



## *Board Changes & Implications for NP Practice & Optimizing Access*

*Michelle Acorn  
NP PHC/Adult  
Lead NP GAIN Clinic, Lakeridge Health*

*NPAO President*

# Objectives

- SBAR
- Advance Practice Nursing
- HPRAC, Legislation 179
- PHA, Regulation 965
- Federal
- Lakeridge leading the way

# Advanced Nursing Practice

Umbrella term describing an advanced level of clinical nursing practice that maximizes the use of:

- Graduate educational preparation
- In-depth nursing knowledge
- Expertise in meeting the health care needs of a specific population

# Competencies

1. **Clinical**- advanced assessment, analyze complex interactions, engage clients and team members, identify trends & patterns, plan & conduct educational programs
2. **Research**- identify & implement, act as primary investigator or collaborator, collect data, evaluate current practice
3. **Leadership**- advocating, identify learning needs & gaps, mentoring, evaluating programs, initiating change, learning about current legislative and regulatory NP practice issues and helping others to understand
4. **Consultation & Collaboration**- synthesize information, enhance practice among the team, build coalitions, advocate for change

## APNs

- **Michelle Acorn: NP-PHC/Adult GAIN Clinic**
- **Alison Anger: NP-PHC, Stroke Clinic**
- **Elim Gho: NP-Adult GAIN Geriatric Care Clinic**
- **Jaclyn Mcleod CNS, Geriatric Emergency Management**
- **Julie Earle: CNS, Pass Program**
- **Kathy Lavis: CNS, District Stroke Center**
- **Stacey Moore: NP-Adult, Stroke Clinic**
- **Janice Jones: NP-Adult, Palliative care**
- **Patti Marchand: CNS, Oncology**
- **Sue Whyte: NP-Adult, Pass Program**
- **Margret Campkin: CNS Acute Medicine**

# Advance Practice Nurse

## Situation

- Advance practice nurses (Nurse Practitioner/Clinical Nurse Specialists) value added contributions to patient care and corporate strategic plans are **not well understood and are under-utilized**.

## Background

- Lakeridge Health's investment **in** and sustainability of APN roles suboptimal.

## Barriers

- 1) NP unionization and removal of key nursing leaders from management forums
- 2) Ineffective role utilization (oncology - radiation, symptom , vascular , pediatrics.
- 3) Retired APNs not replaced (dialysis, oncology)
- 4) **Lack of protected** non clinical contributions to corporate strategic directions (education, research, leadership, collaboration)
- 5) Funding variability and vulnerability

# Advance Practice Nurse

## Assessment

- APNs are knowledgeable nursing leaders and champions.
- Recruitment and retention strategies are critical to ensure a magnet APN program to richen the depth/breadth of innovations through APN solutions

## Recommendations

1. Professional Practice Leader
2. Invest in APNs by including them at all leadership avenues
3. Ensure Program & Corporate/ Community capacity role value contributions
4. PEPPA framework for new role possibilities
5. Protected time for all dimensions of practice - CNA framework
6. NP on privileging & credentialing committee & MAC
7. Bill 179 readiness & PHA regulation support
8. Mentorship & align with LHEARN/research
9. Cultivate the culture and optics of APN as valuable nursing leaders & clinicians
10. Funding sustainability

# Public Hospital Act, NP Admit & Discharge

## Situation

- The MOHLTC has approved amendments to the Hospital Management Regulation, under the PHA Regulation 965 that will allow NPs to admit and discharge in- patients from hospitals to optimize access to health care services and improve quality of care for patients.
- A staged implementation for discharging patients is July 1, 2011 and for admitting July 1, 2012.
- NPs are already authorized to admit and discharge outpatients such as in ER and ambulatory settings

# PHA

## Background

- Currently only physicians, midwives and dentists authorized .
- Enabling landmark history, Ontario the first Jurisdiction in Canada to permit NPs to admit and discharge hospital patients.
- Bill 179 RHPA awaiting imminent proclamation to align full scope of NP competencies/capabilities.
- Collaboration /interprofessional care will remain.
- Integrated system efficiencies, cost –effectiveness and safe care will be celebrated for Ontarians.
- Medical directives need will be reduced **enhancing NP sole accountability for practice**

# NP Admit & Discharge

## Assessment

- Lakeridge employs 6 NPs presently:
- Michelle Acorn      NP PHC/Adult      PASS – GAIN Clinic
- Sue Whyte            NP Adult                    PASS – GRU
- Elim Gho             NP Adult                    PASS – GAIN Clinic
- Janice Jones        NP Adult                    Palliative & Symptom Management -  
Community
- Allison Anger       NP Adult                    Wound & Skin (Stroke Clinic)
- Stacey Moore        NP Adult                    Stroke Clinic (Maternity leave)
- Non employed NPs from NPLC, FHT, CHC and LTCs will require credentialing and granting of privileges **initially to optimize transfer of accountability upon discharge from acute care to community**

