Acknowledgements

These Guidelines for Delegated Medical Functions & Medical Directives have been approved by the:

College of Physicians and Surgeons of Nova Scotia
College of Registered Nurses of Nova Scotia

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This document replaces the Guidelines for Delegated Medical Functions & Shared Competencies (1997/1999).

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Over the years, the roles of physicians and registered nurses have been evolving in response, in large part, to advances in scientific and technological knowledge. More recently, healthcare reform has become another significant factor. In fact, according to the *Study of Health Human Resources in Nova Scotia* (2003), reforms in our healthcare system are challenging healthcare professionals to adapt to changing roles, re-examine their scopes of practice, and acquire skills necessary for a new system of service delivery. It is anticipated that new demands on the roles of physicians and registered nurses will continue to come from factors such as changing relationships amongst health providers; changing work routines and environments; advances in the team approach to healthcare; and partnerships with families, community members and/or complementary health providers.

Physicians and registered nurses are well positioned to meet these demands and, as we move toward more coordinated and integrated approaches to client/patient care, there is growing evidence that they are applying their skills, knowledge, judgment, and attributes in an optimal and complementary manner. This is particularly evident in their support for the implementation of delegated medical functions (DMFs) and medical directives.

For a number of years now, qualified registered nurses have been authorized to perform healthcare services that fall within the practice of medicine through what have come to be referred to as delegated medical functions. Nurses have developed a unique body of nursing knowledge and skills (competencies) related to these functions, and in some contexts of practice delegated medical functions have been incorporated into nurses’ scope of practice and scope of employment.

Recently, there has also been growing interest in using medical directives to enable registered nurses to deliver required healthcare services more efficiently. Prior to 2001, when the *Registered Nurses Act* was revised, medical directives were used solely to support registered nurses in expanded roles. Today, registered nurses and physicians in a number of contexts of practice are developing medical directives to be used in the delivery of healthcare services to designated client/patient populations (e.g., in emergency departments).

The ultimate accountability for safe, competent, ethical care rests with individual practitioners; who are accountable to acquire and maintain their competence and to recognize the limits of their practice. At the same time, the role of professional regulatory bodies is to ensure safeguards are in place to protect clients/patients from incompetent and unethical practice.

Regulatory bodies are accountable to ensure that the primary obligation of their practitioners is to provide healthcare services that meet the standards of their profession in a timely and responsive manner. Both the College of Registered Nurses (CRNNS) and the College of Physicians and Surgeons (CPSNS) acknowledge the unique scopes of practice of their respective practitioners and are committed to facilitating the evolution of their roles and relationships in the interest of promoting public safety and an integrated approach to the provision of quality client/patient care.

The purpose of this document is to advance the safe implementation of delegated medical functions and medical directives by providing registered nurses, physicians and healthcare agencies with a common base of information related to their development and approval. Through processes outlined in this document (e.g., the submission of required documentation on DMFs and medical directives), the CPSNS and CRNNS work within their legislated mandates to promote good practice and prevent inappropriate and unsafe practice.

Overall, these two regulatory bodies are confident that the delivery of quality client/patient care will be enhanced through the determination of the most appropriate practitioner to provide required health care services — a decision that must based on three key factors:

1) client/patient needs
2) context of practice
3) practitioner competence.

**NOTE:** Competencies common to both nursing and medicine, formerly referred to as shared competencies, are no longer singled out for identification by the CPSNS and CRNNS.
Determining the Appropriate Healthcare Provider

Determining the most appropriate healthcare provider (e.g., physician or registered nurse) to perform a particular function requires careful consideration of client/patient needs, the context of practice, and practitioner competencies. Registered nurses, physicians and employers should share in the decision-making related to delegated medical functions and medical directives because they share accountability in the provision of safe, competent and ethical client/patient care.

Client/patient needs: The safety of clients/patients must be the foundation for making decisions with regards to registered nurses performing a specific procedure/treatment/intervention in the form of a DMF or medical directive, and these decisions should encompass an assessment of the:
- client/patient’s state of health and his/her health problems (i.e., stable, unstable, critical, life threatening)
- level of care (i.e., simple, complex, multiple interventions, invasive/non-invasive manipulation or instrumentation)
- risks and benefits of the intervention
- outcomes (i.e., predictable, unpredictable, possible complications).

