RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Scarborough Centre for Healthy Communities



Expanded Utilization of RNs in Ontario

Think Tank Session
AOHC Conference
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Conflict of Interest

Presenter: Tim Lenartowych and Kim Cook

Relationships to commercial interests: None

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Other:	None

Objectives

- Review context underpinning an expanded RN scope of practice in Ontario.
- Explore progress made to date and next steps.
- Share models of success in implementing an expanded RN scope of practice.
- Stimulate dialogue and thinking around how an expanded RN scope of practice can be embraced within the primary health care sector.
- Identify enablers to achieve consistent provincial uptake across the sector.
- Offer an opportunity to ask questions and remedy any knowledge gaps.

Context

- Putting patients first
  - Ensure that Ontarians receive timely care, at the right time and by the right health professional.
  - Expand access to primary health care.
- Need increased access to co-ordinated care and system effectiveness.
  - Delays receiving treatment are costly to the person and system.
- Medical Directives are inefficient.
  - Delegation may not be appropriate for clients' changing health needs.
  - Delegation blurs professional accountability.

Where did this come from?

- **2012:** Primary Care Nurse Taskforce recommended expanding the RN scope of practice to include prescribing, communicating diagnoses, and ordering diagnostic testing in *Primary Solutions for Primary Care*.



Progress Made

- **2013:** Premier Wynne announced expanded RN scope of practice at RNAO's 88th AGM.
- **2014:** RN prescribing becomes government platform commitment.
- **2015:** Minister Hoskins re-confirmed commitment to RN prescribing at RNAO's 2015 Queen's Park Day.
- **2016:** HPRAC report submitted; Budget re-confirmed commitment and Minister indicates swift movement on independent RN prescribing.

JOBS FOR TODAY AND TOMORROW
2016 ONTARIO BUDGET





HPRAC

- HPRAC is an arms-length agency that advises the Minister on the regulation of health professionals.
- Minister tasked HPRAC with providing advice on the implementation of RN prescribing in Ontario.
- Report submitted to Minister by March 31st 2016.
- RNAO delivered a comprehensive submission and recommended independent RN prescribing.
- AOHC endorsed independent RN prescribing.
  - Clinical Advisory Team consulted.

Independent Prescribing

- **Independent prescribing**: In this model, RNs may prescribe medications, under their own authority, without restrictions or from a limited or pre-defined formulary within a regulated scope of practice. Independent prescribers are allowed to prescribe any licensed or unlicensed drugs that are within their clinical competency area. As an independent prescriber, the RN would be fully responsible for the assessment of the patient's needs and prescription of medication. (HPRAC, 2016).

RNAO's Proposal

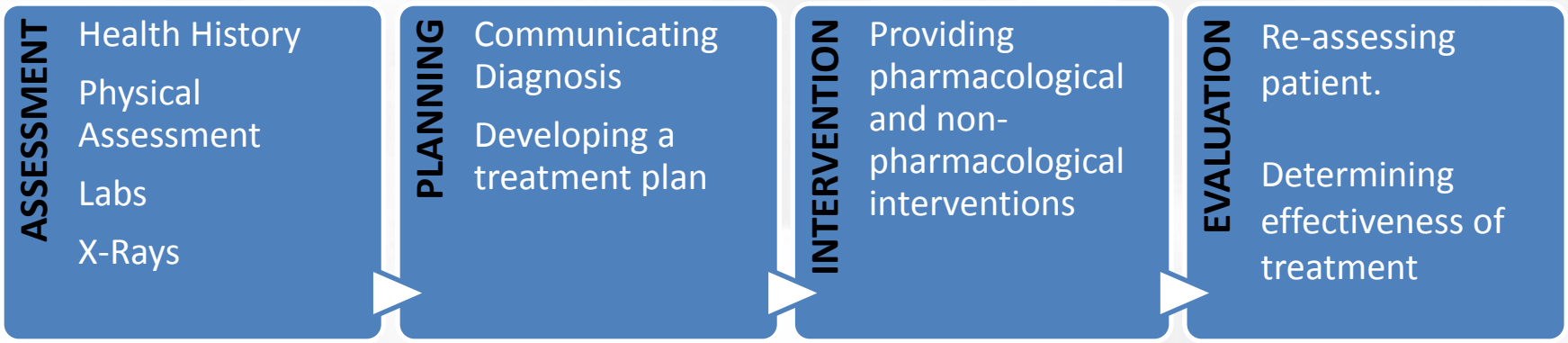
Legislative and regulatory enhancements to authorize registered nurses (RN) in the general class to independently (within scope):

a) order diagnostic testing/imaging;

b) communicate a diagnosis; and

c) prescribe medication.