# NP Admit & Discharge

## Recommendations

- Expedite preparation and support for the enactment of the PHA opportunities.
- Senior level/Board support & linkages with CNE & CME
- Impact analysis on other professionals, hospital administration/governance
- Rework bylaws and policies,
- Expedite Professional Practice APN Leader
- Create NP Staff Section Lead - process, policies, accountability
- Re-establish NP representation of P & C council - appointments
- Advocate for NP on MAC for Interprofessional expertise

# PHA

- Establish and internal working group
- Provincial working group/tool kit with MOHLTC /NPAO/RNAO
- Education blitz – role and scope
- Professional liability to ensure adequate coverage
- LHEARN & research opportunities (HFO)
- Magnet potential as nursing leaders, present/publish innovation and success in action
- Support NPAO for new/protected funding for hospital NPs
- Support LH strategic direction/goals and embrace the value added contributions of NPs.

**NPs are ready  
179 & 965 & beyond**



***We have our members and public in our sight!***



## **NPAO Vision**

*Transforming health care for Ontarians through Nurse Practitioner innovations.*

## **NPAO Mission**

*NPAO is the professional voice for Nurse Practitioners in Ontario.*

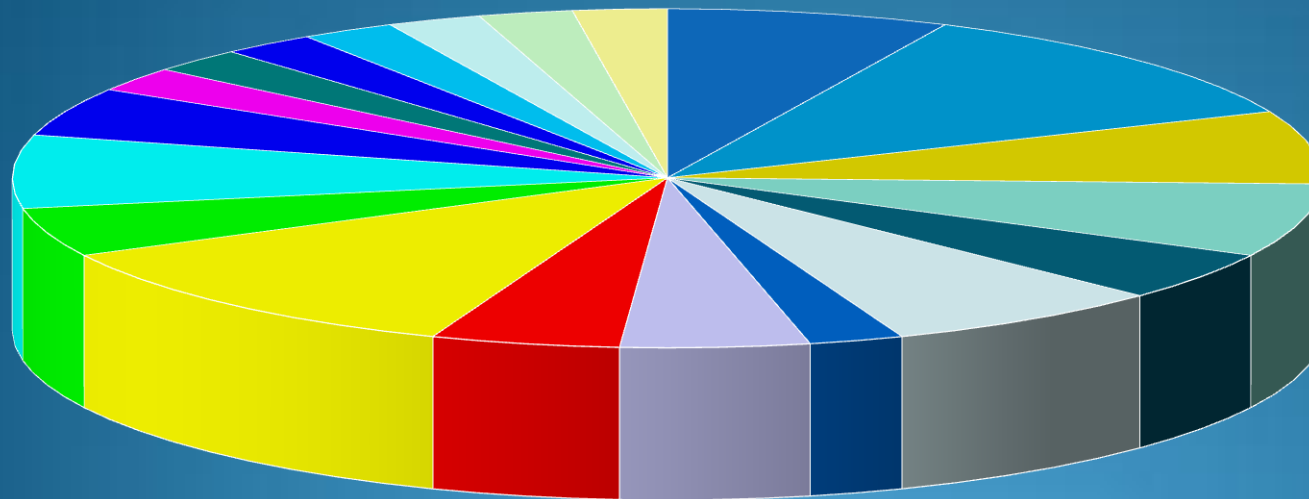
*Our mission is to achieve full integration of NPs to ensure accessible, high quality health care for all.*

