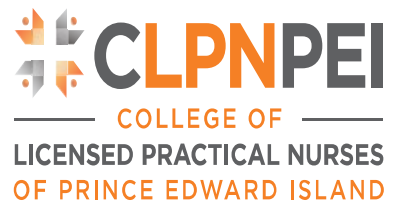


Practice Directive

Abandonment

**College of Licensed Practical Nurses of
Prince Edward Island**

**College of Registered Nurses of Prince
Edward Island**



April 22, 2020

The College of Registered Nurses of Prince Edward Island (CRNPEI) and the College of Licensed Practical Nurses of Prince Edward Island (CLPNPEI) are legislated to serve and protect the public interest through the regulation of individual registered nurses (RN), nurse practitioners (NP) and licensed practical nurses (LPN). For the purposes of this document the term nurse(s), will refer to all three designations of nurses in Prince Edward Island.

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OVERVIEW OF THIS DIRECTIVE

Nurses are accountable for their actions, decisions and the impact of their decisions. They are responsible for establishing, maintaining and ending therapeutic relationships with clients. Once a nurse has accepted an assignment, they have an ethical and legal duty to provide care for the balance of the assignment until the care has been transferred to another appropriate care provider. For more information on the duty to provide care, visit the [Duty to Provide Care Practice Guideline](#).

This practice directive is a resource for nurses in all practice settings to help them understand:

- their accountabilities related to the duty to provide care
- what is and is not considered abandonment
- steps to take to prevent abandonment
- the employer's role

This document is intended to be used in conjunction with the Standards of Practice and Code of Ethics for LPNs, RNs and NPs and all applicable practice directives and employer policies.

What is Abandonment?

Abandonment occurs when a nurse fails to meet their duty to provide care, inappropriately discontinues the nurse-client relationship or fails to properly transfer the accountability for ongoing care to an appropriate care provider.

Abandonment may apply whenever a nurse stops, ends or discontinues care without:

- arranging for (or the arrival of) a suitable alternative or replacement care provider
- allowing the employer a reasonable opportunity to arrange for alternative or replacement services
- negotiating with the employer or client to develop a mutually acceptable plan for withdrawal of service

REASONABLE NOTICE

What constitutes 'reasonable notice' will vary according to the situation and is based on several factors in play at the time. You are obligated to work with your employer on this matter. For example, one hour may be reasonable notice if given mid-morning on a Tuesday when your employer has several available resources to draw from. However, one hour may not be reasonable if given at 11 p.m. on a Friday of a long weekend, because resources are naturally less. It may be

reasonable to have a co-worker assume accountability for your clients until your replacement arrives if there are no indications any of your clients are at high risk for an immediate adverse event and your replacement is only 30 minutes late. However, it may not be appropriate to have a co-worker cover, even for a short time, if any of your clients are experiencing changes in their status or your replacement will be 90 minutes late, because the risks are greater to the clients.

You are accountable to engage your manager and all your team members, consider all options and all possible outcomes as you make your decision.

Self-employed nurses

You must work with your client to develop a mutually acceptable plan to withdraw services and they must be given reasonable opportunity to arrange for alternate services.

EXAMPLES OF ABANDONMENT

The following situations may be considered abandonment:

- Leaving the care area without:
 - transferring the accountability for ongoing care to a provider professionally capable of providing it
 - providing your employer reasonable notice to find an acceptable replacement
- Failing to provide care for a client(s) for whom you have accepted responsibility for because of:
 - a personal choice
 - non-work or client related distractions (e.g. personal phone calls, texting, gaming, sleeping)
- Failing to provide ongoing care when the employer is requesting you to work overtime where no replacement caregiver is available. The employer must make every effort to maintain adequate staffing and resources.
- Knowingly transferring the care of a client to a provider without the professional competencies or credentials to safely meet the client's needs.
- For Nurse Practitioners (NPs): discharging a client from your practice without giving the client reasonable time to find another care provider.

HOW TO PREVENT ABANDONMENT

Abandonment may be considered professional misconduct. Follow these general principals to prevent abandonment:

- Provide care as prescribed and required. If you are unable or unwilling to provide this care, you must arrange for a suitable replacement. You are accountable to provide care until this replacement is found.

- Transfer the accountability for care to a provider willing and professionally able to safely provide it.
- Give your employer reasonable time to find a suitable replacement or make alternative arrangements.
- Negotiate a mutually acceptable withdrawal from care plan with your employer, or the client if you are self- employed.

