary to ensure that these roles remain relevant, realistic, and reflective of the care needs and issues that characterize the present and anticipated practice environments of acute care in Nova Scotia (Marsh & Boone, 2004).

Figure 1



The Role of Continuing Care Assistants

CCAs have long played a key role in assisting the nurse in the provision of patient care. CCAs function as an essential component of the care team and provide valuable support to patients. As a result of such support, nurses are able to work to their full scope of practice and perform the more complex aspects of nursing care.

I. Principle: *Continuing Care Assistants have a role in assisting in the delivery of patient care within the acute care setting.*

Guidelines:

- I a. CCAs work within the delivery model and the larger health care team based on the needs of the patient population.
- I b. CCAs participate in the delivery of care commensurate with their level of training, skill, and knowledge.
- I c. CCAs support the work of the RN and LPN.
- I d. In all instances, CCAs function under the supervision and direction of an RN or LPN when assisting in the provision of direct patient care.
- I e. CCAs will not replace or substitute the role of the RN or LPN.

Utilization of Continuing Care Assistants

CCAs are members of the health care team who perform patient care tasks or support functions that support the role of RNs and LPNs. CCAs are assigned roles and responsibilities that best meet the needs of the patient, the health care system, and the RNs and LPNs with whom they work.

II. Principle: *Continuing Care Assistants will have a clearly-defined scope of employment.*

Guidelines:

- II a. The employer must provide CCAs with a clear and defined written job description. It should outline role expectations, competencies, and reporting relationships within the care team.
- II b. CCAs cannot have an independent patient assignment. Their work will be assigned and supervised by the RN or LPN.

- II c. CCAs will not perform functions of assessment, planning, monitoring, or evaluation that fall within the scopes of nursing practice.

Education of Continuing Care Assistants

CCAs must have the necessary education and training to equip them with the required skills to assist in the delivery of quality patient-centered care.

III. Principle: *Continuing Care Assistants will be required to have a provincially recognized CCA certificate to work in acute care.*

Guidelines:

- III a. CCAs are required to have CCA certification before commencing work in the acute care sector.
- III b. The employer must identify any tasks, consistent with the CCAs' scope of employment, that require additional training and skill development.
- III c. The employer is required to ensure that CCAs receive any training identified as necessary, and that mechanisms are in place to assess competency.

RESPONSIBILITY & ACCOUNTABILITY

All health care providers and organizations involved in the delivery of patient care services have an individual and shared responsibility to provide safe care. Accordingly, the following responsibilities and accountabilities for employers, nurses, and CCAs are outlined below.

The Employer

Employers have stressed the importance of a flexible, appropriately educated workforce that is well equipped to safely deliver quality patient care. Having an adequate mix and number of staff that meet the needs of the patients is an ongoing challenge.

To ensure that the right person is doing the right task at the right place and time, employers who employ CCAs in acute care are responsible and accountable for:

- 1) Communicating the level of education and training required of CCAs.
- 2) Providing the CCAs and supervising RNs and LPNs with a written job description that outlines the CCAs' involvement in patient care. This should be consistent with the principles and guidelines outlined in this document.

- 3) Establishing policies and/or procedures, guidelines, and resources that support the assignment of patient care tasks and/or support functions. This includes specific information regarding who can assign tasks to CCAs under what circumstances, as well as what tasks can be assigned and expectations in relation to communication of those tasks.
- 4) Ensuring adequate education, training, and support is provided to nurses to develop the confidence and competence to safely assign patient care tasks and/or support functions.
- 5) Ensuring CCAs receive adequate education and training to develop the confidence and competence to accept assigned patient care tasks and/or support functions.
- 6) Conducting initial and ongoing assessment of CCAs.
- 7) Monitoring compliance with established job descriptions, policies, and related guidelines.
- 8) Evaluating the impact of the role of CCAs in acute care.

