# Assignment of Client Care

Guidelines for Registered Nurses

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Registered nurses have the skill, expertise and capacity to take a leadership role in supporting and enhancing client-centered care across the continuum of health-care experiences and services. Leadership responsibilities of the registered nurse include the coordination, supervision, monitoring and EVALUATION[1] of the provision of health servicesand CLIENT care. ASSIGNMENT of client care is an important part of these responsibilities.

The purpose of this document is to provide guidance and support for registered nurses in making decisions about assignment of care as they plan and provide care in partnership with clients and their families and other health-care providers. Registered nurses can effectively assign client care using these guidelines whether in a role such as a manager, case manager, the nurse in charge, the coordinator of care or team leader within the interprofessional team.

# Context for Assignment of Client Care

In the health-care system there are a variety of current and emerging roles and models of care. In this rapidly changing health-care environment, interprofessional health-care teams need to understand how to optimize the skills of their members, communicate effectively, share case management and provide better health services to clients, families and the community for improved health OUTCOMES (World Health Organization, 2010). In today's practice setting there is a greater emphasis on teamwork and collaboration, and it is important for registered nurses to have information that clarifies their role and responsibilities and a framework for decision-making based on best practices that guides them in the assignment of care.

The process and art of assignment of client care has become much more complex because of the recognition of overlapping scopes of practice, emergence of interprofessional teams and an emphasis on collaboration. In the assignment of client care, it is important to look beyond the practice of the registered nurse, licensed practical nurse and registered psychiatric nurse to the roles and responsibilities of all partners in care such as, but not limited to, pharmacists, physiotherapists, nurse practitioners, dietitians, physicians, social workers, and unregulated health-care providers.

[1] Words or phrases displayed in BOLD CAPITALS upon first mention are defined in the glossary.

# Assumptions in Assignment of Client Care

Assignment of client care in acute care, ambulatory care, home care, continuing care and community settings is increasingly challenging. This is due to a number of factors including staff shortages, increased demand for services, a need to adjust to changes in **ACUITY**, **PREDICTABILITY** and complexity in health care, as well as the presence of some staff with limited clinical experience.

There are challenges in continuing care settings with recruitment and retention of regulated health professionals and an increasing proportion of unregulated health-care providers. Appropriate assignment of providers can minimize potential risk to clients and liability for staff nurses, managers, nurse administrators, other providers and health-care agencies (Borg, 2001; Canadian Nurses Association, Canadian Council for Practical Nurse Regulators, & Registered Psychiatric Nurses of Canada, 2012, 2014; Conference Board of Canada, 2007).

These guidelines are based upon the following assumptions:

1. **A number of factors, and their interrelationship, determine whether a client's health-care needs can be met by a particular health-care provider.**

    The practice of caregivers cannot be based on a list of skills, interventions, tasks or procedures. All of the factors specific to the client, such as complexity, predictability and acuity, the **CONTEXT** of care and the competencies, knowledge and experience of the provider, must be considered when assigning clinical responsibilities.

    For example, a dietitian may have the authorization and **COMPETENCE** to insert a nasogastric tube. It might be appropriate for the dietitian to do that for the purposes of a swallowing study but not as part of the ongoing care provided.

2. **The 'hands-on' and technical aspects of care are integrally related to the cognitive aspects of care and cannot be separated.**

    The cognitive/interactive aspects of nursing practice include the assessment, **CRITICAL INQUIRY**, priority setting, problem solving and the ability to respond to a rapidly changing physical or psychological state.

    When determining **RESPONSIBILITY** for care, the client's overall care needs must be considered; the technical skills of provider groups must not be the sole deciding factor.

3.  **In circumstances where the care needs can be met by more than one health-care provider, the outcome of care provided should be the same, regardless of who provides the care.**

    The priority consideration in assigning client care is the desired outcome, based on best evidence. Responsible administrators and managers working with limited health-care resources must strive to deliver cost-effective care. However, the assignment of care providers should not compromise care and must not jeopardize the safety and well-being of clients. Using the best evidence and expert clinical judgment will help to ensure that staffing decisions and assignment of care are first and foremost clinically sound.