Context of practice: Consideration of conditions or factors within a practice setting or healthcare environment affecting the practice of nursing and/or medicine should include:
- client/patient population (e.g., age, gender, diagnostic groupings)
- type of care (e.g., primary, preventive, secondary, tertiary, rehabilitative, palliative)
- complexity of intervention (e.g., multiple, invasive, non-invasive)
- frequency of intervention (e.g., performed hourly, daily, weekly, monthly)
- service delivery model (e.g., primary care, multidisciplinary approach, client/patient-centered)
- staffing (e.g., level of competence and experience of registered nurses and physicians, staff mix, number of students, availability of physicians, accessibility of specialists, degree of independence and autonomy of registered nurses).

Practitioner competence: Access to continuing educational programs and clinical experiences are prerequisites to acquiring and maintaining competence, and an individual’s competence to perform a specific task or function must be determined by their knowledge, skill and judgement relative to the task or function. The ability of a registered nurse to attain and maintain competencies required to perform a specific DMF or medical directive is a critical factor in determining the most appropriate provider of a healthcare service. It is important to note that the authority to perform a specific DMF or medical directive does not equate to competence to perform the specific procedure/treatment/intervention.
Delegated Medical Functions and Medical Directives

How are they different?

A delegated medical function (DMF) is a procedure/treatment/intervention that falls within the practice of medicine (e.g., adjustment of insulin dosages, initiation of continuous epidural infusions, insertion of chest tubes, harvesting of saphenous veins), however, in the interests of client/patient care, has been approved by the regulatory bodies of both medicine and nursing to be performed by registered nurses with the required competence (i.e., certification). According to the Medical Act, medical practice encompasses the functions of prescribing, diagnosing and treating.

A medical directive is a written physician’s order* for one or a series of medical procedures, treatments, and/or interventions (e.g., an algorithm) that may be performed by registered nurses for a range of clients/patients who meet specified criteria.

In addition to identifying the procedure/treatment/intervention ordered, a medical directive must also include:
- a relevant assessment process to be used by registered nurses in making the decision as to whether to implement the directive (i.e., specific clinical conditions and/or other circumstances that must exist before the nurse can implement the directive)
- identification of the procedure, treatment and/or intervention (e.g., medical, nursing, policy)
- specific monitoring parameters and reference to appropriate emergency care measures.

Where traditional doctors’ orders are client/patient specific and time limited (and may be written or verbal), medical directives are always written*, intended for the care of a group or population of clients/patients, and effective for an extended period of time (e.g., the administration of Ventolin aerosols to asthmatic clients/patients admitted to an emergency department). Some components of a medical directive may be within the scope of nursing practice (e.g., administration of a medication), while others may require additional knowledge and skill (e.g., chest auscultation or blood sampling).

Overall, the implementation of DMFs and medical directives promotes the optimal application of the competencies of registered nurses and physicians; enhancing the delivery of safe, effective and efficient client/patient care.

Who批准s them?

Informally, the approval of DMFs and medical directives begins with their development, through the collaborative effort of physicians, registered nurses, and healthcare agencies. There should be mutual agreement among all those involved directly and indirectly. Among the decisions that will need to be agreed upon are those related to the:

- identification of the specific procedure/treatment/intervention to be delegated to a registered nurse or ordered via a medical directive;
- identification of the context of practice in which the DMF or medical directive can be implemented; and,
- determination of specific knowledge and competencies required to perform the DMF or medical directive.

Formally, however, delegated medical functions must be approved by an agency’s Medical Advisory Committee (or equivalent body) and then forwarded for approval by the Scope of Practice Committee established by the CPSNS and CRNNS (see Appendix B for the appropriate form). Medical directives require only the approval of an agency’s Medical Advisory Committee (or equivalent body). However, agencies must submit a report of approved medical directives to the Scope of Practice Committee established by the CPSNS and CRNNS (see Appendix D for the appropriate form).

