



College of
Registered Nurses
of Manitoba

Morgan Phillips
CRNM #144971

Notice of Censure

In The Matter of: *The Regulated Health Professions Act*

And in The Matter of: Morgan Phillips, a member of the College of Registered Nurses of Manitoba

To: Morgan Phillips

On January 16, 2020, in accordance with section 102(1)(d) of *The Regulated Health Professions Act* (RHPA), the Complaints Investigation Committee (the “committee”) decided it would censure the Member as a record of its disapproval of her conduct.

Censure creates a disciplinary record, which may be considered in the future by the committee or an Inquiry Committee when determining the action to be taken following an investigation or hearing.

TAKE NOTICE that the committee resolves and hereby censures the Member with respect to:

- Failing to maintain professional boundaries by providing registered nursing care to a colleague when all other options for the provision of care had not been exhausted;
- Failing to practice within the legislated scope of practice for registered nurses by disregarding the criteria of Reserved Acts 5 and 9; and
- Providing registered nursing care to a colleague in a clinical setting that is not intended for the provision of adult health care services.

I. Preamble

On July 6th, 2018, the Member received a text message from her colleague indicating that the colleague was dehydrated and required hydration because of a prior medical procedure. The Member instructed her colleague to come into the facility.

When the colleague arrived at the facility, the Member established a peripheral intravenous, administered a bolus of 500ml of Ringer Lactate, administered a dose of 50 mg of intravenous Gravol, gave her colleague an additional bag of intravenous fluid to take home with her, and asked another nurse to keep an eye on the colleague while the Member went for lunch break.

Although the Member reported to her employer that she realized 5 minutes after initiating the treatment what she had done was wrong, she did not report these events to anyone in a position of authority.

II. The Relevant Facts Are:

During the investigation the Member advised that:

- a. She cannot recall when she received a text message from her colleague; it was at some point during the morning of July 6, 2018.
- b. Her colleague texted her saying that she needed hydration.
- c. The Member replied to the colleague's text message with 'ok, come in'. The Member gave the colleague instruction on what room to go to.
- d. The Member told the colleague to come in because the colleague needed help, 'all I wanted to do was help her.'
- e. The Member was aware that her colleague had recently had surgery.
- f. The Member did not complete a physical assessment of her colleague.
- g. The colleague told the Member that she was dehydrated and that she needed fluids.
- h. The Member established an IV on the colleague, administered a bolus of IV Ringer Lactate, and administered a dose of IV Graval.
- i. The Member did not have physician's orders for any of the care she provided.
- j. The Member asked another RN to watch the colleague while the Member went on her break. The Member told the RN to 'keep an eye on her'. The Member did not recall giving the RN any specific instruction.
- k. The Member did not document any of the care she provided to her colleague.

The committee considered in its analysis, among other College expectations, the College's document *Scope of Practice from RNs*, in particular the following excerpt:

Scope of practice refers to the range of activities that RNs are both educated and authorized to perform. The legal authority for Manitoba RN scope of practice is found in the regulations under the RHPA. The RN profession's scope of practice outlines boundaries of practice for the RN profession. These boundaries are broad because the RN profession works with a wide range of client populations in a variety of roles and settings.

The committee also considered the College's General Council Regulations that further outline RN scope of practice under the RHPA's reserved act model. Reserved acts are those clinical activities listed in the RHPA. They are clinical activities done in the course of providing health care that are to be limited to certain regulated health professions and registrants of those professions who are qualified and competent to do them because they present a significant risk of harm to the public when performed incompetently.

In essence, the RHPA sets out what clinical activities are reserved acts and College regulations specify which of these reserved acts are within the RN profession's scope of practice.

An RN may perform a reserved act only if the:

- reserved act is listed in the College's regulations;
- RN meets the criteria listed for that reserved act;
- reserved act is within the individual RN's scope of practice; and
- RN works within their workplace's practice setting policies, as long as the policy is not inconsistent with the RHPA, College regulations, bylaws, practice directions and Code of Ethics.

Certain reserved acts require an order as an authorization mechanism before the RN can perform the reserved act. An order is an instruction or authorization for a specific client given by a health-care provider with expert knowledge who is legally permitted, competent to give an order and who is making a decision about care based on an assessment (e.g. RN(NP), physician, midwife, podiatrist, dentist, RN (authorized prescriber), physician assistant).

Reserved Act 5 is in regards to administering a substance:

Reserved act 5(e): If there is an order, a registered nurse may administer a substance (other than normal saline) by parenteral instillation.

Reserved Act 9 is in regards to administering a drug or vaccine:

Reserved act 9: If there is an order, a registered nurse may administer a drug by any method (other than by intravitreal injection). If the drug is a non-prescription drug, the registered nurse may administer it by any method without an order.

The committee concludes that establishing a peripheral intravenous, infusing Ringers Lactate, and administering IV Graval, constitutes providing registered nursing care to the Member's colleague. These actions resulted in the colleague becoming a patient.

The Member failed to establish and/or maintain professional boundaries. Specifically, she failed to ensure that attempts to exercise other options had been exhausted or that other options did not exist.

The Member practiced outside of her scope of practice, in particular *Reserved Acts 5 and 9*. She infused Ringer's Lactate and administered IV Graval to her colleague; both of which require an order.

There was no documentation completed for the registered nursing care provided as would be required when providing registered nursing care.

The registered nursing care the Member provided was done in a manner that circumvented the process that the public are required to follow when they require care and was done in a clinical setting that is not intended for the provision of adult health care services.