4.  **What is appropriate rather than 'what is allowed' should guide decisions about care provider assignments for all regulated and unregulated health-care providers.**

    Health profession legislation authorizes regulated providers, including registered nurses, to perform particular health services and restricted activities. This does not mean that in all settings or for all clients every provider should perform every service or restricted activity allowed by legislation and regulations. Focusing on the health-care needs of the client leads to decisions where registered nurses may engage in certain skills or activities in some settings, but not in others, due to limitations or restrictions in employer policy and/or the opportunity to maintain knowledge, skill and competence in that activity.

# Guidelines for Safe Assignment and Supervision of Client Care

The following guidelines should be considered in the process of assigning client care.

## Guideline 1: Assess Client Need

The first step in the assignment of client care process is the assessment of the client and the client's needs for care.

The following should be considered:

- What is the nature, complexity, acuity and priority of client care needs?
- What are the intended health outcomes and how is their achievement to be evaluated?
- What is the plan of care for achieving the intended outcomes?

- Have responses to care been predictable to date, and is that expected to continue?
- What cognitive and technical competencies are required for the intervention/activity to be carried out safely?
- What is the range of potential negative outcomes for clients in the course of theircare, and to what degree can these outcomes be anticipated?

## Guideline 2: Assess the Practice Environment

After determining client needs, the overall practice environment must be assessed for supports to ensure the safe performance of the care to be assigned. Conditions vary between practice settings where care is assigned and within settings from one point in time to another.

The following questions should be answered:

- Does the staffing pattern/staff skill mix allow for adequate registered nurse assessment of clients' health status, needs for nursing care and responses to care?
- What are the human and material resources in the practice setting? Do the overall resources in the practice setting ensure that appropriate staff are assigned to the appropriate interventions and activities when care is assigned? For instance, doesthe assignment of care enable the registered nurse to be available to meet the most complex needs for care?
- What are the roles and responsibilities of other health-care providers and how does that impact on assignment of care, e.g., respiratory therapists who may ormay not provide 24-hour coverage?
- Do role descriptions and responsibilities, provisions for professional development,policies and procedures of the practice environment provide clear, appropriate limits and direction for safe assignment and supervision within legislated practice statements, regulation authorizations of restricted activities and the overall resources for care? What limits, if any, should apply to the particular circumstances to support the delivery of safe care?
- Are there sufficient resources and mechanisms in the setting (e.g., physical access, sufficient registered nursing staff) for appropriate registered nurse supervision of the assigned care?
- What informal caregivers (e.g., family members) are available to appropriately enhance care. What teaching is necessary to enable care provision by informalcaregivers?
- What other informal supports (e.g., Day Programs, Meals on Wheels) are availableto support client care?

# Guideline 3: Assess the Health-care Providers

When assigning client care, it is important to match the care required to the appropriate health-care provider. The model of care and how it is organized will impact on how client assignments are made.

In a partnership model, a registered nurse, nursing student, undergraduate nursing employee, licensed practical nurse and health-care aide may be given responsibility for a group of clients and will need to determine how they will work together to provide the care. In a primary nursing model, care providers will be assigned specific clients.

Under the *Health Professions Act* (2000), each regulated profession has a legislated practice statement. The *Registered Nurses Profession Regulation* (2005) outlines the restricted activities that CARNA's registrants are authorized to perform. The registrant of each profession is responsible and accountable for the care they provide.

Assessment of the health-care providers should include:

- What are the *Health Professions Act* (HPA) practice statement and regulation authorizations for restricted activities of the health-care professionals?
- What is the employer job description for each health-care provider and what responsibilities are outlined in it?
- Are there available educational resources for health-care providers to attain andmaintain competency in the care they are providing and is further education or teaching needed?
- What are the competencies, knowledge, skills and experience of the individual health-care provider that enable them to carry out the care in this specific practicesetting?
- Are there any conditions or restrictions on the practice permit of any of the health professionals?
- Does a **GRADUATE NURSE** with a temporary practice permit require supervision orhave limitations or conditions on their practice?
- How will care be assigned to students or undergraduate nursing employees(UNEs)?