Following initial approval of a DMF, or initial reporting of an approved medical directive, agencies would only be required to submit further reports to the Scope of Practice Committee when there are revisions proposed to a DMF or medical directive (see appendices C and D for the appropriate forms).

*EXCEPTION: In Nova Scotia, the medical directive for immunizations takes the form of guidelines established by the Department of Health (i.e., Nova Scotia’s Immunization Schedule).
Who decides when they can be implemented?

In essence, the approval of a DMF or medical directive is a determination that a specified procedure/treatment/intervention can be safely performed on the basis of a registered nurse’s assessment of a client/patient. In other words, given that the appropriate authorities have approved a DMF or medical directive, registered nurses make the ultimate decision as to when it is appropriate to implement a particular DMF or medical directive.

In designated practice settings, given that all required resources are in place and they have the required competencies, registered nurses would base their decisions to implement a DMF or medical directive on their assessment of client/patient needs. Before implementing a medical directive, registered nurses must determine that all specified criteria (for the client/patient population) have been met.

Medical directives are generally used in practice environments where physicians are available. In situations in which a physician is not physically present within an agency an on-call physician should be immediately available by phone — and physically available within a short period of time. For example, a component of a medical directive might state that an RN in the emergency department can order x-rays if s/he suspects that a client/patient has a fracture. Whether the nurse is practising in an emergency department within a large agency, where physicians are available, or in a rural community hospital where a physician is not present, the nurse could order the x-ray based on the medical directive. In both circumstances, the physician would then view the x-ray upon visiting with the client/patient.

To help staff understand the parameters of “physician availability,” agencies must determine and communicate their agency-specific meaning of the term “available”.

Procedures/treatments/interventions that require direct assessment of clients/patients by physicians should not be ordered within the parameters of a medical directive, but rather through a direct order (client/patient-specific).

NOTE: Self-employed registered nurses interested in performing delegated medical functions should refer to the Guide for Self-Employed Registered Nurses published by the College of Registered Nurses.

Who is accountable for them?

Registered nurses and physicians, guided by their respective professional practice standards, are accountable at all times for their own practice and actions. However, as mentioned earlier, they are also accountable to acquire and maintain a level of competence required for the ongoing provision of safe and effective care and expected to recognize the limits of their practice and competence.

While the parameters and clinical guidelines for DMFs and medical directives should be established and well understood by both nursing and medicine, physicians maintain accountability for overall client/patient outcomes, including their decisions related specifically to a DMF and medical directive (e.g., decision to delegate, decision to write a directive).

Registered nurses accepting delegation or following through with a medical directive are accountable for their decisions to proceed with the provision of a particular procedure/treatment/intervention and for their competence in its performance. It is important to note that although a registered nurse may be authorized to perform a specific DMF or medical directive, s/he is always accountable to judge the appropriateness of implementing the procedure/treatment/intervention in a given situation.

Delegated medical functions and medical directives require an analysis of conditions or factors within practice settings that affect the practice of nursing and medicine. In relation to DMFs and medical directives, this analysis, which is the shared accountability of nursing, medicine and healthcare agencies, should encompass: 1) the needs of the client/patient population; 2) the complexity and frequency of the DMF or medical directive; and 3) the availability of resources to support safe, ethical and competent care.

The establishment of a DMF or medical directive must be appropriate for the particular context of practice in which it is being considered (e.g., availability of essential technical and human resources and related policy supports).

Healthcare agencies meet their obligations to the public by establishing appropriate processes for the development, approval, implementation and evaluation of policies and education programs that support positive client/patient outcomes, including the resources required for healthcare practitioners to acquire and maintain appropriate levels of competence.
Assumptions About DMFs and Medical Directives

- The accountability to initiate, implement and maintain a DMF or medical directive is shared by registered nurses, physicians, and healthcare agencies, as is their accountability to make client/patient care decisions that, first and foremost, serve the public interest.

- A decision to proceed with the development and implementation of a DMF or medical directive should be based on client/patient needs and not initiated for convenience or financial reasons.