The Nurse

With the increasing presence of assistive personnel in the acute care workforce, RNs and LPNs have raised concerns regarding changes in responsibilities and accountabilities associated with assigning tasks to and supervising assistive personnel. These concerns include personal accountability when assigning and supervising tasks, not knowing what care can be assigned and what cannot, and how to meet their Standards of Practice when working with assistive personnel (RNANS, 1998; Erlen, Mellors & Koren, 1996).

Nurses and CCAs both have valuable but different kinds of education, training, and skills. Nurses must, therefore, work within their scope of practice, and CCAs must work within their scope of employment, to deliver quality patient care. Nurses should never delegate any component of professional nursing practice to CCAs. They should assign only those tasks as approved by the employer as part of the CCAs' job description.

Ultimately, nurses are accountable to the employer, the professional regulatory body and, most importantly, to the patient to whom they must safely provide quality care. Therefore, RNs or LPNs who assign patient care tasks and/or support functions to CCAs are responsible and accountable for:

- 1) Completing an assessment of the patient's health status and needs and ascertaining the appropriateness of assigning care tasks to CCAs.
- 2) The decision to assign a patient care task and/or support function.

- 3) Any and all decision making and interpretation of data or results.
- 4) Supporting and supervising CCAs as they perform assigned patient care tasks and/or support functions.
- 5) Assessing patients on an ongoing basis to evaluate whether or not the overall plan of care continues to meet the patient's needs.
- 6) Informing CCAs about expectations in relation to reporting changes in a patient's condition and/or a patient's response to treatment.

Continuing Care Assistants

CCAs are care providers who provide personal care or support for daily living activities to patients under the direction of an RN or LPN. When patient care tasks and/or support functions are assigned to CCAs, an RN or LPN must be readily available to provide appropriate supervision in the practice setting. The amount of supervision provided will depend upon the complexity of the task or procedure being assigned and the skill level of the worker performing it (CRNM, 2003).

CCAs are accountable to the RN or LPN with whom they are working. They are responsible for the performance of the patient care tasks and/or support functions assigned to them, and for knowing what tasks or functions they are able and not able to perform. Accordingly, CCAs are responsible and accountable for:

- 1) Determining if the patient care task and/or support function they are being assigned is within their job description.
- 2) Safely performing the patient care task and/or support function.
- 3) Completing the patient care tasks and/or support functions assigned to them by the RN or LPN.
- 4) Communicating pertinent and relevant information and/or observations to the RN or LPN in keeping with established guidelines or instructions.
- 5) Reporting data they have collected or observations they have made in the process of assisting the RN or LPN in the delivery of care. CCAs may not assess, plan, or evaluate the outcomes of patient care.

GLOSSARY OF TERMS

Accountability: An obligation or willingness to accept responsibility or to account for one's actions to achieve desired outcomes. Accountability resides in the role and cannot be delegated away (Porter, O'Grady & Wilson, 1995).

Assignment: The assigning of patient care tasks and/or support functions to be performed by an individual consistent with that individual's scope of employment (CRNNS, 2004).

Assistive Personnel: For the purposes of this document, assistive personnel are referred to as CCAs. *See definition below.*

Continuing Care Assistant (CCA): An individual who assists the patient or client with personal care and support services while promoting healthy and independent living. CCAs hold provincial certification from a recognized educational program (Marsh & Boone, 2004).

Competency: Ability to integrate and apply the knowledge, skills, and judgment required to practice safely and ethically in a designated role and practice setting (Registered Nurses Regulations, 2001)

Delegation: The transference or commitment of a specific task or procedure from a person who is authorized to perform the task/procedure to a person(s) **not** authorized to perform.

Scope of Employment: Range of responsibilities defined by an employer through job descriptions and policies (CRNNS, 2004).

Scope of Practice: Roles, functions, and accountabilities for which members of a profession are educated and authorized to perform (CRNNS, 2004).

Standards of Practice: An authoritative statement(s) that sets out the legal and professional basis for nursing practice and describes the desirable and achievable level of performance expected of registered nurses in their practice (CRNNS, 2003).

Supervision: The act of providing initial direction and periodic monitoring of a task/function or activity.

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