



# Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards

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## Purpose

The *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* are developed and approved as outlined in Section 133 of the *Health Professions Act* (HPA, 2000). **REGISTRANTS<sup>1</sup>** must also be aware of the *Pharmacy and Drug Act* (2000), the *Scheduled Drugs Regulation* (Alta Reg 66/2007), and the *Protecting Canadians from Unsafe Drugs Act* (2014). The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) authorizes registered nurses (RNs) to prescribe **SCHEDULE 1 DRUGS** and order diagnostic tests. This authorization supports increased access to care, system efficiency, cost effectiveness, optimizes RNs' scope of practice, and provides opportunities to develop innovative practice models. The purpose of this document is to outline the

- requirements for authorization of an RN to prescribe Schedule 1 drugs and to order diagnostic tests; and
- standards of practice for an RN authorized to prescribe Schedule 1 drugs and to order diagnostic tests.

Throughout this document, the phrase “an RN who is authorized” means an RN who has met the College of Registered Nurses of Alberta's (CRNA) requirements and is authorized by the CRNA to, in a specific **CLINICAL PRACTICE AREA**

- prescribe Schedule 1 drugs (except for controlled drugs and substances); and
- order diagnostic tests.

Registrants on the provisional register, courtesy register and certified graduate nurse register are not eligible to apply for authorization to prescribe Schedule 1 drugs and to order diagnostic tests.

The document *Competencies for Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests* (CRNA, 2022a) describes the competencies needed for RN prescribing Schedule 1 drugs and the ordering of diagnostic tests. The *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Guidelines* (CRNA, 2022b) provide supplemental guidance. The standards, guidelines, and competencies documents are companion documents and must be used together.

The specific clinical practice area may be related to the type of care (e.g., wound care), practice setting (e.g., emergency department, home care, primary care, ambulatory clinics, occupational health), specific issue (e.g., sexually transmitted infection, sexual assault), or medical diagnostic grouping (e.g., diabetes or other chronic disease management).

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<sup>1</sup> Words or phrases displayed in **BOLD CAPITALS** upon first mention are defined in the glossary.

## Intent of RN Prescribing

The authorization of RNs to prescribe is intended to safely address **CLIENT** medication needs within a specific clinical practice area that the employer has determined has a unique client need for **ACCESSIBILITY** to medication and diagnostic tests, and where

- RNs have the necessary knowledge, skill, and support to make safe and appropriate prescribing decisions;
- client health-care needs are **STABLE** based on an assessment of **ACUITY** and **PREDICTABILITY** of client condition and health outcomes; and
- the specific medication(s) to be prescribed, and the diagnostic test(s) that can be ordered, are clearly identified in a **CLINICAL SUPPORT TOOL**.

## Ordering Diagnostic Tests

Diagnostic test results support safe and appropriate prescribing decisions. The specific diagnostic tests that will be used to determine the medications to be prescribed must be clearly identified in the clinical support tool. Diagnostic tests might be ordered to

- ensure the medication and dose ordered are congruent with expected therapeutic responses;
- monitor the response of the client to the medication therapy to ensure optimal outcomes;
- monitor for **ADVERSE DRUG REACTIONS** to ensure client safety; and
- screen clients for certain conditions.

## Prescriber ID

An RN who is authorized will have a Prescriber ID issued by the CRNA. The CRNA's online public and employer verification system identifies if an RN is authorized to prescribe Schedule 1 drugs and to order diagnostic tests.

An RN who is authorized will have the following information on their practice permit:

- Authorized to prescribe Schedule 1 drugs (except for controlled drugs and substances).
- Authorized to prescribe at [specific clinical practice area] [address].

The CRNA provides a weekly electronic notification of the updated list of RNs with current prescribing authorization to the Alberta College of Pharmacy, and Alberta Blue Cross.

