



100%
HEALTHCARE
PROFESSIONALS

OUR RESERVED ACTIVITIES

FÉDÉRATION
INTERPROFESSIONNELLE
DE LA SANTÉ DU QUÉBEC



Political responsibility

Nancy Bédard, Political Officer
Task and Organization of Work Sector

Coordination

Dominic Garneau, Coordinator
Sectors and Services

Research and written by

Katia Fecteau and Marie-Eve Viau, Union Consultants
Task and Organization of Work Sector

Revision and production

Marie Eve Lepage, Union Consultant
Communication-Information-Web Service

Translation

Susan Millroy, Union Consultant
Translation Service

Secretariat

Francine Parent, Secretary
Communication-Information-Web Service

Graphic Design

Brigitte Ayotte (www.ayograph.com)

Printing

Solisco

March 2017

ISBN 978-2-920986-54-1 (printed), ISBN 978-2-920986-55-8 (online)

FOREWORD

Different laws stipulate the scopes of the professionals' practice as well as the reserved activities, namely for the nurses, licensed practical nurses and respiratory therapists. Some of these reserved activities are exclusive to one profession, while others are shared. The professional regulation also allows the clinical perfusionists to perform the professional activities that are specific to them. These laws reflect the evolution of the skills of each one and must make their professional practice as autonomous as possible.

However, despite the repeated efforts of the *Fédération interprofessionnelle de la santé du Québec* - FIQ, the administrators of the institutions are still not required to have all the activities reserved for each one of the professionals on the care team carried out. Instead, they have the power to steer the practice based on their vision of the context, needs and resources. In this respect, poor management practices often cause confusion about the roles, tasks, duties and responsibilities that each healthcare professional is able to perform, which can create an unhealthy work environment and penalize both the professionals themselves and the patients.

As healthcare professionals, we must resume control of our professional practice. That is how we can promote the rights and interests of the patients, how we will be able to carry out our role of advocate. Promoting interprofessional collaboration and fully using the potential of each one of the healthcare professionals is putting value on the clinical judgment of each one and reinforcing the practice of the caregivers in order to give the patients the quality, safe and humane care that we are dedicated to giving.

To make them better understood by the members of the team, administrators, patients and the population, it is important to fully understand the nature of our own scope of practice and that of the other healthcare professionals. Knowledge is power! Thus, the FIQ, the labour organization that is 100% healthcare professionals, is proposing this useful tool.



My scope of practice¹

- **Assess the state of health**
- **Determine** and ensure the **carrying out of the nursing care plan and treatments**
- **Provide** nursing and medical **care and treatments** in order to **maintain** and **restore** the **health** of a human being in interaction with his environment
- **Prevent illness**
- **Provide palliative care**

My reserved activities*

Assess the physical and mental condition of a symptomatic person

Assess mental disorders, with the exception of mental retardation, if the nurse [...] has the university degree and clinical experience in psychiatric nursing care required under a regulation made in accordance with paragraph *g* of section 14

Assess a child not yet admissible to preschool education who shows signs of **developmental delay**, in order to determine the adjustment and rehabilitation services required

Provide **clinical monitoring** of the condition of a person whose state of health is problematic, including monitoring and adjusting the therapeutic nursing plan

Initiate diagnostic and therapeutic measures, according to a prescription

Initiate diagnostic measures for **screening** purposes, as part of an activity under the application of the *Public Health Act* (Chapter S-2.2)

Perform **invasive examinations and diagnostic tests**, according to a prescription

Perform and adjust **medical treatments**, according to a prescription

Apply **invasive techniques**

Participate in pregnancy care, deliveries and postpartum care

Provide **nursing follow-up** for persons with complex health problems

Administer and **adjust** prescribed **medications** or other prescribed substances

Mix substances to complete the preparation of a medication, according to a prescription

Determine the **treatment plan** for wounds and alterations of the skin and teguments and **provide** the required **care** and **treatments**

Perform vaccinations, as part of an operation under the application of the *Public Health Act*

Make decisions to use **restraint** measures

Make a decision on the use of **isolation measures** as part of the application of an *Act respecting health services and social services* and an *Act respecting health services and social services for Cree Native persons*

I am a specialty nurse practitioner (SNP)

In addition to the nursing activities described on pages 6 and 7, I am also authorized to perform **five medical activities**, under certain conditions:



- 1 - Prescribe diagnostic examinations
- 2 - Use **invasive** or at risk for injury **diagnostic techniques**
- 3 - Prescribe **medications** and other substances
- 4 - Prescribe **medical treatments**
- 5 - Use **techniques** or apply **invasive** or at risk of injury **medical treatments**