The committee accepts that the Member acknowledged that her conduct was "inappropriate". She accepted responsibility for her actions and apologized. However, it is not evident to the committee that the Member fully understands the seriousness of her actions and the potential risk and implications she placed herself, her colleague, other staff, and the facility in.

The committee determined that the Member's conduct is considered Reckless Behavior that is defined as a choice in which the individual knows or should know that the behavior poses a substantial and unjustifiable risk. The committee considers the Member's actions and conduct as reckless, unsafe and negligent.

III. Standards of Practice, Reserved Acts, Practice Directions and Code of Ethics

Practice Direction: Practice Expectations for RNs

An asterisk* indicates a standard of practice from the College General Regulations Part 4.

Professional Practice

Registered nurses are accountable and responsible for nursing practice that is informed by evidence and demonstrates competence. As an RN, you must:

6. Take personal responsibility for professional conduct and fitness to practice.
8. Demonstrate critical inquiry in planning for client care needs and evaluating care provided.
9. Identify issues which could have an injurious effect on clients or others and participate in resolving professional practice issues that interfere with your ability to practise according to the College regulations, practice expectations, practice directions, Code of Ethics and other provincial and federal legislation.

Professional Communication

Registered nurses are accountable and responsible to use professional communication. As an RN, you must:

18. Demonstrate skill in written and/or electronic communication that promotes quality documentation and communication between team members.

Ethical Practice

Registered nurses recognize, promote and uphold the ethical standards of the nursing profession. As an RN, you must:

19. Practise in accordance with the values outlined in the Code of Ethics.

***Client-centered Practice**

As an RN,

23. When engaging in the practice of registered nursing, you must apply, as a framework, the nursing process, which is the systematic approach to the practice that encompasses all steps taken by RNs in planning for the needs of your client, including assessment, diagnosis or determination, planning, implementation and evaluation.
25. When engaging in the practice of registered nursing in a clinical practice setting, you must provide nursing care that includes:
 - a) an assessment to determine the needs and circumstances of the client;
 - b) a care or treatment plan with the client or their representative and any other person who the client wishes to involve, which takes into account the client's needs, circumstances, preferences, values, abilities and culture;
 - c) an evaluation of the outcomes of the care or treatment plan and the modification or discontinuance of the care or treatment plan as required and as discussed with the client or their representative;
 - d) sufficient and timely communication with the client or their representative that takes into account the client's needs, circumstances, understanding and use of health information and enables the client or their representative to make informed decisions about their health care;

***Collaborative Care**

As an RN, when involved in providing for the health care of a client you must:

26. b) ensure that you understand your role and the role of other health-care providers in providing for the health care of the client;
27. As an RN, you must document on the client's record the nursing care you provided with enough information for another health-care professional to be sufficiently informed of the care provided.

***Client Records**

As an RN, you must appropriately document the nursing care you provided:

31. In a record specific to each client.
32. In the client's record as the nursing care is provided or as soon as possible after the care is provided.

CNA CODE OF ETHICS 2017

A. Providing Safe, Compassionate, Competent and Ethical Care

Nurses provide safe, compassionate, competent and ethical care.

Ethical responsibilities:

12. Nurses foster a safe, quality practice environment (CNA & Canadian Federation of Nurses Unions [CFNJI, 2015]).

D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

7. Nurses maintain appropriate professional boundaries and ensure their relationships are always for the benefit of the person. They recognize the potential vulnerability of persons receiving care and do not exploit their trust and dependency in a way that might compromise the therapeutic relationship. They do not abuse their relationship for personal or financial gain and do not enter into personal relationships (romantic, sexual or other) with persons receiving care.
13. Nurses treat each other, colleagues, students and other health-care providers in a respectful manner, recognizing the power differentials among formal leaders, colleagues and students. They work with others to honour dignity and resolve differences in a constructive way.

F. Promoting Justice

Nurses uphold principles of justice by safe guarding human rights, equity and fairness and by promoting the public good.

Ethical responsibilities:

6. Nurses make fair decisions about the allocation of resources under their control based on the needs of persons receiving care. They advocate for fair treatment and fair distribution of resources.

G. Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Ethical responsibilities:

4. Nurses are accountable for their practice and work together as part of teams. When the acuity, complexity or variability of a person's health condition increases, nurses assist each other (LPNAPEI et al., 2014).

Reserved Acts

Reserved Act 5 is in regards to administering a substance:

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IV. On these facts the Complaints Investigation Committee records its disapproval of the Member's conduct:

The Member provided registered nursing care to a colleague when she had not exhausted all other options for the provision of care; the care provided was done in a manner that circumvented the process that the public are required to follow; and the care she provided was completed without proper orders, which would have required requisite assessments and documentation.

Registered nursing is a self-regulated profession in Manitoba. RNs must recognize that self-regulation is a privilege and that each RN has a continuing responsibility to meet the *Standards of Practice, Reserved Acts, Practice Expectations for RNs* and the *Code of Ethics for Registered Nurses*.

On these facts, the committee records its disapproval of the lack of professionalism in failing to adhere to the ethical values and practice expectations.

Although the conduct is sufficiently serious to refer to the Inquiry Committee, the committee considered the fact that the Member does not have a disciplinary record.

On these facts the committee believes that the censure should be published as it is to act as a specific deterrence for the Member and as a general deterrence for other registered nurses.

On these facts, the committee orders the Member to pay costs of \$1000.