**Three Key Factors to Consider in Assignment of Care**

| The Client | Health-care Providers | The Environment |
|---|---|---|
| <ul><li>complexity of care</li><li>predictability of outcomes</li><li>risks of negative outcomes in response to care</li></ul> | <ul><li>competencies</li><li>education</li><li>experience</li><li>expertise to meet cognitive and technical skill requirements</li></ul> | <ul><li>care delivery model</li><li>supports for nurse, resources, policies, procedures, protocol to guide decision-making</li><li>informal support system</li></ul> |

The joint position statement of the Canadian Nurses Association, Canadian Council for Practical Nurse Regulators, and Registered Psychiatric Nurses of Canada entitled *Staff Mix Decision-Making Framework for Quality Nursing Care* (2014) provides guidance in appropriate assignment to registered nurses, licensed practical nurses and registered psychiatric nurses. If the patient's condition is more complex, there is less predictability of changes in their health condition, and if the risk of negative outcomes in response to care is high, there is a greater need for consultation with the registered nurse or registered psychiatric nurse. Each professional is also accountable and responsible for knowing when consultation and guidance from another professional is necessary.

Health care aides have traditionally practiced in home care and long-term care practice settings but there is an increase in their employment in acute care organizations. The document *Decision-Making Standards for Nurses in the Supervision of Health Care Aides* (College and Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta, 2010) provides guidance for the assignment of care to health care aides.

## Guideline 4: Set Expectations for Communication and Supervision

Appropriate, ongoing communication and supervision are integral to safe assignment of care. All health-care providers should communicate with each other in a collaborative, responsive, respectful and responsible manner.

To ensure communication and supervisory mechanisms between the registered nurse and other health-care providers as well as between the client and all health-care providers occurs, the following should be considered:

- Have communication principles for the team been established?

- How will communication be organized – i.e., is there a charge nurse role or other person designated for coordinating communication in this practice setting? How can communication be maintained with the individual providing care to the client?
- Does the person who accepts the responsibility for providing the assigned care have concerns or questions? If so, does that person understand that it is their responsibility to bring those concerns or questions to the attention of the supervisor, manager or nurse in charge prior to accepting the assignment or at any time during the provision of care?
- Do the health-care providers actively listen to other team members including the client and their family?
- What instructions should be given to outline specific parameters to the care giver on the information, signs, symptoms or responses to be reported back within a specific timeframe? This includes specific detail on when and how to report outcomes and ask for assistance.
- Have plans of care been developed collaboratively and shared client goals been set by the client and interprofessional team?
- Can appropriate forms of supervision be ensured? For instance, does the experience of the provider, the conditions of clients or the conditions of the practice environment require the provision of close supervision and, if so, can it be provided? Under the *Health Professions Act* there are requirements for supervision of unregulated workers. The documents *Standards for the Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care* (CARNA, 2005) *and Decision-Making Standards for Nurses in the Supervision of Health Care Aides* (CARNA, CLPNA, & CRPNA, 2010) provide direction for the assignment of care and supervision of students, undergraduate nursing employees and health-care aides.
- Are information and communication technologies used effectively to improve interprofessional client care?
- What documentation needs to be kept for appropriate communication of health-care data between the registered nurse, other health-care providers and the client to allow for adequate monitoring of the care provided?

## Guideline 5: Evaluate and Adjust to Maintain Acceptable Outcomes of Care

Assignment of care is a dynamic process. Evaluation of assignment decisions and evaluation of the care provided occurs as health-care providers work together to adjust assignment of care to meet the changing needs of clients so that safe, competent and ethical care can be provided.