I AM A LICENSED PRACTICAL NURSE

My scope of practice²

- **Participate in the assessment** of a person's **state of health and carrying out of a care plan**
- **Provide** nursing and medical **care and treatments** in order to **maintain** and **restore health**
- **Prevent illness**
- **Provide palliative care**

My reserved activities*

Observe the state of consciousness of a person and monitor neurological signs

Introduce an instrument or a finger, according to a prescription, beyond the nasal vestibule, labial majora, urinary meatus or anal margin or into an artificial opening in the human body

Apply **invasive measures** for the **maintenance** of **therapeutic equipment**

Take **specimens**, according to a prescription

Introduce an instrument, according to a prescription into a **peripheral vein** in order to take a **specimen**, providing a training certificate has been issued to the member by the Order pursuant to a regulation under paragraph o) of Section 94

Administer, prescribed **medications** or other prescribed substances via routes other than the intravenous route

Mix substances to complete the preparation of a medication, according to a prescription

Provide care and **treatment** for wounds and alterations of the skin and teguments, according to a prescription or a nursing plan

Participate in a vaccination operation as part of an activity under the application of the *Public Health Act* (Chapter S-2.2)

I AM A RESPIRATORY THERAPIST

My scope of practice³

- **Participate in the assessment of cardiopulmonary function** for diagnostic or therapeutic follow-up purposes
- **Participate in the administration of anaesthesia**
- **Deal with problems** affecting the **cardiopulmonary system**

My reserved activities*

Provide **clinical monitoring** of the conditions of persons under anesthesia, including sedation analgesia, or under ventilatory assistance

Introduce an instrument, according to a prescription, into a peripheral vein or an artificial opening or in and beyond the pharynx or beyond the nasal vestibule

Provide **ventilatory assistance**, according to a prescription

Test **cardiopulmonary function**, according to a prescription

Take **specimens**, according to a prescription

Administer and **adjust** prescribed **medications** or other prescribed substances

Mix substances to complete the preparation of a medication, according to a prescription

I AM A CLINICAL PERFUSIONIST

My goal⁴

- **Contributing to the maintenance of bodily functions** of a human being in a treatment requiring the temporary **support** or **replacement of cardiac, pulmonary or circulatory functions**

My professional activities**

Provide **clinical supervision** of the condition of persons linked to cardiac, pulmonary or circulatory assistance, autotransfusion or apheresis equipment

Perform **treatments** through the **circulatory supports**, according to a prescription

Operate and ensure the operation of **cardiac, pulmonary or circulatory assistance, autotransfusion or apheresis equipment**

Program a **pacemaker** or **cardiac defibrillator**, according to a prescription

Take **specimens** from **catheters** already in place or through the **circuit of the circulatory supports**, according to a prescription

Administer and **adjust** prescribed **medications** or other prescribed substances

Mix substances in order to complete the preparation of a medication, according to a prescription

OBSTACLES TO OVERCOME

Here are a few questions to ask myself in order to identify eventual obstacles to fully occupying my scope of practice and carrying out my reserved activities:

- Are there enough stakeholders on my care team to meet the patients' needs? Is the healthcare professional-to-patient ratio adequate on my centre of activities?
- Is the combination of healthcare professionals (nurses, licensed practical nurses, respiratory therapists, clinical perfusionists) and non-professional personnel (beneficiary attendants, clerks, etc.) ideal for being able to give safe care to our patients?
- Am I being asked to perform tasks that belong to another job title?
- The workload on my centre of activities:
 - does it allow me to give all the care required by the patients?
 - does it allow me to give care respecting the dignity, liberty and integrity of the patients?

- The organization of work on my centre of activities:
 - does it restrict my professional activities?
 - does it make the recognition of my clinical judgment difficult?
 - does it allow me to fully carry out my role of advocate, that is to defend and promote the rights and interests of the patients, as recognized by my code of ethics?
 - does it result in me making compromises in my ethical, professional and personal values?
- Does the physical environment in which I practice hinder my work? Is there enough of the available equipment and tools that I need on my centre of activities?
- Are the clinical tools (collective prescriptions, care protocols and rules, etc.) that I need every day easily accessible?
- Am I able to attend the inservice training necessary for my everyday practice?

The union representatives of the FIQ are there to discuss anything that affects the working conditions of the healthcare professionals, but also to intervene in organization of work and in matters of professional practice. The healthcare professionals can therefore share their questions with them. The goal of the union team is to reverse the obstacles that jeopardize the capacity of the professionals to give safe, quality care. To do this however, they need everyone to be mobilized. Together, let's act so that the healthcare professionals can provide safer and more humane care so that the patients in Québec can benefit from it.