- NP-Adult 337
- NP-Paediatics 147
- NP-Primary Health Care 1,365

**1840 Members Entitled to Practice**

College of Nurses of Ontario, February 1, 2011

# Specialties



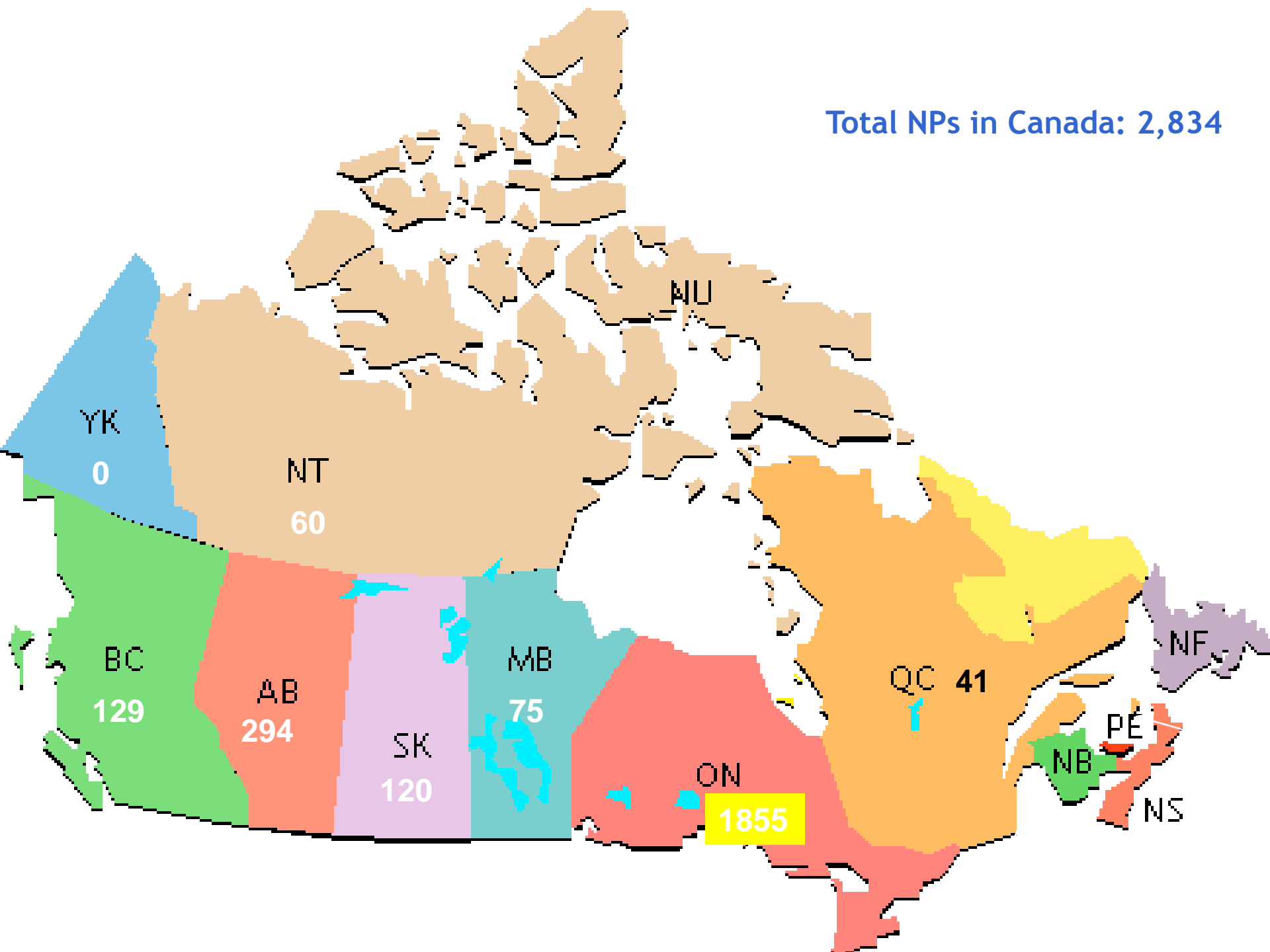
- palliative & pain
- cardiac
- cardiac paediatrics
- geriatrics
- geriatric consult
- neurology
- neurology paediatrics
- wound care
- respirology
- emergency
- intensive care
- intensive care paediatrics
- community health
- orthopedics
- nephrology
- oncology
- oncology paediatrics
- ambulatory care
- urology paediatrics
- infectious diseases paediatrics

Ontario Specialty NP study, 2009

# National Perspective

- All provinces and territories
- **Ontario has over 60% of all NPs in Canada**
- Most studied health professional in Ontario & other provinces – deemed safe

Total NPs in Canada: 2,834



# 1998 Expanded Nursing Services Act

- Registered Nurses (Extended Class)/Nurse Practitioners access to an additional 3 controlled acts:
  - communicating a diagnosis
  - ordering the application of a form of energy (ultrasound)
  - prescribing a drug
  - other authorized activities – laboratory tests and diagnostics

# 179 RHPA

- Professional accountability, self-regulation and safety remain paramount.
- Not about "us" but "patients: who will benefit from our increased ability to practice to full scope.
- Changes will improve access to care and allow NPs/regulated professionals to reduce wait times, better navigate complex systems (community, hospital, LTC), strengthen interprofessional collaboration, improve system efficiencies .