- DMFs and medical directives should:
  - be in the best interest of clients/patients
  - be appropriate for the context of practice
  - promote the optimal application of the competencies of registered nurses and physicians.

- DMFs and medical directives should never contravene existing laws or acceptable standards for medical or nursing practice.

- Agency policies should be in place to support the implementation of DMFs and medical directives, including a provision for resources required by healthcare practitioners to acquire and maintain required levels of competence.
Development and Implementation of DMFs and Medical Directives

Identification of healthcare service to be provided

Determine if service is within nursing or medical scope of practice

If nursing: Exit here

If physician: Exit here

Identify appropriate healthcare provider
(consider scope of practice, definitions of nursing and medicine)

Registered Nurse

Determine need to develop DMF or medical directive
(analyse patient needs, context of practice, patient populations, provider competencies, agency policies)

DELEGATED MEDICAL FUNCTION

Develop and submit for approval to agency’s Medical Advisory Committee

Submit for approval of CRNNS/CPSNS Scope of Practice Committee

Ensure supporting policies and required educational resources in place

RN completes required certification process
(re-certification as required)

RN implements DMF based on assessment of patient needs

Report proposed revisions to Scope of Practice Committee

MEDICAL DIRECTIVE

Develop and submit for approval to agency’s Medical Advisory Committee

Submit report of approved medical directives to CRNNS/CPSNS Scope of Practice Committee

Written order of care for specific patient population available, as well as supporting policies and required educational resources

RN acquires additional competencies as required
(e.g., continuing ed, in-service, certification)

RN implements directive in patient care when specified criteria are met
Roles and Responsibilities

Although the roles and responsibilities within a health-care team are interdependent and equally essential to collaborative decision-making, the following guidelines are provided for health agencies, physicians, registered nurses, the College of Physicians & Surgeons of Nova Scotia, and the College of Registered Nurses of Nova Scotia.

Health Agencies

- Establish an efficient formalized process for decision-making that promotes shared accountability (between physicians, registered nurses, and agencies) for the identification, performance and evaluation of DMFs and medical directives.
- Provide resources and supports for practitioners to acquire and maintain a level of competence required for the performance of DMFs and medical directives, including the establishment of or facilitation to access required education.
- Ensure that standards of care are consistent with legislated and accepted professional standards.
- Establish clinical guidelines according to accepted standards of practice.
- Establish measures to monitor and evaluate the quality of client/patient outcomes with respect to DMFs and medical directives.
- Maintain records of approved DMFs and medical directives.
- Establish policies for certification and re-certification of staff and/or determination of competence relative to approved DMFs and, as required, medical directives.
- Contact CRNNS and/or CPSNS on matters pertaining to DMFs and medical directives, as required.
- Participate in the initial and ongoing assessment of competence and learning needs of registered nurses in relation to DMFs and medical directives.
- Collaborate, as required, in the development of clinical guidelines for DMFs and medical directives.
- Participate in the identification of required competencies and educational programs for competence development.
- Maintain a record of registered nurses’ certification and re-certification in relation to DMFs and, as required, medical directives.

Physicians/Medical Staff

- Collaborate with nursing staff in identifying appropriateness of delegated medical functions and medical directives (e.g., appropriate to context of practice and competence of practitioners).
- Collaborate with registered nurses and agency educators in the development of appropriate educational content in relation to DMFs and medical directives.
- Collaborate in the development of clinical guidelines for DMFs and medical directives, including the nature and extent of medical involvement required.

Registered Nurses
(staff nurses, educators, managers, and administration)

- Collaborate in the development of clinical guidelines for DMFs and medical directives.
- Provide consultation services to physicians and health agencies on matters pertaining to guidelines for DMFs and medical directives.
- Consult with physicians in Nova Scotia on matters pertaining to DMFs and medical directives.
- Collaborate with CRNNS, as required, to establish mechanisms to monitor, review and revise guidelines for DMFs and medical directives.
- Collaborate, as required, with CRNNS in the development and/or updating of agencies’ policies on DMFs and medical directives.
College of Registered Nurses of Nova Scotia

- Provide consultation services to registered nurses and health agencies on matters pertaining to guidelines for DMFs and medical directives.
- Collaborate with CPSNS, as required, to establish mechanisms to monitor, review and revise guidelines for DMFs and medical directives.
- Collaborate, as required, with CPSNS in the development and/or updating of agencies’ policies on DMFs and medical directives.