The registered nurse needs to determine the following:

- Was the assignment of care appropriate? Did the assignment of care require adjustment at any time? Why or why not?
- What were the outcomes of the care given and were those outcomes appropriate and acceptable?
- Was the information that was to be reported back within a specific timeframe clearly communicated when the care was assigned? Why or why not?
- Did the health-care provider give appropriate, timely feedback based on the instructions given when care was assigned? For example, if specific parameters were given on the signs, symptoms or responses that were to be reported within a specific time frame, did this occur? Why or why not?
- Was it possible to provide adequate supervision? Why or why not?
- Are the results from the ongoing evaluation of client, health-care providers, interprofessional collaborative practices and the organization used to continuously improve? (CNA, 2011) What adjustments (if any) can or should be made to:
  - the role descriptions and responsibilities
  - provisions for continuing education of health-care providers
  - policies and procedures of the practice environment
  - the staff skill mix or staffing patterns, other material resources, or systems and supports needed for the delivery of care
  - the assignment of care and supervision practices currently in use
  - communication processes to discuss and collaborate regarding client care

# Steps to Take When Safe Staffing, Assignment and Supervision of Care is in Doubt

Fiscal constraints, staffing shortages and other pressures within the health system challenge safe staffing, assignment and supervision of client care. Where there is a concern about the delivery of safe care, registered nurses should take the necessary steps to protect client safety. Registered nurses in all settings need to be proactive in identifying concerns related to care. Depending on the overall circumstances of care, actions to address or resolve concerns may include one or more of the following steps:

1. **Assess the particular concern in light of legislated practice statements and restricted activities authorization, employer policies and CARNA guidelines.** Review the specific situation and identify the problem. What happened or did not happen that jeopardized or threatened to jeopardize acceptable outcomes of care? What specific care outcomes could be or were compromised, if any? What gaps (if any) are evident? Can the gaps that are discovered be corrected in a timely manner with the health-care providers involved without adverse outcomes to clients or staff?

2. **Follow through on reporting and involving others as required to address or resolve the concern.** Address specific gaps as soon as possible with the health-care providers involved and determine the need for reporting the assignment concern to your supervisor. If no further action is required to prevent re-occurrences and no adverse outcomes result, reporting is discretionary within employer policies, but may assist administration to proactively plan the overall delivery of care. Recurring inability to provide safe staffing, assignment and supervision of client care must be reported and documented to personnel who can take necessary actions to protect client care.

3. **Consult with external experts as required.** Registered nurses involved in planning, administering and evaluating the care delivery systems, and registered nurses who question the practices and policies of their settings, should decide the most appropriate level at which to address the problem or concern and should begin with their immediate supervisor. It may also be useful to consult with CARNA to determine additional steps to protect the delivery of safe, competent, ethical client care. Registered nurses in all roles with questions about liability related to staffing assignment and supervision of client care may contact the Canadian Nurses Protective Society (CNPS) for information from a Nurse Legal Advisor.

Appendix 3 of the *Practice Standards for Regulated Members with the CNA Code of Ethics for Registered Nurses* (CARNA, 2013), "Addressing Unsafe Practice Situations", provides guidance on identifying, documenting and resolving concerns.

# Overall System Supports for Safe Assignment and Supervision of Care

In settings where care is provided by an interprofessional team, employer policy should confirm and clarify the roles and responsibilities of each health-care provider in the team. All members of the team need to be able to clearly articulate their shared understanding of the roles of each of the team members. High performing teams also acknowledge their shared ACCOUNTABILITY for quality client care. Various professionals might be involved in caring for the same client; however, each individual health professional is accountable for their own actions, responsibilities and roles as explicitly defined within one's professional and regulatory scope of practice (Canadian Interprofessional Health Collaborative, 2010). Each health-care provider must recognize when a client's health-care needs are beyond their competence and when consultation with, or referral to, another professional is necessary.

Strong communication processes should be established within the team and between the team and the clients. Safe and effective working relationships and collaboration requires trust; mutual respect; availability; communication in a collaborative, responsive and responsible manner and attentive listening (CIHC, 2010).

Safe assignment and supervision of care is supported and facilitated by the health system infrastructure.