Nursing Process through an Enabling Framework



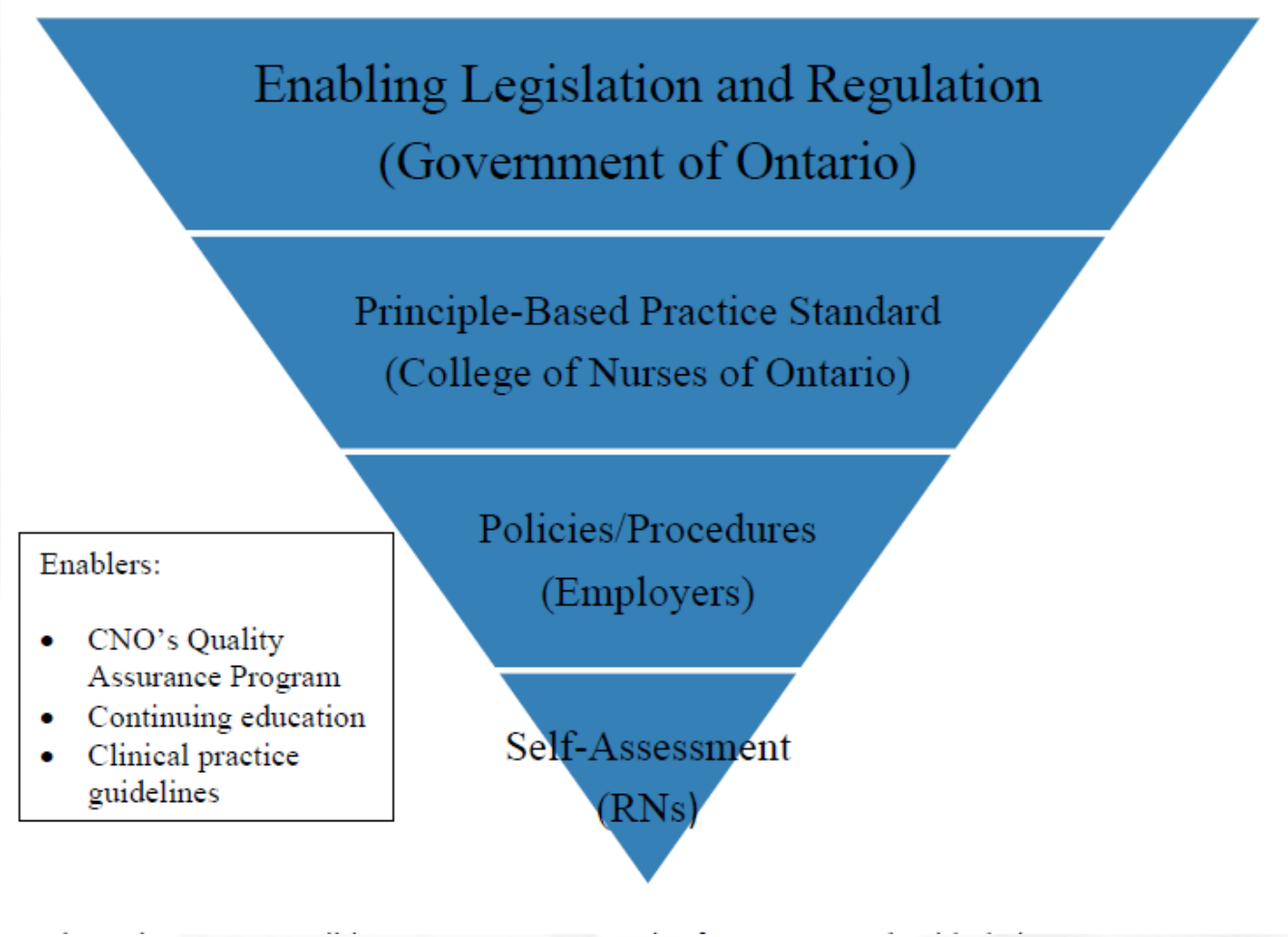
Education Programs

Current RNs	Future RNs
Would have the option to complete a **300-hour university course** to obtain expanded role authority. The course would include formal **classroom teaching, simulation, clinical experience** and **mentored practice**.	Would learn the competencies as part of their undergraduate studies by **2020**. Thus, all RNs graduating from 2020 and forward would have expanded competencies and authority.

