Toolkit for Introduction of

REGISTERED PSYCHIATRIC NURSES IN NON-IDENTIFIED MENTAL HEALTH SETTINGS

Winnipeg Regional Health Authority
Caring for Health

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ACKNOWLEDGEMENTS

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INTRODUCTION AND BACKGROUND

In Manitoba, there are three regulated nursing groups: Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Registered Psychiatric Nurses (RPNs). While all nursing groups "share some of the same theoretical preparation and basic competencies, there are fundamental differences in focus, core content, length of the program and in depth and breadth of study" (College of Licensed Practical Nurses of Manitoba [CLPNM], College of Registered Nurses of Manitoba [CRNM], & College of Registered Psychiatric Nurses of Manitoba [CRPNM], 2010, p.4). Since 1995, Brandon University has delivered the basic psychiatric nursing education program at sites in both Brandon and Winnipeg. This undergraduate program leads to a Bachelor of Science in Psychiatric Nursing (BScPN) degree and prepares the graduates to meet the entry level competencies of the psychiatric nursing profession. The psychiatric nursing education program provides a basis for the acquisition of further competencies.

Psychiatric nursing is concerned with the health, especially the mental health, of individuals, families, groups and communities. Psychiatric nurses provide services to individuals whose care needs relate to mental, physical and developmental health while recognizing the complex relationships between emotional, developmental, physical and mental health and the role of social factors, culture and spirituality in illness and recovery (Registered Psychiatric Nurses of Canada [RPNC], 2010).

The core knowledge and skills of psychiatric nursing are derived from the biological, physiological, and psychological health sciences. The program combines psychiatric nursing education with studies in Arts, Sciences and Humanities. The competencies acquired from this body of knowledge guide the application of clinical thinking and professional judgment. Further information about the BScPN program, including the curriculum outline, can be found at: https://www.brandonu.ca/health-studies/programs/bscpn/

The Faculty of Health Studies, Brandon University has established a Master of Psychiatric Nursing (MPN) program designed for students who are seeking advance practice roles in psychiatric nursing. The MPN Program offers advanced psychiatric nursing education in three streams: clinical practice, administration, and education. Graduate students develop advanced critical thinking skills, study research methods, complete practicums relevant to their area of study, and conduct a research-based thesis as a degree requirement.

The MPN program prepares graduates for advanced roles as administrators, clinical nurse specialists, clinical and university educators, nurse therapists, clinical researchers, and psychiatric nurse consultants. Further information about the MPN program, including the curriculum outline, can be found at: https://www.brandonu.ca/mpn/

Regulated by the College of Registered Psychiatric Nurses of Manitoba (CRPNM), RPNs are expected to adhere to the CRPNM Code of Ethics and Standards for Psychiatric Nursing Practice. RPNs are expected to enhance and continue their competence throughout their professional careers. Further information on the Entry Level Competencies can be found at http://www.crpnm.mb.ca/psychiatric-nursing/entry-level-competencies/ and profiles of RPNs in practice settings can be found at http://www.crpnm.mb.ca/psychiatric-nursing/scope-of-practice/rpn-profiles/. Presently, within the Winnipeg Health Region (WRHA), the vast majority of RPNs work within the Mental Health Programs. However, RPNs are also employed in other settings, for example in Personal Care Homes, Rehabilitation and Geriatric settings and Emergency Departments.

At the December 2009 meeting of the WRHA Nursing Leadership Council, discussions regarding the appropriate utilization of RPNs within the health care system in Winnipeg resulted in the agreement that other patient[1] populations would benefit from the addition of an RPN to the health care team. Based on these discussions, a working group was established and asked to develop a toolkit guiding the introduction of RPNs within non-identified mental health settings in the WRHA. In 2016 the toolkit was revised to reflect the changes in education and entry level competencies of the profession. The purpose of this toolkit is to provide information, tools, and suggested processes to guide and facilitate the introduction of RPNs into programs and settings other than Mental Health.

IDENTIFYING POTENTIAL AREAS OF PRACTICE FOR RPNS

Increasing health care service demands, current and anticipated shortages of health care providers and fiscal pressures have prompted governments, policy-makers, and health care leadership to identify strategies that optimize the roles of all health care providers. Workforce optimization aims to ensure health care providers are working to their fullest scope of practice and that the mix and distribution of health care providers meets the needs of the specific patient population (Evans, Schneider, & Barer, 2010).

Decisions as to the appropriate nursing staff mix for a particular unit, program, or service and the potential benefit of introducing an RPN role are complex and need to consider a number of factors including:

- Needs of the patient population (for example, prevalence of mental health issues, complex family dynamics, need for psychosocial interventions and therapies, etc.)

- Scope of practice of the LPN, RN and RPN (refer to CLPNM, CRNM, & CRPNM, 2010)

- Scope of practice of other health care providers on the current health care team

- Environmental factors (for example, practice supports, consultation resources, and the stability/predictability of the environment)

(CLPNM, CRNM, & CRPNM, 2010; College of Nurses of Ontario, 2009)

[1] Patient refers to patients, clients and residents

CARE DELIVERY MODEL

Key considerations for the type of care delivery model selected for a particular unit, program or service include the complexity, predictability, and risk of negative outcomes associated with patients' mental health, behaviour management, psychosocial and family needs.