## Part A: Requirements

The following requirements must be met in order for an RN to be authorized to prescribe, maintain authorization to prescribe, and to order diagnostic tests in a specific clinical practice area:

### 1. Application to the Registrar

- a. Be on the RN register with no conditions or restrictions on the practice permit.
- b. Maintain eligibility for authorization through continued employment within the specific clinical practice area.
- c. Notify the registrar if the specific location or site where the RN practises changes even when the clinical practice area remains the same.
- d. Re-apply to the registrar for approval for a new clinical practice area. They must meet any additional education or other requirements deemed necessary by the registrar.

### 2. Education

- a. An RN applying for authorization must successfully complete an **APPROVED NURSING PROGRAM** for prescribing and the ordering of diagnostic tests.
- b. An RN who is authorized must meet any of the CRNA continuing **COMPETENCE** program requirements for RN prescribing.

### 3. Clinical Practice

- a. An RN applying for authorization must provide evidence satisfactory to the registrar that they have
  - i. a minimum 3,000 hours of RN clinical practice, and
  - ii. of those 3,000 hours, 750 hours must be in the specific clinical practice area where the RN is applying for authorization.
- b. The clinical practice requirements must be met before the RN applies to the registrar for prescribing authority.

#### 4. Clinical Practice Area Support

- a. An RN applying for authorization must submit an employer reference satisfactory to the registrar. The reference must come from a person who has observed the RN's practice and has managerial or supervisory responsibility for the specific practice area where the RN is applying for authorization.
- b. The reference must provide evidence satisfactory to the registrar that
  - i. the employer policy permits an RN to prescribe,
  - ii. there are clinical support tools developed by the interprofessional team for the specific clinical practice area, and
  - iii. there is a collaborative practice relationship with an authorized prescriber, as appropriate to the specific clinical practice area.

## Clinical Support Tool

The RN must confirm the existence of an established clinical support tool in a specific clinical practice area before they are authorized to prescribe Schedule 1 drugs and order diagnostic tests in that practice area. The clinical support tool must guide both prescribing decisions and the ordering of diagnostic tests.

The clinical support tool should be developed, reviewed, and revised by an interprofessional team of subject matter experts, with both content expertise and practice experience in the relevant clinical practice area. The clinical support tool must be evidence-based and informed by best practices. The clinical support tool must align with the expectations outlined in these standards for the development of a clinical support tool and must contain the elements outlined in the checklist found in Appendix A.

The specific clinical practice area may endorse clinical guidelines provided by other organizations known for their expertise in the subject area (e.g., Diabetes Canada), but should ensure these guidelines have been adapted appropriately for the specific clinical practice area. The use of third-party guidelines does not replace the need for a clinical support tool that is specific to the clinical practice area.

The clinical support tool guides the RN in making safe prescribing and ordering of diagnostic test decisions within the context of an interprofessional team and should build on the Canadian Patient Safety Institute's *Safety Competencies: Enhancing Patient Safety Across the Health Professions* (2020) and the Health Quality Council of Alberta's (HQCA) *Patient Safety Framework for Albertans* (2010). The principles of the HQCA's five building blocks for patient safety must be considered in a clinical support tool to guide safe prescribing practice. Best practices indicate that the clinical support tool should be reviewed at least every three years.

The building blocks below should be used as a guide to assist in the development and review of a clinical support tool. A checklist using these building blocks aligns with the expectations outlined in these standards and identifies the required elements to be included in the clinical support tool that is to be developed (Appendix A).

## Building Block 1: Governance and Leadership

Legislation, standards, and policies align and contribute to safe delivery of health-care services. Strong reporting relationships, clear lines of **ACCOUNTABILITY** and continuous monitoring, and evaluation of systems that support safe practices are the basis of effective governance related to patient safety.

## Building Block 2: Safety Management

This involves the identification of risks and effective responses to managing risk.

## Building Block 3: People and Teams

A key element in providing safe patient care is having competent health-care professionals working together in effective teams.

## Building Block 4: Environment and Equipment

Information about the client, medications, therapies, and treatment goals should be available wherever care is being delivered and shared appropriately with other members of the health-care team. Effective information and communication systems ensure that the information is complete and supports continuity of care.