CPSNS and CRNNS, as the regulatory bodies for physicians and registered nurses, respectively, have the authority and responsibility to oversee the approval process for delegated medical functions and medical directives. These colleges have an accountability to collaborate on all matters pertaining to DMFs and medical directives in the interest of public safety and quality of care, and they have the authority to follow up with agencies on related issues.
Guidelines for the Development of Educational Content for Certification and Re-Certification Processes

Determining and promoting the competence of registered nurses is integral to the implementation of both DMFs and medical directives. However, the establishment of educational programs for certification/re-certification is a prerequisite for the approval of DMFs. In relation to medical directives, agencies are responsible for ensuring the development and/or availability of educational resources appropriate to a particular medical directive (e.g., continuing-education, in-service, certification program).

The following guidelines have been developed to assist agencies in the development of educational programs and/or certification/re-certification processes:

1. The competence requirements for performing a DMF must be determined by physicians with related clinical expertise. The competence requirements for medical directives relate directly to the complexity of a specific directive or components of the directive (e.g., administering a Ventolin aerosol would require more extensive competencies than ordering an x-ray).

2. An assessment process must be conducted to determine the learning needs of registered nurses relative to the functions/tasks or skills associated with a DMF or medical directive.

3. Educational programs comprised of both theory and practice components, leading to the certification (competence) of registered nurses, must be developed by medical and nursing staff. Agencies may also adopt other appropriate educational programs developed by expert agencies (e.g., ACLS).

4. Physicians, or registered nurses deemed competent through special preparation and certification, must carry out the initial certification of competence of registered nurses planning to implement a DMF. This would also apply to any medical directive which, according to agency policy, requires certification.

5. Agency policies on initial certification/re-certification processes should include reference to: a) maintenance of certification/re-certification records (e.g., names of certified registered nurses, dates of certifications/re-certifications, signatures of individuals responsible for providing education and confirming certification/re-certification); and b) processes (e.g., timeframes for re-certification).
Reporting Processes

Healthcare agencies and/or district health authorities are required to report information related to DMFs and medical directives to the Scope of Practice Committee established by the CPSNS and CRNNS. The Scope of Practice Committees meets twice per year, and agencies must submit reports by March 30 or September 30 in any given year.

Reporting on Delegated Medical Functions

1. Following the approval of a DMF by an agency’s Medical Advisory Committee (or equivalent body), a formal request for approval must be submitted to the Scope of Practice Committee. This request is to be submitted via the Delegated Medical Functions: Initial Approval Form (see Appendix B). DMFs must be approved by the Scope of Practice Committee before they can be implemented in an agency.

2. In the event that revisions are proposed to a DMF after its initial approval, an agency must report the revisions to the Scope of Practice Committee. The revisions must be approved before they can be implemented. Information on revisions must be submitted via the Delegated Medical Functions: Report of Revisions form (see Appendix C).

NOTE: Agencies no longer have to submit an annual report of approved DMFs. Once the Scope of Practice Committee issues an initial approval of a DMF, agencies are only required to submit subsequent reports when revisions are proposed for a DMF.

Reporting on Medical Directives

1. Following the approval of a medical directive by an agency’s Medical Advisory Committee, the agency is required to submit a report to the Scope of Practice Committee, noting all approved medical directives. Once this initial report is submitted, the agency would only be required to submit a subsequent report if revisions to a medical directive were proposed. The Medical Directives: Initial Report & Report of Revisions form is to be submitted in either of the above situations (see Appendix D).