Environmental factors such as, overall staff mix, proportion of novice and expert nurses, and available resources, should also be considered in determining the best care delivery model for a particular setting.

Examples of care delivery models incorporating the RPN role include:

1 **Positions Posted as RN/RPN:** Significant numbers of patients would benefit from the direct intervention of both an RN and an RPN. There will be adequate resources available to assist in the event that there is a situation where the RN or the RPN feels they are outside of their scope of practice.

2 **RPN Specific Positions:** On an ongoing basis, a subset of the patient population would benefit from the direct intervention of an RPN. Patient care needs and the focus of care will determine the appropriate patient assignment and the number of positions designated as RPN specific.

3 **Consultation/Specialist Role:** Patients have acute, complex mental health issues that require the assistance of a specialized RPN on an intense but intermittent basis. This role would also provide support, education, interventions, and resource planning for staff.

SITE/PROGRAM/SERVICE READINESS

The decision to introduce an RPN role must be supported by all levels of leadership within the organization including:

- Senior Management
- Nursing Leadership
- Medical Leadership
- Allied Health Leadership
- Unit/Program/Service Leadership
- Formal and informal clinical leaders

Early engagement of the health care team on the unit/program/service is strongly encouraged. As well, discussions with the local nursing practice council and bargaining unit also facilitate stakeholder engagement.

Questions to consider when assessing site readiness include:

- Are there patient needs that would be better met with the introduction of an RPN role?
- To what extent is the introduction of the RPN role consistent with the values, attitudes, beliefs and goals of the practice environment?
- To what extent is staff motivated to welcome the RPN?
- Is there resistance to the introduction of the RPN?
- Is the staffing compliment on the unit/program/service stable or changing?
- Are there other priorities within the setting that will compete with the initiative?
- What experiences have the members of the health care team had working with an RPN?

EDUCATION/TEAM DEVELOPMENT

Engage facility/program educators early in discussions about the introduction of the RPN role. The target audiences for education will include members of the health care team, patients, and families on the unit/program/service. Potential topics for education may include:

- Role of the RPN
- Scope of practice of the RPN
- Rationale for introducing the RPN role into this particular setting
- Potential contributions of the RPN to care on the unit/program/service

With the addition of a new team member, the health care team will also need dedicated time to redefine, clarify and reorganize team roles and expectations. Ample opportunity should be made available to openly voice concerns and issues. Questions should receive timely responses. Additional team resources, including role clarity can be found at: http://www.wrha.mb.ca/professionals/collaborativecare/index.php

The RPN hired into this new practice area will have orientation and education needs. Orientation needs will be specific to the individual RPN and based on the knowledge, skills, and competencies required to work within the specific setting.

A plan should be put in place to identify and meet ongoing education, mentorship and preceptorship needs.

HUMAN RESOURCE/LABOUR RELATION ISSUES

The specific provisions of the relevant collective agreement and the type of care delivery model chosen are both factors that will influence the nature of any human resource/labour relation issues that will need to be considered. While it is imperative that a thorough review of the relevant collective agreement be conducted to determine the specific provisions that would be impacted in conjunction with the delivery model chosen, some key considerations for review may include:

• What is the definition of the occupational classifications contained in the collective agreement?

• Is the seniority of an RPN relative to that of any other nursing profession (e.g. RN and LPN) within the bargaining unit, or is it only relative to that of other RPNs? If the latter, particular attention will need to be given to the provisions of the collective agreement where seniority is used as a factor.

  Some examples may include vacation scheduling, vacancy selection (promotion, transfer and demotion), lay-off and recall, additional shifts and/or overtime, sick replacement, etc.

• Do the qualification requirements support recruitment internally and/or externally?

• Should consideration be given to trialing as a pilot prior to implementing on a permanent basis?

• Are there sufficient promotional opportunities for an RPN within the specific clinical setting (e.g. Clinical Resource Nurse, Educator)?

• What about charge responsibilities?

• Do job descriptions need to be updated or revised?

COMMUNICATION PLAN

Communication strategies and target audiences will mirror the education approaches identified above.

Communication may need to target:

• Staff on the unit/program/service where the RPN is being introduced (priority focus for communication)

• Other staff in the organization

• Unions

• Nursing Practice Council

• Patients and families

Key messages to be considered include:

• Rationale for introducing the RPN role into this particular setting

• Potential contributions of the RPN to care on the unit/program/service

• Impact of RPN introduction on the role of other members of the team

• Plans for RPN to be introduced additional units/programs/services

Possible communication mechanisms

• Leadership meetings

• Staff meetings, huddles at shift change

• Staff email system

• Newsletter

• Patient/Family Council

• Existing committee structures

EVALUATION

The introduction of the RPN to a new unit/program/setting should be evaluated relative to the impact on patient care outcomes, team functioning and patient/family/staff satisfaction. Potential research questions should target the impact of the introduction of the RPN on such indicators as:

- Patient/family satisfaction

- Patient outcomes including early identification of mental health issues, early identification and management of delirium, etc.

- Length of stay indicators

- Readmissions to any service

- Staff satisfaction

- Number of complaints, occurrences, critical incidents, etc.

- Consultations to other services/professionals (e.g. psychiatry consults)

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