WHAT IS NOT CONSIDERED ABANDONMENT?

Abandonment only applies to situations where the nurse has established a nurse-client relationship by accepting an assignment. The following situations are not considered client abandonment:

- Declining offers for overtime or extra shifts in which you have not been previously scheduled to work.
- Resigning with notice as required by employer policy or contractual obligation.
- When an unreasonable burden exists and the nurse is not able to meet professional standards of practice and provide safe care because of unreasonable expectations, lack of resources or ongoing threats to personal safety. Refer to the Duty to Provide Care Practice Guideline for more information.
- Situations where you are required to prioritize care delivery or services as a result of an unusual circumstance, emergency or one-off situations.

For example, Mary is the only nurse on LTC Unit 1 and Fred is the only nurse on LTC Unit 2. Mary faints and is taken to the emergency room. Fred is asked to administer medications on Unit 1 until a replacement nurse can be found. Fred works with the Care Assistants on Unit 1 & 2 to put a plan in place to monitor clients and contact him while he is on the other unit. Fred is not abandoning clients on either unit because strategies are in place to manage this situation and the risk of not providing care to Unit 1 clients is greater than providing it.

REFUSAL OR WITHDRAWING FROM CARE

Refusing to provide care or withdrawing from care may be appropriate in very specific circumstances, and only after full consideration of the impact to clients and several other strategies have been implemented without success to improve the situation. It is important to note that regardless of the validity of doing so, except in extreme circumstances, you remain accountable to provide care until it has been transferred and accepted by another appropriate care provider. These circumstances include:

- lack of competence where competence cannot be obtained through mentorship or on-the-spot education
- abusive situations
- unmanageable safety concerns
- moral or ethical conflicts
- concerns about your fitness to practice

In the event that the client is refusing care or requesting that the nurse withdraw from their care, the nurse has no further accountability to provide care but should provide transfer of care information when and if a new provider is identified and a request is made by the new care provider. If this should happen to a nurse in a team practice setting, the nurse would work with their team to transfer care.

FITNESS TO PRACTICE

Fitness to practice issues may be related to complex issues such as a physical or mental illness or may be intermittent and sporadic, such as fatigue. You are accountable to seek assistance to address the underlying issue, and to balance your work and professional life and manage fatigue so that you can fulfill your employment contract.

Employer Role

Employers are responsible to ensure adequate staffing and that all staff have the required competencies and the available resources to deliver safe care. Additionally, employers are responsible to respond appropriately to concerns in accordance with the Occupational Health and Safety Act.

Nurse managers, including supervisors and administrators, must support the delivery of safe care by providing enough resources, including staff, to meet client needs and promote practice environments where fitness to practice can be maintained. Additionally, they are accountable to support the safety and well-being of staff, so nurses can meet their standards of practice and deliver safe, competent, compassionate and ethical nursing services.

Scarce resources, staff, information, guidance and support may contribute to situations where abandonment may occur.

Special Considerations for NPs

As an NP, discharging a client from your practice should be your last resort. You are accountable to discuss your concerns with the client and involve your employer to find workable solution(s) to prevent discharge. However, if the situation cannot be resolved and the client will be discharged from your practice, you must:

- Transfer the accountability for ongoing care of the client to another care provider in the same location, if available.
- If another care provider is not available within the same location:
 - provide the client with information about how to find another health care provider
 - provide a reasonable opportunity for the client to arrange alternative services
 - develop a mutually acceptable plan to withdraw services

You are required to provide ongoing care until the accountability for the care of the client has been transferred according to the timelines outlined in your withdrawal of services plan. In the event that the client is refusing care, see details above in refusal or withdrawing from care.

Key Points to Remember

- Nurses have an ethical and legal duty to continue to provide care for the balance of an assignment until the care has been transferred to an appropriate care provider.
- Nurses must not abandon clients; this may be considered professional misconduct.
- Abandonment only applies to situations where the nurse has established a nurse-client relationship or has accepted an assignment.
- Nurse practitioners (NPs) have special considerations to meet when discharging a client from their practice.

Suggested Reading

- [Duty to Provide Care Practice Guideline](#)

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The College of Licensed Practical Nurses of Prince Edward (CLPNPEI) and the College of Registered Nurses of Prince Edward Island (CRNPEI) acknowledge the support of the Nova Scotia College of Nurses (NSCN) for granting permission to adapt their Practice Guideline “Abandonment”, for use in Prince Edward Island.