## Building Block 5: Client Engagement

Safety and health outcomes are enhanced when clients and those who are part of their care participate in diagnostic and treatment decisions about their health and know what to expect from tests and treatments.



## Part B: Standards

These standards identify the minimum expectations for an RN who is authorized. The criteria describe how registrants must meet each standard and are not listed in order of importance.

### Standard 1: Professional Responsibility and Accountability

An RN who is authorized is responsible and accountable for their prescribing of medication and ordering of diagnostic tests in their specific clinical practice area.

#### Criteria

An RN who is authorized, must

- 1.1** use critical judgment to decide if the medication(s) and the diagnostic test(s) outlined in the clinical support tool are appropriate for the client in the specific situation;
- 1.2** prescribe only Schedule I drugs (excepted controlled drugs and substances) and order diagnosis tests for a client when
  - a)** they have personally performed a comprehensive health assessment,
  - b)** the medications and diagnostic tests are appropriate for the client's condition, and
  - c)** the medication and diagnostic tests are identified in the clinical support tool specific to the clinical practice area where they have been authorized;
- 1.3** complete prescriptions that are legible and include the following elements:
  - a)** name and address of the client
  - b)** medication name
  - c)** medication strength, if applicable
  - d)** dosage form, if applicable
  - e)** route of administration
  - f)** quantity of medication to be dispensed
  - g)** directions for use
  - h)** number of refills authorized and interval between each refill, if applicable

- i) prescriber's name and specific clinical practice area identified
  - j) prescriber's signature, either written or in a secure electronic format
  - k) date of the prescription
  - l) indication for use/therapeutic goal;
- 1.4** know the rationale to support prescribing the medication and ordering any diagnostic test;
- 1.5** ensure all prescription records are kept secure;
- 1.6** transfer care to other health-care professionals authorized to prescribe to make prescribing decisions and order diagnostic test for clients with complex health needs, co-morbidities and unpredictable outcomes;
- 1.7** indicate to clients when they will be contacted about the results of the diagnostic tests;
- 1.8** be accountable for follow-up of diagnostic test(s) that were ordered, as outlined in the clinical support tool. Processes must be clearly indicated in the clinical support tool to
- a) receive and respond to critical diagnostic tests results reported by a laboratory in the RN's absence,
  - b) have an appropriate health-care professional review diagnostic test results in a timely manner if the RN authorized to prescribe is not able to personally attend to provide follow-up care,
  - c) provide an after-hours emergency contact, and
  - d) follow-up when diagnostic tests are not received within a reasonable period of time;
- 1.9** participate in required and relevant provincial and/or national reporting programs, such as, but not limited to, the Canada Vigilance Program;
- 1.10** **COLLABORATE** with the physician or nurse practitioner (NP) to determine the frequency of assessments for clients with chronic conditions;
- 1.11** not prescribe medications for study protocols;
- 1.12** not accept medication samples from pharmaceutical companies; and
- 1.13** meet any continuing competence requirements set by the Competence Committee.

## Standard 2: Knowledge Based Practice

An RN who is authorized, must be competent to prescribe Schedule 1 Drugs and order diagnostic tests.

### Criteria

An RN who is authorized, must

- 2.1** maintain competence in prescribing Schedule 1 drugs and ordering diagnostic tests;
- 2.2** conduct a comprehensive assessment of the client as outlined in the clinical support tool;
- 2.3** be competent in the assessment and treatment of the condition and symptoms relevant to the specific clinical practice area;
- 2.4** develop an appropriate care plan including medications prescribed, diagnostic tests ordered, medication reconciliation, and monitoring based on what has been outlined in the clinical support tool;
- 2.5** use critical judgment when deciding whether the clinical support tool is appropriate for a client, and refer to the clinical support tool in the process of selecting the medication based on knowledge of pharmacotherapeutics and consideration of factors including, but not limited to
  - a)** client health-care objectives,
  - b)** client-specific factors such as age, gender, culture, existing medical conditions, dietary restrictions, concurrent medications, medication allergies, or sensitivities,
  - c)** expected action and therapeutic outcomes of the prescribed medication,
  - d)** recommended dosage and dosage adjustment for specific clients or client populations,
  - e)** common adverse drug reactions,
  - f)** contraindications (relative and absolute),
  - g)** generic and trade names,
  - h)** medication interactions (e.g., prescription, over-the-counter, natural health products),
  - i)** dosage forms available,