Copies of all noted forms are included in this document as prototypes, to be photocopied for reporting purposes. The submission of these completed forms will facilitate an appropriate review of the DMFs and/or medical directives by the Scope of Practice Committee established by the CPSNS and CRNNS.
Definitions

Accountability: an obligation or willingness to accept responsibility or to account for one’s actions to achieve desired outcomes. Accountability resides in a role and can never be delegated away. (Porter-O’Grady & Wilson, 1995).

Agency: facility or organization through which health services are provided or offered (e.g., district health authorities, hospitals, community health centres, physicians’ offices, home care programs).

Certification: the process of attaining competence in relation to a specific procedure/treatment/intervention through the completion of an education program that is established by an agency and encompasses both theory and practice components.

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

CPSNS: College of Physicians and Surgeons of Nova Scotia; the regulatory/licensing body for physicians in the province of Nova Scotia.

CRNNS: College of Registered Nurses of Nova Scotia; the regulatory/licensing body for registered nurses in the province of Nova Scotia.

Delegated medical function: a procedure/treatment/intervention that falls within the practice of medicine (e.g., adjustment of insulin dosages, initiation of continuous epidural infusions, insertion of chest tubes, harvesting of saphenous veins), however, in the interest of client/patient care, has been approved by the regulatory bodies of both medicine and nursing to be performed by registered nurses with the required competence (i.e., certification). According to the Medical Act, medical practice encompasses the functions of prescribing, diagnosing and treating.

Delegation: the active process of transferring authority to a competent individual to perform a particular function or task in a specific situation.

Delegator: the person making the decision to delegate.

Delegatee: the person receiving the delegation.

Entry-level competencies: competencies expected of registered nurses upon graduation from an approved nursing education program in order to provide the public with safe, effective and ethical nursing care (CRNNS, 2004).

Entry-level registered nurse: a beginning registered nurse at the point of registration or licensure following graduation from an approved nursing program. A new graduate is considered to be entry-level until they have one year of practice experience (CRNNS, 2004).

Medical Advisory Committee (MAC): acts in an advisory capacity to an agency’s board and chief executive officer in matters concerning the medical care of clients/patients, teaching, and research. The committee is usually comprised of a multidisciplinary membership and has the authority to approve delegated medical functions and medical directives within an agency.

Medical directive: a written physician’s order for one or a series of medical procedures, treatments, and/or interventions (e.g., an algorithm) that may be performed by registered nurses for a range of clients/patients who meet specified criteria. These directives must be approved by the Medical Advisory Committee (MAC) of an agency and supported by agency policy.

Client/patient: the recipient of nursing or medical services (i.e., an individual, family group, community or population).

Policy: broad statement that enables informed decision-making, by prescribing limits and assigning responsibilities/accountabilities. In terms of professional practice, policies are formal, non-negotiable, clear, authoritative statements directing professional practice. Policies are realistic and achievable, based on evidence or best practice, and should reflect the mission, vision, values and strategic directions of an organization (Cryderman, 1999, p.16).

Re-certification: the process of renewing certification for a specific procedure/treatment/intervention; the frequency of which may be determined by an agency, taking into consideration factors such as practitioner competence and frequency of performance. Within their policy development, agencies may adopt certification programs from other institutions.

Scope of practice: the roles, functions and accountabilities which members of a profession are educated and authorized to perform (CRNNS, 2003).
**Scope of employment:** the range of responsibilities defined by an employer through job descriptions and policies. The employer should support employees in their scope of employment through continuing education and orientation processes (CRNNS, 2003).

**Practice of medicine:** includes, but is not restricted to:
(i) advertising, holding out to the public or representing in any manner that one is authorized to practice medicine in the jurisdiction,
(ii) offering or undertaking to prescribe, order, give or administer any drug or medicine for the use of any other person,
(iii) offering or undertaking to prevent or diagnose, correct or treat in any manner or by any means, methods, devices or instrumentalities any disease, illness, pain, wound, fracture, infirmity, defect, or abnormal physical or mental condition of any person,
(iv) offering or undertaking to perform any obstetrical procedure or surgical operation upon any person (Medical Act, 1996)