Can RNs do this?

- Research and evaluation from other jurisdictions demonstrates safety, quality and effectiveness.
- Some RNs already work in expanded roles, however, they are limited.
  - Interventions delayed and accountability is blurred.
- Strong regulatory mechanisms are in place.
- RNs are highly involved in recommending treatments for clients based on their health assessments.
- RNs would be expected to complete a voluntary course.

Proposed Regulatory Model



Need for An Enabling Framework

- The experience of “lists” (i.e. Prescribing lists for midwives and NPs) has proven highly problematic in Ontario and other jurisdictions.
  - Restrictive, easily outdated and challenging to update.
  - Nursing is a regulated profession and possesses the mechanisms to ensure public safety.
- An expanded RN role will occur within the distinct scope of the RN.
- Each RN assesses whether they have the competency, knowledge and skill to deliver care.

Where is this happening?



Internationally

United Kingdom, Australia, Ireland, New Zealand, United States, South Africa



Nationally

British Columbia, Saskatchewan



In Progress

Alberta, Nova Scotia, Manitoba, Quebec

Primary Health Care

- Primary Care
  - First point of contact for a client
  - More clinically focused
- Primary Health Care
  - Focus on the way services are delivered
  - Client at the centre of the services
  - Emphasis on health and building healthy communities

Primary Health Care Context

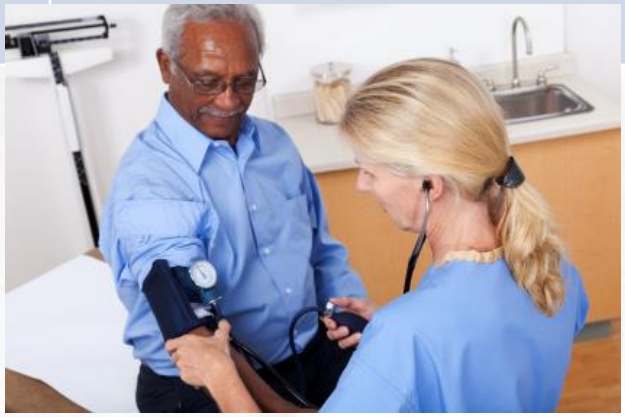
- There are over 4,000 registered nurses practicing in primary health care (College of Nurses 2014).
- Nine different primary care models in Ontario.
- Recognition of nursing as a profession with a defined autonomous scope of practice.
- Variation in scope of practice in primary health care settings.

Implications for Primary Health Care

- Enhance access to services that is timely
- Streamlined services
  - One provider providing the majority of care and services
- Optimize client outcomes
  - Greater ability to assess and treat more clients in the community through outreach

What will this look like?*

Preventative Care	Chronic Disease Management	Episodic Illnesses
•Vaccines •Diagnostic Testing (i.e. Bloodwork) •Foot Care •Reproductive and sexual Health •Smoking cessation •Supplements (i.e. Vit B12)	•Refills for established medications •Wound care •Chronic mental health •Insulin adjustments	•Otitis Media •Uncomplicated urinary tract infections •Strep throat •Dermatological Conditions •Constipation •Nausea •Pain (not controlled substances)



**Not a comprehensive representation. Used for illustrative purposes.*

How will this look different for clients?

Current Scope of Practice

- Client booked with a provider (NP or GP)
- Diagnosis received
- Order provided to RN
- Treatment/Education provided by RN
- Client follow up with Provider and/or RN

Expanded Scope of Practice

- Client booked with RN
- Assessment, Diagnosis and treatment provided by RN
- Follow up with RN

What can you do?

- Shift the conversation
- Assess current scope of practice of RNs and others within your organization
- Develop a plan to move to full and expanded scope of practice
- Develop nursing role descriptions that reflect full scope of practice, offer role clarity and enable interprofessional practice

Questions?



Questions For Discussion

- How can an expanded RN scope of practice can be embraced within the primary health care sector?
- What would independent RN prescribing look like in your practice environment?
- What are the enablers to achieve consistent provincial uptake across the sector?