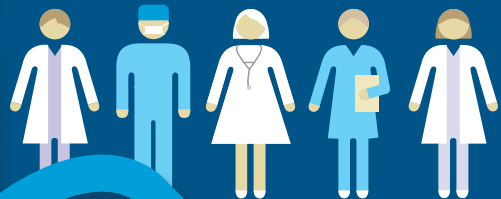


Therapeutic
Nursing Plan

**A new
union tool:**

the TNP



This leaflet is intended for the FIQ local teams.
It is the result of a collaboration between the
Task and Organization of Work Sector and the
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The therapeutic nursing plan

The therapeutic nursing plan (TNP), which will be in force as of April 1, 2009, is a new professional and documentation standard within the scope of the activities reserved for nurses in Bill 90. More than a form to complete, the TNP must be seen as an important tool for recognizing the nursing profession of today and tomorrow because it fits within the scope of activities that only nurses can assume. Furthermore, nursing assistants collaborate in the TNP by participating in the assessment of the patient and clinical monitoring.

The TNP becomes the record and the proof of the nurse's clinical judgment. The nurse's responsibility when drawing up a TNP is to record the findings from her assessment and the nursing directives aimed at other staff members as well as the family and significant others in order to insure the clinical monitoring, treatments and care and the clinical follow-up. In this sense, she is not responsible for the acts carried out by these other caregivers. In addition, the TNP becomes an element of proof which has often been missing in files when complaints are processed at the OIIQ.

What are the roles of the nurse and the union within the framework of this new practice? The TNP is certainly a determining factor in the enhancement of the nursing profession. It is also an important tool for unions in the matter of organization of work.

A quick look at the TNP

The TNP establishes the evolving clinical profile of the patient's priority problems and needs and the nurse is the only one responsible for developing and adjusting each patient's therapeutic plan. It must also state the nursing directives for the nursing assistants, beneficiary attendants, patients, significant others, etc. for the purpose of insuring the patient's clinical follow-up; these directives deal with clinical monitoring, care and treatments in particular.

The TNP is determined and adjusted by the nurse on the basis of her clinical assessment and is recorded in the patient's file. It establishes a record of the nurse's clinical decisions and judgment.

A union tool

Besides the form that it represents, the TNP must be seen as a union tool for care professionals. The legal obligation to complete a TNP must become an organization of work tool for the unions. This legal obligation for nurses becomes one for employers in that they must provide a workplace conducive to carrying out the TNP.

An integral part of the union's role is to object to work overloads, demand better conditions in which to practice, and demand that the nursing profession be recognized for its true value. In this respect, the implementation of the TNP gives the union significant leverage for exerting more pressure on employers to improve the situation of care professionals.

The union's role

Organization of work and the committee on care

If nurses have the legal obligation to complete the TNP for each patient, then employers have the legal obligation to insure that the organization of work is such that the nurses can complete these TNP. Since its creation, the FIQ has stressed that organization of work must allow, on the one hand, a better use of nursing competencies and, on the other hand, elimination of work overloads. It also emphasizes the importance, for unions, of getting involved to improve organization of work.

The TNP therefore becomes an excellent tool for acting on organization of work. The committees on care are definitely the place of preference to use the legal obligation of the TNP in order to achieve a stability in the care team and their composition which allows the nurse the time required to develop and adjust the TNP. The unions must therefore, more than ever, insure that the committees on care in each institution are functional and used to discuss the problems encountered or to iron out and prevent some of the difficulties in the implementation of the TNP.

Training

In several health-care institutions, the training on the TNP will not be completed by April 1st. After having completed a review of the deployment of the TNP, the FIQ realized that in the CSSS's and in the CHU's, CHA's, institutes and rehabilitation centers, almost half the institutions have trained 90% of nurses and nursing assistants. However, nearly 35% of the CSSS's and 14% of the CHU's, the CHA's, institutes and rehabilitation centers have trained less than 50% of their nursing personnel. In this sense, the unions could demand that the training be completed before proceeding to implement the TNP. If necessary, the FIQ will send the OIIQ all information concerning the institutions which will not have trained their nursing personnel on the use of the TNP.

Maintaining competencies

The implementation of the TNP requires specific competencies of the nurse, particularly concerning the physical and mental health assessment of the patient. Some members could need some updating in order to assume their full responsibilities. The employer, within the framework of the human resource development plan (HRDP), is required to provide for maintaining competencies and for professional improvement of his employees. With the implementation of the TNP, the unions can therefore demand that the updating of those nurses who need it, be included in the plan.

Participation in the changes and education on the existing role of nurses

Taking part in this change does not mean accepting an increase in the nurse's workload. Within the context of a staff shortage, it is foreseeable that the introduction of new methods can bring about some skepticism on the part of care professionals and the unions that represent them. Especially since the employers have not demonstrated many examples of change in regards to respecting personnel.

Whatever it is, it is obvious that in order to resolve the staff shortage, at least in part, better organization of work is required. It is imperative that the nurse stop doing tasks that are not her responsibility and to use her full potential. The union must participate in promoting these changes and the implementation of the TNP is a good opportunity for this.

Implementation of the TNP

After having experimented with it in some institutions, nurses have realized that the development of a TNP for a patient is not very different from their usual daily practice, but that it led to this practice being better structured.

The implementation of the TNP represents a refocusing of the nurse's activities on assessment, clinical monitoring and follow-up. Thanks to professional review, this refocusing will have such effects as:

- the enhancement of the profession by developing the full potential of nurses;
- the enhancement of the professional practice of nursing assistants by their collaboration in assessment and clinical follow-up;
- the redistribution of some tasks that are not part of the nurse's role to other persons who intervene;
- a professional collaborative tool for better organization of work.

Winning conditions for the union and care professionals

- Whenever possible, work together with the employer from the start of the TNP implementation process.
- Demand an organization of work suitable to realizing the TNP.
- Use the committee on care to discuss the problems encountered.
- Demand that all persons involved receive appropriate training.
- Participate in the education on the refocusing of the nurse's role and encourage the nurse to stop doing what is no longer her responsibility.



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