**Practice of nursing:** the performance of professional services requiring substantial specialized knowledge of nursing theory and the biological, physical, behavioral, psychological, and sociological sciences as the basis for:
(i) assessment, planning, intervention and evaluation in
   (A) the promotion and maintenance of health,
   (B) the facilitation of the management of illness, injury or infirmity,
   (C) the restoration of optimum function, or
   (D) palliative care, or
(ii) research, education, management or administration incidental to the objectives referred to in subclause (i)
and includes the practice of a nurse practitioner (Registered Nurses Act, 2001)

**Practice of nurse practitioners:** the practice in which a nurse practitioner (NP) may, subject to a collaborative practice agreement and in accordance with standards of practice of nurse practitioners,
(i) make a diagnosis identifying a disease, disorder or condition,
(ii) communicate the diagnosis to the client,
(iii) order and interpret screening and diagnostic tests approved through the process set out in the regulations,
(iv) select, recommend, prescribe and monitor the effectiveness of drugs’ and interventions approved through the process set out in the regulations, and
(v) perform such procedures approved through the process set out in the regulations (Registered Nurses Act, 2001)

**Vicarious liability:** a legal doctrine that applies in situations where the law holds the employer legally responsible for the acts of its employees that occur within the scope and course of their employment. (CNPS infoLAW, 1998, Vol. 7, No.1)
References


## Appendix A

### Checklist for Development & Implementation of Delegated Medical Functions and Medical Directives

<table>
<thead>
<tr>
<th>Competence</th>
<th>Delegated Medical Function</th>
<th>Medical Directive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Determine competence of healthcare provider</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Develop education process</td>
<td>Yes</td>
<td>As established by agency for components outside scope of nursing practice</td>
</tr>
<tr>
<td>• Determine initial certification process</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• Determine re-certification process</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

| Agency Policy                                   |                           |                   |
| • Develop policies to support healthcare provider | Yes                        | Yes               |

| Physician and Registered Nurse                  |                           |                   |
| • Requires written order.                       | No                         | Yes               |
| • Decision to implement based on RN assessment of client/patient. | Yes                        | Yes               |
| • Implementation dependent on accessibility of physician (in person or by phone). | No                         | Yes               |

| Approval                                        |                           |                   |
| • Medical Advisory Committee                    | Yes                        | Yes               |
| • Scope of Practice Committee                   | Yes                        | No                |

| Report to Scope of Practice Committee           |                           |                   |
| • New procedure/treatment/intervention approved by Medical Advisory Committee | Yes                        | Yes               |
| • Proposed revisions to a previously approved procedure/treatment/intervention | Yes                        | Yes               |
Appendix B

Delegated Medical Functions: Initial Approval Form
To be submitted to the Scope of Practice Committee following agency approval of a DMF.

District Health Authority: 1  2  3  4  5  6  7  8  9
IWK Health Centre □  Other □ __________________________________________________________

Name of Agency: _________________________________________________________________
Agency Mailing Address: ____________________________________________________________
Contact Person: __________________________  Tel: _____________________ E-Mail: ___________
Fax:______________________________ Date of Report: ___________________________

PROOF OF AGENCY APPROVAL

Medical function approved for delegation: _____________________________________________
Date of approval: ________________  Designated practice setting: _____________________________
Frequency performed in client/patient care: _____________________________________________
Frequency of required certification: ___________________________________________________
Identified client/patient need for DMF: _______________________________________________
Name of facility’s approval committee: _______________________________________________

PLEASE INCLUDE WITH SUBMISSION:
1) Approval committee’s Terms of Reference and current membership
2) Agency’s decision-making and approval processes
3) Brief overview of education/certification processes

PLEASE FORWARD THIS DOCUMENT,
WITH ACCOMPANYING DOCUMENTATION, TO:

Chair, Scope of Practice Committee (CPSNS & CRNNS)
c/o College of Registered Nurses of Nova Scotia
600-1894 Barrington Street
Halifax, Nova Scotia B3J 2A8

Submission deadline: March 30 or September 30
Appendix C

Delegated Medical Functions: Report of Revisions

To be submitted to the Scope of Practice Committee for all proposed revisions to approved DMFs.