- j)** cost-effectiveness, and
  - k)** supplements, and complementary and alternative therapies the client may be using;
- 2.6** monitor and evaluate the client's response to the prescribed medication;
- 2.7** use the clinical support tool to prescribe continuing medication management (i.e., refills) only when the following are in place:
  - a)** the continuing therapeutic management is included in the clinical support tool
  - b)** there is a collaborative relationship with an NP or physician and there is regular client assessment by that NP or physician
  - c)** the client's health-care needs are stable based on the assessment of acuity and predictability of the client's condition and health outcomes
  - d)** there is an established medical diagnosis and treatment plan;
- 2.8** clearly document the prescribing decisions made including
  - a)** type and amount of the medication prescribed,
  - b)** indication for the prescribing decision,
  - c)** goal of the prescribed therapy,
  - d)** date the medication was prescribed,
  - e)** instructions given to the client,
  - f)** signing the documentation and prescription, and
  - g)** any follow up required;
- 2.9** be competent in the ordering and interpreting of diagnostic tests that are included in the clinical support tool;
- 2.10** refer the client to an NP, physician, or pharmacist as appropriate, for further prescribing decisions when a medication has not had the intended effect;
- 2.11** take appropriate action if the diagnostic test result is outside the expected or normal range. Appropriate action may include but is not limited to
  - a)** assessing for changes in the client's condition or factors that may affect the result,
  - b)** discussing the results with the client,
  - c)** developing and implementing a plan for ongoing monitoring,

- d) consulting with other members of the health-care team regarding unexpected or unusual results,
  - e) repeating the diagnostic test if there is an indication that a repeat test will be beneficial,
  - f) discontinuing the medication, and
  - g) altering the dose provided this guidance is outlined in the clinical support tool;
- 2.12** document the following when making decisions based on diagnostic test results:
- a) the decision and the rationale for the decision in the record of care
  - b) reference to the diagnostic data, and the decision in any communications with other members of the client's health-care team
  - c) any **CONSULTATION** with other providers related to the decision; and
- 2.13** explain the interpretation of the diagnostic test results, the decision, and the rationale for the decision to the client as appropriate.

## Standard 3: Ethical Practice

An RN who is authorized, must comply with the code of ethics adopted by Council in accordance with Section 133 of the HPA (2000) and *College Bylaws* (CRNA, 2022c).

### Criteria

An RN who is authorized, must

- 3.1** prescribe in the best interest of the client and not be influenced by factors such as, marketing incentives to promote medications, financial support by pharmaceutical companies or companies that manufacture and sell diagnostic tests, or any other situation that may be perceived as a conflict of interest;
- 3.2** respect the client's right to confidentiality and collect, use, and disclose prescribing and diagnostic data only when it is pertinent to the care they are providing;
- 3.3** ensure that the collection, use, and disclosure of client health information is done in accordance with applicable privacy legislation, regulations, standards, and policies governing RN practice;
- 3.4** only prescribe medications or order diagnostic tests for a client they have a **THERAPEUTIC RELATIONSHIP** with; and

- 3.5** only prescribe and order diagnostic tests for family members if the prescribing decision is specific to the clinical practice area where they have been authorized, and
- a)** there is no other authorized prescriber available,
  - b)** the situation is an emergency, and
  - c)** the nurse has taken reasonable steps to transfer the family member's care or there is no reasonable opportunity to transfer care.