- Aligning policy with competence
- Recognize that NPs continue to utilize knowledge, skill, and judgment in meeting patient care needs.
- Improve the patient experience.

- Populations same; neonates, children, adults, seniors, families and communities
- Encounters continue to address social determinants of health, prevention (1,2,3), promotion/wellness, chronic disease self care, symptom management.
- 26 NP- led clinics with interprofessional expertise relying on the removal of practice barriers.



# 179

Additional authorities for NPs will include:

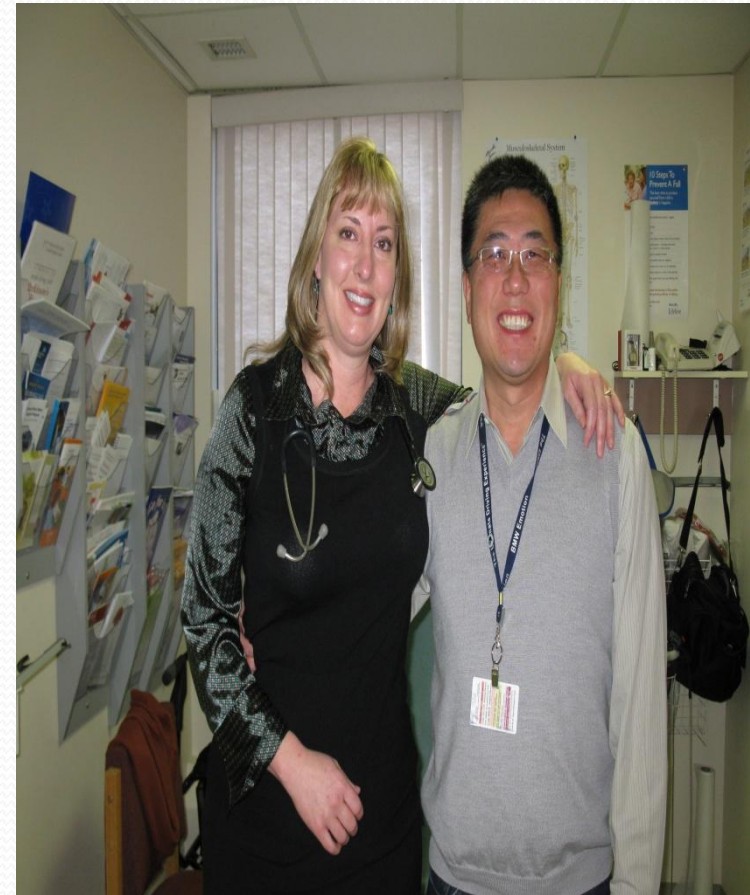
- Applying a form of energy (defibrillation, MRI)
- Setting/casting a fracture or dislocation of a joint;
- Dispensing, selling, compounding
- Broadly prescribing drugs
- Remove restrictions on x-rays (CT)

# *Public Hospitals Act*

- Currently limits significant system impacts.
- Enabling NPs to provide health services to in-patients will mitigate risk and nurture an equitable shared care professional paradigm.
- MRP – most responsible provider/professional

# 965

- Geography should not define or reduce access to optimum consistent care across the continuum of the patient/family experience.
- NPs are able to diagnose, prescribe and treat hospital outpatients currently.
- Currently, Reg 965 does not enable NPs the authority for in-patient care (without directives currently)



# PHA

- Interprofessional shift to a shared governance
- Collaboration on Medical Advisory Councils/ Interprofessional Advisory Council paralleling a true second wave of health care.
- Chief Nurse Executive/Officer (EHCFA) Quality
- Representation of NPs on Privileging and Credentialing Committees
- Review/revise hospital by-laws/policies to include NP authority to admit/discharge

# Regulation 965

- Authority to treat and discharge in-patients will begin July 1, 2011
- Admitting to hospital is staged for July 2012.
- Regulation allows for NPs who are not employed by the hospital to apply for privileges to enable them to treat in-patients.



# Credentialing and Privileging at Lakeridge Health

Ontario ACNP Research and  
Professional Practice Update

Michelle Acorn RN(EC), ENC(C), MN, ACNP

Colleen Dooks RN, MN, CNCC(C), ACNP

January 30, 2004



BOWMANVILLE OSHAWA PORT PERRY UXBRIDGE WHITBY

14 February, 2003

Michelle Acorn,  
Lakeridge Health - Oshawa Site.

Dear Ms. Acorn,

The Board of Trustees, at their meeting held on 13 February, 2003, approved you for Acute Care and Extended Class Nurse Practitioner, effective January, 2003, Family and General Medicine Program, Section of Family Practice-Hospitalist Program, With Extended Privileges in Emergency/Clinics Program, Lakeridge Health - Oshawa Site.