<table>
<thead>
<tr>
<th>District Health Authority:</th>
<th>1</th>
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<th>3</th>
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Name of Agency: ____________________________________________________________

Agency Mailing Address: _____________________________________________________

Contact Person: __________________________ Tel: __________________________ E-Mail: ___________________

Fax: __________________________________________________ Date of Report: ______________________

Please record proposed revisions to DMFs on next page.

Approved DMF: __________________________________ Date of Initial Approval __________________

Revised Yes ☐ No ☐

Approved DMF: __________________________________ Date of Initial Approval __________________

Revised Yes ☐ No ☐

Approved DMF: __________________________________ Date of Initial Approval __________________

Revised Yes ☐ No ☐

Approved DMF: __________________________________ Date of Initial Approval __________________

Revised Yes ☐ No ☐

Approved DMF: __________________________________ Date of Initial Approval __________________

Revised Yes ☐ No ☐

Approved DMF: __________________________________ Date of Initial Approval __________________

Revised Yes ☐ No ☐

Approved DMF: __________________________________ Date of Initial Approval __________________

Revised Yes ☐ No ☐

PLEASE FORWARD THIS DOCUMENT, WITH RECORD OF REVISIONS, TO:

Chair, Scope of Practice Committee (CPSNS & CRNNS)

c/o College of Registered Nurses of Nova Scotia

600-1894 Barrington Street

Halifax, Nova Scotia  B3J 2A8

Submission deadline: March 30 or September 30

Guidelines for Delegated Medical Functions & Medical Directives
Revisions to Delegated Medical Functions

• Approved DMF: _____________________________________________________________________________

Please provide a brief description of proposed revisions in any of the following areas:

Designated practice setting:_______________________________________________________________

Frequency performed: _________________________________________________________________

Frequency of certification: _____________________________________________________________

Other: ________________________________________________________________________________

• Approved DMF: _____________________________________________________________________________

Please provide a brief description of proposed revisions in any of the following areas:

Designated practice setting:_______________________________________________________________

Frequency performed: _________________________________________________________________

Frequency of certification: _____________________________________________________________

Other: ________________________________________________________________________________

• Approved DMF: _____________________________________________________________________________

Please provide a brief description of proposed revisions in any of the following areas:

Designated practice setting:_______________________________________________________________

Frequency performed: _________________________________________________________________

Frequency of certification: _____________________________________________________________

Other: ________________________________________________________________________________
Appendix D

Medical Directives: Initial Report & Report of Revisions

To be submitted to the Scope of Practice Committee following agency approval of medical directives and in the event of proposed revisions.

Please record proposed revisions to medical directives on the next page.

Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □
Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □
Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □
Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □
Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □
Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □
Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □
Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □
Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □
Approved medical directive: ______________________________________ Date of Initial Approval____________________
  Revised Yes □ No □

Please forward this document, with record of revisions as required, to:
Chair, Scope of Practice Committee (CPSNS & CRNNS)
c/o College of Registered Nurses of Nova Scotia
600-1894 Barrington Street
Halifax, Nova Scotia B3J 2A8

Submission deadline: March 30 or September 30
Revisions to Medical Directives

• Approved Medical Directive: ________________________________________________________

Please provide a brief description of proposed revisions in any of the following areas:

Specified client/patient criteria: _______________________________________________________

Designated practice setting: _________________________________________________________

Frequency performed: _____________________________________________________________

Other: __________________________________________________________________________

• Approved Medical Directive: ________________________________________________________

Please provide a brief description of proposed revisions in any of the following areas:

Specified client/patient criteria: _______________________________________________________

Designated practice setting: _________________________________________________________

Frequency performed: _____________________________________________________________

Other: __________________________________________________________________________

• Approved Medical Directive: ________________________________________________________

Please provide a brief description of proposed revisions in any of the following areas:

Specified client/patient criteria: _______________________________________________________

Designated practice setting: _________________________________________________________

Frequency performed: _____________________________________________________________

Other: __________________________________________________________________________
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Fax 902-491-9510
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