1. Employers are required to hire qualified personnel, ensure agency policies, staff skill mix or staffing patterns, delivery systems, health-care provider roles and responsibilities, and assignment and supervision policies are in place and consistent with prudent risk management in the assignment and supervision of care. Prudent risk management includes attention to:

   • an evidence-informed approach to staffing and skill mix decisions;

   • an evidence-informed approach to planning, delivering, evaluating, and modifying client care;

   • HPA practice statements and regulations;

   • the nature, complexity, and predictability of client care needs;

   • intended health outcomes for clients receiving care;

   • nursing practice standards and competencies of health-care providers;

   • access to clinical support, mentoring and appropriate orientation for staff; and

   • other necessary resources and systems to enable the delivery of care;

2. The registered nurse at the point of care should make the client assignment decisions and is accountable for the assignment of care decisions that are made. The individual who accepts the care assignment is then responsible and accountable for carrying out clinical care activities in a safe, competent manner and for seeking the consultation and guidance of a registered nurse if they require assistance.

3. The level of supervision required is a critical factor in determining the advisability of assigning specific care for specific clients. The more complex and unpredictable the environment, the more qualified the provider needs to be to provide the full range of potential care requirements, assess changes, re-establish priorities and recognize the need for additional resources as required.

# Leadership

Fairness and respect for the worth of others are values that are identified as traits of leaders and have been linked to trust. Trust, along with fairness and respect are the key values that lead to healthy organizations (Registered Nurses' Association of Ontario, 2013). Trust supports good interpersonal relationships. Building trust is not a simple or rapid process; it takes time

and personal commitment and comes from being client centered, quality driven and respectful of colleagues. Building relationships and trust is a critical leadership practice.

RNs practice as a member of an interprofessional team and there are skills that are needed to be able to work with others effectively. Leaders know and understand that teamwork takes skill, and they understand the need to strive toward developing that skill and taking the necessary time to support and mentor members of the team.

An effective team player and leader:

- demonstrates reliability
- communicates constructively
- listens actively
- works as an active participant
- shares openly and willingly
- cooperates and pitches in to help
- exhibits flexibility
- shows commitment to the team
- works as a problem solver
- treats others in a respectful and supportive manner

## Role and Responsibilities for the Registered Nurse Assigning Care

The scope of knowledge of registered nurses along with their clinical skill and judgment enables them to prudently assign client care to other regulated and non-regulated care providers (CARNA, 2008). The registered nurse in the role of assigning care needs to be supported by management to be successful.

Registered nurses are uniquely prepared to assign client care because they assess clients' needs in the context of the whole person including their life situation and determinants of health. Critical thinking and accurate interpretation of complex information from a variety of sources are essential to the clinical decision-making required for assignment of client care to other providers. The sources of information include client data, client response to a rapidly changing physical or psychological state, best practices, environmental factors, diagnostic test results and assessments completed by interprofessional team members.

The role of the registered nurse includes the comprehensive assessment, planning and coordination of care, ongoing communication with other health-care providers, supervision of unregulated health-care providers, providing nursing care and monitoring a and evaluating the provision of client care and health services. Regardless of the setting in which the care is provided, monitoring of client progress and evaluation of care involves astute observation, sound judgment, decisive action, and resourceful problem solving to determine if the outcomes of the care required are optimal or if adjustments to assignment of care are

needed to maintain safe, competent and ethical care. Assignment of care is a dynamic process in which decisions are evaluated and adjusted as health-care providers work together to meet the changing needs of clients (College of Registered Nurses of British Columbia, 2005).

The registered nurse assigning care provides guidance in ongoing evaluation of assignment decisions and adjusts the assignment to meet the changing needs of clients. Evaluation of assignment decisions results in one of three possible outcomes:

- the health-care provider receives advice and support and continues to provide care for the client;
- another health-care provider is consulted for guidance and direction in an aspect of the client's care; or
- another health-care provider is assigned care based on the acuity and predictability of the health-care needs of the client or the client may require transfer to another setting i.e., continuing care to an acute care facility or a medical/surgical setting to an intensive care setting.

## The Registered Nurse in the Charge Nurse Role

In many practice settings there is a registered nurse in the role of charge nurse who is responsible for leadership in the area, assignment of client care and coordination of the nursing care provided. There are various titles for this role which may include nurse clinician, team leader, assistant patient care manager, case manager or care coordinator.