## Standard 4: Service to the Public

An RN who is authorized, ensures that decisions are in the best interests of the public.

### Criteria

An RN who is authorized, must

- 4.1** document the prescribing decision to inform other members of the health-care team who are also caring for the client. The documentation should include
- a)** type and amount of the medication prescribed,
  - b)** rationale for the prescribing decision,
  - c)** date the medication was prescribed,
  - d)** monitoring that has been initiated, and
  - e)** any instructions given to the client;
- 4.2** support a client to make informed decisions and follow recommended medication regimes by discussing with the client factors such as
- a)** the rationale for the selection of a particular medication (e.g., client medication profile, efficacy, safety, acceptability, etc.),
  - b)** implications of using medication therapy,
  - c)** expected risks and outcomes (e.g., knowledge related to client compliance),
  - d)** administration instructions such as, with/without food and with other medications and substances,
  - e)** risks and benefits of medication therapy,
  - f)** potential impact of medication coverage and cost of therapy where these are known, and
  - g)** when and how to take the medication, and what possible side effects to report.

# Prescribing Epinephrine for Anaphylaxis - Exception to RN Prescribing Schedule 1 Drugs and Ordering of Diagnostic Tests Requirements

In the following specific circumstance and in accordance with the criteria outlined below, RNs can prescribe and administer Epinephrine, a Schedule 1 drug, for anaphylaxis using an appropriate clinical support tool without applying to the registrar to be authorized to prescribe a Schedule 1 drug.

An RN prescribing and administering epinephrine for anaphylaxis must

1. use critical judgment to decide if epinephrine, as outlined in the clinical support tool, is appropriate for the client;
2. have the education, knowledge, assessment, and critical judgment skills in practice situations where epinephrine is used; and
3. have employer policy support for the RN in prescribing and administering epinephrine for anaphylaxis, using an **EVIDENCE-INFORMED** clinical support tool.

## Glossary

**ACCESSIBILITY** – Health services are obtained in the most suitable setting in a reasonable time and distance (Health Quality Council of Alberta, 2005).

**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.

**ADVERSE DRUG REACTION** – “A noxious and unintended response to a drug which occurs at doses normally used or tested for the diagnosis, treatment or prevention of a disease or the modification of an organic drug” (*Food and Drug Regulations, CRC, c 870*).

**APPROVED NURSING PROGRAM** – A nursing education program approved by the Nursing Education Program Approval Committee (NEPAC), as requested by the registrar, in accordance with RN prescribing and ordering of diagnostic test standards and criteria.

**CLIENT** – Refers to patients, residents, families, groups, communities, and populations.

**CLINICAL PRACTICE AREA** – The clinical area where an RN who is authorized to prescribe and to order diagnostic tests, practices. The focus of the clinical practice may be related to the type of care (e.g., wound care), practice setting (e.g., emergency department, home care, primary care, ambulatory clinics, occupational health), specific issue (e.g., sexually transmitted infection, sexual assault), or medical diagnostic grouping (e.g., diabetes or other chronic disease management).

**CLINICAL SUPPORT TOOL** – An evidence-informed tool used by the practice setting to guide decisions related to prescribing and ordering of diagnostic test, and ordering of medical radiography.

**COLLABORATE** – (or collaboration) Client care involving joint communication and decision-making processes among the client, the nurse, and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centered care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team (CNA, 2010).

**COMPETENCE** – The integrated knowledge, skills, judgement, and attributes required of a nurse to practise safely and ethically in a designated role and setting (CRNA, 2019).

**CONSULTATION** – Conferring with, seeking information, advice, or direction.

**EVIDENCE-INFORMED** – The process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and client experiences and perspectives.



**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).

**SCHEDULE 1 DRUG** – Means Schedule 1 drug within the meaning of Part 4 of the *Pharmacy and Drug Act* (2000).

**STABLE** – Not changing or fluctuating (College of Licensed Practical Nurses of Alberta, CRNA & College of Registered Psychiatric Nurses of Alberta, 2022).