ACTIONS TO UNDERTAKE

Despite poor management practices that often exist in the workplaces, the healthcare professionals may and must promote interprofessional collaboration. This collaboration can be established from a better understanding of their respective reserved activities, because each one of the caregivers has an essential role to play. It is also important that they use all the areas of influence to demand their full place on the care team, with their colleagues with other job titles.

What mechanisms can be used?

- The collective agreement stipulates the existence of a parity (joint) committee in all the healthcare institutions with the mandate to study workloads, but they can also study any issue related to the care. This is the committee on care: a place of discussion, debate and preferred form of intervention in organization of work.
- The responsibilities of the councils of nurses (CII), licensed practical nurses committees (CIIA) and the multidisciplinary councils (MC) are to assess, give advice and

recommendations to the institutions on the care and its appropriate distribution. They are places of influence that the healthcare professionals must invest in.

- Individual and collective advocacy actions may be undertaken when the decisions and the management practices hinder the deployment of the skills of the healthcare professionals, interfere in the nursing process and are not consistent with the best interest of the patients (for example, when the short-term management budget practices cause an excessive workload).
- The Safe Staffing Form, available on the FIQ website and taking only a few minutes to complete, offers the healthcare professionals the possibility of reporting the situations where the conditions of practice do not let them provide quality, safe and humane care to the patients (for example, when the excessive workload prevents giving all the care required by the patients or the employer demands that tasks belonging to another job title be done). The forms are then sent



confidentially to the union team who can then undertake the necessary actions with the healthcare professionals.

The healthcare professionals' codes of ethics legitimize their right to report and demand better organization of work and enriched professional practice, in favour of the rights and interests of the patients. The more the caregivers are forced to act based on their codes of ethics, the more their employer has the responsibility to ensure that they can practice in a safe environment. Conditions that allow them to give proper, safe, personalized and continuous care must be put in place: the care to which patients are entitled. The employer must therefore recognize the clinical judgment of the professionals to adapt the care to the needs of the patients and make an adequate care team, in both composition and number, available.

The FIQ union team can help the healthcare professionals to see things more clearly, identify the different options that will avoid or overcome the obstacles to fully occupying their scope of practice.

DEMANDS TO MAKE

When the healthcare professionals have appropriate conditions of practice which allow them to provide safe, quality care consistent with their skills and abilities and their professional aspirations, everyone wins. It is therefore critical that the caregivers have the opportunity and the capacity to fully carry out their professional role on the care team. To do this, everyone must first know and understand each person's place.

Together, we can thus claim the respect of our common values: humanism, integrity, equity and compassion. The FIQ and their union teams are there to support the demands of the healthcare professionals, in their own interest and that of the patients.

The quality and safety of the care requires that there is a sufficient number of healthcare professionals with the patients. The FIQ is also waging a fierce battle for healthcare professional-to-patient ratios to be installed in Québec. Every gain won, related to the professional practice of their members, brings us closer to this goal. All the healthcare professionals must take part in this battle.

To learn more:

www.fiqsante.qc.ca/en/organization-of-work

REFERENCES

¹ *Nurses Act*, section 36.

² Professional Code, section 37 p).

³ Professional Code, section 37 s).

⁴ Regulation respecting the professional activities that may be engaged in by a clinical perfusionist, *Medical Act*, Chapter M-9, section 3.

- * Each one of the reserved activities include their own conditions of practice that must be respected by the healthcare professional who performs it. In this brochure, colour codes have been used to identify the “families” of professional activities and, thus, make the comparison and understanding of the healthcare professionals’ reserved activities easier. Activities authorized by regulation can also be carried out by the healthcare professionals who meet certain specific requirements. These authorized activities are not included in this document, as they cannot be done by all the healthcare professionals.
- ** These professional activities of the clinical perfusionist include their own conditions of practice that must be respected by the healthcare professionals who perform them. In this brochure, colour codes have been used to identify the “families” of professional activities and, thus, make the comparison and understanding of the healthcare professionals’ reserved activities easier.

FIQ Montréal | Head Office

1234, avenue Papineau, Montréal (Québec) H2K 0A4 |
514 987-1141 | 1 800 363-6541 | Fax 514 987-7273 | 1 877 987-7273 |

FIQ Québec

1260, rue du Blizzard, Québec (Québec) G2K 0J1 |
418 626-2226 | 1 800 463-6770 | Fax 418 626-2111 | 1 866 626-2111 |

fiqsante.qc.ca | info@fiqsante.qc.ca

FÉDÉRATION
INTERPROFESSIONNELLE
DE LA SANTÉ DU QUÉBEC