Responsibilities of the registered nurse in the charge nurse role can include the following:

- case management and related activities
- health-care information exchange
- shift report activities
- coaching and mentoring of new and inexperienced staff
- supervision of the care being provided
- acting as a clinical resource to the team
- assignment of client care
- peer review

Registered nurses in the charge nurse role are recognized for their communication and organizational skills as well as their ability to assign care, think critically, troubleshoot and remain proactive (Hughes & Kring, 2005). They must be skilled in triage and assessing emergency situations. They manage the unpredictable and defuse explosive and disruptive situations. Because the registered nurse in the charge nurse role coordinates activity in the area of practice, they are aware of the overall care that is being provided and can identify and provide learning opportunities for other providers through client assignments and encouraging providers to mentor each other.

Factors which assist in the establishment of effective charge nurse roles and responsibilities include

- a clear and explicit job and role description so responsibilities and the lines of accountability are understood;
- further education with respect to conflict management, time management and organization skills; and
- a clear identification and common understanding of the structure of the role and expectations of staff and management.

Registered nurses in the charge nurse role can most effectively manage their responsibilities when they do not have a concurrent client care assignment. Increased effectiveness and positive outcomes are achieved when a charge nurse's primary or sole responsibility is to manage the coordination of client care in the practice setting.

# Conclusion

Registered nurses responsible for the administration and delivery of nursing care need to ensure that policies and practices in the practice setting enable the safe staffing, assignment and supervision of client care. Where assignment of nursing interventions and activities is assessed to be inconsistent with the needs for nursing care of specific clients or client populations, registered nurses have the responsibility to

- question the practice (CARNA, 2013);
- advocate for an appropriate staff mix to provide safe nursing care (CARNA, 2013); and
- take all reasonable, possible steps to ensure that care is provided by a registered nurse rather than another provider where the client's care needs require the knowledge, skills and judgment of a registered nurse.

In these circumstances, timely, accurate documentation and communication with the health-care facility and other health-care providers is crucial. Discussion of the clinical factors (see Appendix A) can provide a context for documentation. Registered nurses have a responsibility to report the concerns that they have documented to managers/administrators who can take necessary actions to protect client care. Document all the actions taken to safeguard client care, including how additional required resources were advocated for and what was done to minimize the potential for harm in the interim.

Registered nurses or others with questions about staff skill mix, assignment of care and supervision in their practice setting, can contact CARNA Policy and Practice Consultants for assistance at 780-451-0043 or toll-free at 1-800-252-9392. Resources are available to assist with determining appropriate staffing for the practice setting and confronting unsafe practice. Liability concerns may be directed to CNPS at 1-800-267-3390.

# Glossary

**ACCOUNTABILITY** – The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties (Ellis & Hartley, 2009).

**ACUITY** – The degree of severity of a client's condition and/or situation (CRNBC, 2011).

**ASSIGNMENT** – The selective designation of specific responsibilities for client care within employer policies, legislative scopes of practice, competencies of the health-care provider and environmental supports.

**CLIENT** – The term client(s) can refer to patients, residents, families, groups, communities and populations.

**COMPETENCE** – the integrated knowledge, skills, judgment and attributes required of a nurse to practise safely and ethically in a designated role and setting (CARNA, 2011).

**CONTEXT** – The term context includes client needs for care; intended health outcomes and means for evaluating their achievement; the availability of complementary and supervisory health-care practitioners; and the systems and resources of the overall care environment.

**CRITICAL INQUIRY** – This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

**EVALUATION** – The assessment of actual versus expected outcomes of care for the purpose of adjusting one's actions as required towards achieving the best potential health outcomes for clients.

**GRADUATE NURSE** – A graduate nurse is either a graduate of an approved or recognized entry-level nursing education program or an internationally educated nurse (IEN) applicant who is eligible for a temporary practice permit to begin employment as a graduate nurse. Graduate nurses are issued a temporary permit that allows them to be employed while they meet all outstanding requirements for full licensure as a registered nurse. The outstanding requirements may include writing and passing the registration examination and/or submission of a satisfactory reference from their current employer.

