



EP12 – Accountability, Competence and Autonomy

EP12: Provide one example, with supporting evidence, of clinical nurses having the authority and freedom to make nursing care decisions within the full scope of their nursing practice.

Example: Home Health Care Clinical Nurse Making Nursing Care Decisions Regarding the Use of Vacuum Assisted Wound Dressings

Clinical Nurse Autonomy through the Professional Practice Model (PPM)

Autonomy is demonstrated in nursing practice through the clear distinctions of assigned accountability for practice. Nursing practice within the multi-cultural work environment at KFSHRC-J clearly defines the nurses’ autonomous practice through the structure of shared governance in the PPM, as seen in Figure EP12.1 below.

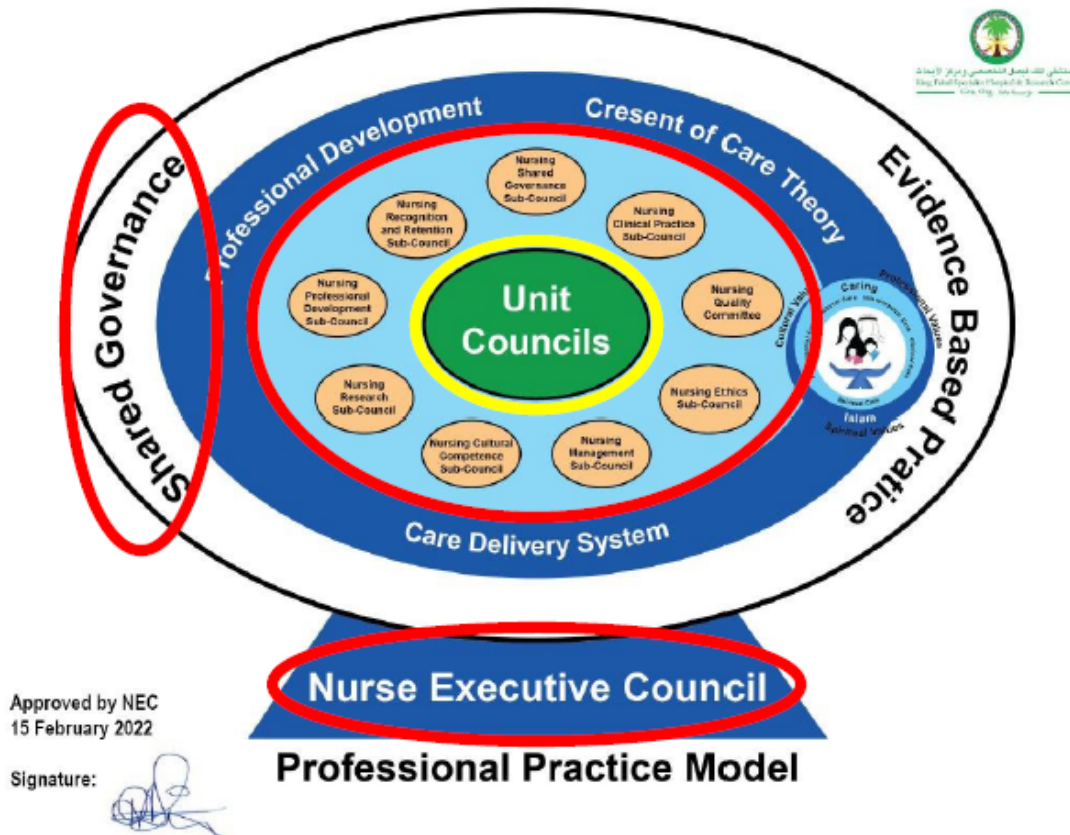


Figure EP12.1 Shared Governance Structure, the Professional Practice Model

Shared governance promotes autonomous practice through partnerships in decision-making between clinical nurses and all stakeholders. The shared governance structure is embedded within the PPM thus empowering clinical nurses. The Unit Councils chaired by clinical nurses are at the core of the PPM and are considered the heart of the nursing professional practice. Within this accountability-based structure, clinical nurses are empowered and given autonomy, i.e., authority, accountability, and responsibility as professional nurses to make decisions to improve practice and patient outcomes. The nurse privilege process is described in [Evidence EP12.1 Privilege Framework Policy](#)

Home Health Care Clinical Nurses Autonomous Practice

Clinical nurses in Home Health Care (HHC) must be re-privileged for certain evidence-based privileges every three years. Once privileged, they use their privileges in autonomous practice. One of the privileges required for nurses in HHC is the Vacuum (VAC) Assisted Wound Dressing. HHC clinical nurse Jennifer Farnsworth, RN Dip.N, Staff Nurse 1, completed her re-privilege education for VAC Assisted Wound Dressing on September 29, 2021. [Evidence 12.2 HHC Scope of Service; Evidence; 12.3. Certificate of Completion VAC Re-privilege, Jennifer Farnsworth](#)

Case Study

Patient X has a right breast metastatic carcinoma diagnosis with an open right breast wound. She was managed under the care of HHC from August 2021 to January 2022. On January 18, 2022, Rukhsana Hamid, M.D., Assistant Consultant, Surgical Oncology, entered an HHC referral with specific nursing instructions to apply a VAC dressing every 72 hours for two weeks.

Upon receiving the HHC referral, Jennifer reviewed the patient file. Jennifer was familiar with Patient X since she had cared for this patient in the previous weeks. She recalled that the wound was a malignant fungating wound with a pocket and skin flap overlay and she had provided conventional dressings to this wound. Jennifer confirmed this in the patient's medical record. From her knowledge of the workshop attended as part of the re-privilege of VAC Assisted Wound Dressing, Jennifer recalled that malignant wounds did not meet the criteria for VAC wound dressings and were contraindicated.

Utilizing nurse autonomy as supported by the shared governance process, Jennifer contacted Ruth Kommu, BSN RN, MSc, Senior Clinical Specialist, Wound Care Specialist, to ask a clarifying question "If VAC wound dressings should not be applied for the wound on Patient X?" Ruth confirmed that VAC wound dressings should not be used for malignant wounds and contacted Jamal Ilyas, M.D., Assistant Consultant, Plastic Surgery, to review the order.

The Outcome of VAC Wound Dressing Issue

Jennifer updated the hard copy of the physician referral with her notes to the HHC nursing team, as this is the process for the nursing handover of information in HHC. **Evidence EP12.4 Nurse Handover of Updated Physician Referral**

The following day, January 19, 2022, clinical nurse Rosette Bascara, BSN RN, Staff Nurse 1, HHC, visited Patient X at home for assessment and wound management. Based on the feedback she received from Jennifer in the HHC nursing handover, she provided conventional wound care. **Evidence EP12.5 HHC Nursing Clinical Notes January 19, 2022**

By utilizing her authority as a clinical nurse and being empowered the shared governance process, Jennifer was able to plan for the patient's care accurately and utilized her skills and knowledge attained through the evidence-based nurse privileging process. Using her knowledge and privilege of using VAC wound dressings, Jennifer demonstrated quality of care in preventing harm to Patient X.