The appropriate departments have been notified.

Yours truly,

Brian Lemon,  
Chief Executive Officer.

*jlw*  
board@lakeridgehealth.ca

# Credentialing

- A process to verify competence formally by organization
- To protect the public, institution and Professional
  - Proof of registration, certifications, education
  - Proof of Professional malpractice insurance
  - Evaluation of references
- Credentialing committee evaluates/recommends specific patient care services through the delineation of clinical privileges

Hravnak, Balisseri 1997

# Privileging

- Purpose is to match the individuals skills to the needs of the patients and resources of the hospital
- Delegated by the Hospital Board for appointment annually  
– first term ASSOCIATE, ACTIVE STAFF after one year of review & recommendation
- Authorize RN EC's not employed by the hospital to care independently for their outpatients currently

# Benefits

- Consistent & Standardized process/model
- Formalizes collaborative shared care partnerships ... beyond NP's & medicine
- Increases credibility, value & visibility
- Provides clarity regarding scope of practice
- Mitigates risk
- Bridges gaps until legislation/regulations catch up with practice

# Opportunities

- NP's shape models of care & privileging/ credentialing process
- Communication/Collaboration structure formalizes partnerships
- NPs on P & C committee
- Mentorship/Coaching
- Communities of Practice

# Controlled Drugs & Substances Act

NPs will be authorized :

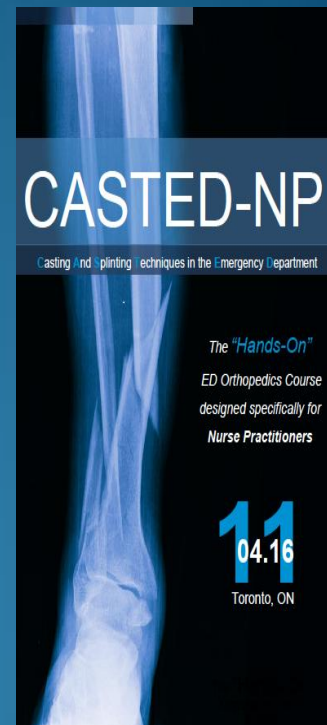
- Prescribe testosterone
- Apply to prescribe methadone
- Exclusion drugs will include: heroin, cannabis, opium, cocoa leaf and anabolic steroids

# CDSA

- Health Canada's submission of new regulatory proposal for the *New Classes of Practitioners Regulations* to Treasury Board – Summer 2011
- Pre-publication in Canada Gazette, Part 1 – Fall 2011
- Final publication in Canada Gazette, Part 11- Winter 2012.

# NPAO Membership Benefits:

- NPAO 179 continuing health education
- NP Project SCOPE: Supporting Competency & Optimizing Practice Excellence
- Diagnostics – MSK pilot with Physiotherapists
- OTN- Feb 2011 – 78 VC, webcast – huge!
- NP- Casted
- Partnerships: CE COUPN working group, OPA, OCFP
- Resource tool kit
- Monthly OTN coming



## GAIN Geriatric Clinics

- Aging at Home Year 3 funding \$4.8 million
- **4 Geriatric Clinics** in CE LHIN's 4 largest community hospitals:
  - 1) Lakeridge Health Oshawa
  - 2) Peterborough Regional Health Centre
  - 3) The Scarborough Hospital, General Campus
  - 4) Rouge Valley Health System, Centenary Campus
- **Provide comprehensive geriatric assessment and intervention for frail seniors living in the community**

# Who Will Support the GAIN Clinic?

- A specialized inter-professional geriatric team including:
  - 2 Nurse Practitioners, NP led
  - Physiotherapist
  - Occupational Therapist
  - Social Worker
  - Pharmacist
  - 2 CCAC Health Career Case Managers
  - Access to a supporting Physician with geriatric training/Geriatrician for consultations
  - Dedicated Clerical support
- Collaboration with GEM nurse & other ED professionals.



# "We believe

every person deserves the best possible health care."

**We are Nurse Practitioners (NPs).**

We work in your community – in hospitals, clinics and long-term care – increasing access to care and reducing wait times. We diagnose and treat illnesses, prescribe medications, and order diagnostic tests.



**RNAO**  
Registered Nurses' Association of Ontario  
Association des infirmières et infirmiers  
associés de l'Ontario



Nurse  
Practitioners'  
Association of  
Ontario

Nurse Practitioners – Partners in your health  
[www.npao.org](http://www.npao.org) [www.rnao.org](http://www.rnao.org)