**OUTCOMES** – The responses that indicate the client's health status and/or level of knowledge as a result of therapeutic nursing interventions and activities (International Council of Nurses, 1999).

**PREDICTABILITY** – Degree to which outcomes can "reasonably be expected to follow an anticipated path with respect to timing and nature" (College of Nurses of Ontario, 2009, p.17).

**RESPONSIBILITY** – Obligation to provide for the needs of implied or explicit nursing care in accordance with professional and legal standards.

**STAFF MIX** – The combination of different categories of health-care personnel employed for the provision of direct client care (McGillis Hall, 2004) in the context of a nursing care delivery model.

# References

Borg, E. (2001). Professional liability during the shortage. *Canadian Nurse, 97*(8), 34-35.

Brunt, B. A. (2005). Critical thinking in nursing: An integrated review. *The Journal of Continuing Education in Nursing, 36*(2), 60-67.

Canadian Interprofessional Health Collaborative. (2010). *A national interprofessional competency framework.* Vancouver, BC: University of British Columbia, College of Health Disciplines.

Canadian Nurses Association. (2011). *Interprofessional collaboration.* Ottawa, ON: Author.

Canadian Nurses Association, Canadian Council for Practical Nurse Regulators, & Registered Psychiatric Nurses of Canada. (2012). *Staff mix decision-making framework for quality nursing care.* Ottawa, ON: Authors.

Canadian Nurses Association, Canadian Council for Practical Nurse Regulators, & Registered Psychiatric Nurses of Canada. (2014). *Joint position statement: Staff mix decision-making framework for quality nursing care.* Ottawa, ON: Authors.

College and Association of Registered Nurses of Alberta. (2005). Standards for the supervision of nursing students and undergraduate nursing employees providing client care. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta. (2008). Evidence-informed staffing for the delivery of nursing care: Guidelines for registered nurses. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta. (2011). Nurse practitioner (NP) competencies. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta. (2013). Practice standards for regulated members with the CNA code of ethics for registered nurses. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta. (2010). *Decision-making standards for nurses in the supervision of health care aides.* Edmonton, AB: Author.

College of Nurses of Ontario. (2009). *Utilization of RNs and RPNs.* Toronto, ON: Author.

College of Registered Nurses of British Columbia. (2005). *Practice standard of registered nurses and nurse practitioners. Assignment between nurses.* Vancouver, BC: Author.

College of Registered Nurses of British Columbia. (2011). *Glossary*. Retrieved from
*https://www.crnbc.ca/Glossary/Pages/Default.aspx#P.*

Conference Board of Canada. (2007). *Liability risks in interdisciplinary care: Thinking outside the box*. Ottawa, ON: Author.

Ellis, J. R., & Hartley, C. L. (2009). *Managing and coordinating nursing care* (5th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

*Health Professions Act*, R.S.A. 2000, c. H-7.

Hughes, C., & Kring, D. (2005). Consistent charge nurses improve teamwork. *Nursing Management, 36*(10), 16.

International Council of Nurses. (1999). *International classification for nursing practice*. Geneva, Switzerland: Author.

McGillis Hall, L. (2004). Nurse staffing. In L. McGillis Hall (Ed.), *Quality work environments for nurse and patient safety* (pp.9-38). Sudbury, MA: Jones and Bartlett.

Registered Nurses' Association of Ontario. (2013*). Developing and sustaining nursing leadership best practice guideline* (2nd ed.). Toronto, ON: Author.

*Registered Nurses Profession Regulation*, Alta. Reg. 232/2005.

World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva, Switzerland: Author.

# Appendix A: Assessment of Clinical Factors

- complexity of client care needs
- predictability of client condition and health outcomes
- cognitive requirements
- technical requirements
- range and severity of potential outcomes
- required decision-making autonomy
- opportunity to maintain competence
- variability, complexity, urgency and uncertainty of overall care requirements
- availability of clinical supervision
- availability of required equipment and supplies