**THERAPEUTIC RELATIONSHIP** – A relationship established and maintained with a client by the nurse through the use of professional knowledge, skills, and attitudes in order to provide nursing care expected to contribute to the client’s health outcomes (CRNA, 2023).

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- Protecting Canadians from Unsafe Drugs Act*, SC 2014, c 24.
- Scheduled Drugs Regulation*, Alta Reg 66/2007.

# Appendix A: Checklist for the Development and Review of a Clinical Support Tool

This checklist may be used as a template in the development of a clinical support tool (CST) or as a checklist for the review of a CST.

## Building Block 1: Governance and Leadership

Legislation, standards, and policies align and contribute to safe delivery of health-care services. Strong reporting relationships, clear lines of accountability, and continuous monitoring and evaluation of systems that support safe practices are the bases of effective governance related to patient safety.

### Elements to include:

- employer policies are in place for the specific clinical practice area where an RN who is authorized practises
- alignment with federal and provincial legislation and regulation
- appropriate for the scope of practice of the RN who is authorized
- appropriate for the particular practice setting (such as the availability of essential technical and human resources and supports)
- expectations that an RN who is authorized practises in accordance with the CRNA's standards and organizational policies
- regular review, evaluation and revision of the CST are scheduled (at least every three years) to assess for current best practices, effectiveness, patient outcomes, and adverse events/incidents/errors

## Building Block 2: Safety Management

This involves the identification of risks and effective responses to managing risk.

### Elements to include:

- the identified health-care needs of clients in a specific practice setting
- evidence-informed and developed, reviewed, and revised by an interprofessional team of subject matter experts with both content expertise and practice experience in the relevant clinical practice area
- the name of the specific clinical support tool and identification of the practice setting (specific units or services) in which the clinical support tool may be implemented
- inclusion and exclusion criteria and the identification of any contraindications
- the specific medication(s) to be prescribed and the diagnostic test(s) that can be ordered are clearly identified
- clear, specific clinical conditions that must be met before implementation
- the relevant assessment data to be collected and used in decision-making
- monitoring parameters
- processes must be clearly indicated in the CST to
  - receive and respond to critical diagnostic tests results reported by a laboratory in the RN's absence,
  - have an appropriate health-care professional review diagnostic test results in a timely manner if the RN authorized to prescribe is not able to personally attend to provide follow-up care,
  - indicate an after-hours emergency contact, and
  - follow-up when diagnostic tests are not received within a reasonable period of time;
  - mechanisms for identifying and addressing potential risk;
  - processes for the reporting, analyzing, and follow-up of adverse events/incidents/errors; and
  - processes to prevent further adverse events/incidents/errors.

- the required communication to the most responsible health-care practitioner
- the required documentation

## Building Block 3: People and Teams

A key element in providing safe patient care is having competent health-care workers working together in effective teams.

### Elements to include:

- consultative supports for the RN who is authorized
- required competencies for the RN who is authorized
- process for referral to or consultation with another health-care professional when necessary (e.g., physician, pharmacist, or nurse practitioner)
- processes for follow-up that ensure continuity of care

## Building Block 4: Environment and Equipment

Information about the client, medications, therapies, and treatment goals should be available wherever care is being delivered and shared appropriately with other members of the health-care team. Effective information and communication systems ensure that the information is complete and supports continuity of care.

### Elements to include:

- processes for ordering, receiving, and reviewing relevant screening and diagnostic tests
- availability of medication and diagnostic test referencing resources
- expectations for appropriate documentation of assessments, diagnoses, prescribing decisions, and outcomes

## Building Block 5: Client Engagement

Safety and outcomes are enhanced when clients and their family participate in diagnostic and treatment decisions about their health and know what to expect from tests and treatments.

### Elements to include:

- clear direction for the assessment, diagnosis, and treatment or intervention of client-specific problems
- involvement of the client and family in the development of the treatment plan, in prescribing decisions, and managing follow-up
- means for evaluating client outcomes