

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Full scope-what it is and why is it important?

## Toolkit to Support Employers Working to Maximize Full Scope of Practice Utilization for Primary Care RNs and RPNs

### What is full scope?

Term/terminology	Definition
<b>Full scope of practice</b>	<b>Full scope of practice</b> refers to nurses practicing to the full extent of their competencies, knowledge and skills or full range of roles, responsibilities and functions that they are educated, competent and authorized by the College of Nurses of Ontario to perform, as outlined in <a href="#">Primary Solutions for Primary Care: Maximizing the Role of the Primary Care Nurse</a> . Nurses and other health professionals practise to their full scope when they are in a practice environment that enables them to fully utilize their competencies, knowledge, and skills to provide high quality, evidence-based and patient-centred care (RNAO, 2012; White et al., 2008).
<b>Primary care</b>	<b>Primary care</b> can be defined as "...that level of a health service system that provides entry into the system for clients with new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and co-ordinates or integrates care provided elsewhere by others." (RNAO, 2012, p.4).
<b>Primary care registered nurses</b>	The <b>Primary Care RN</b> practises autonomously to their full scope of practice and is an important member of the interprofessional care team. The scope of practice of RNs is consistent with assignment to care for complex clients with unpredictable outcomes, and a high risk for negative outcomes (RNAO, 2010). For example, this means that primary care RNs would be assigned to complex clients with chronic co-morbidities, clients with episodic illness, clients with unknown conditions and clients who require a higher level of assessment and nursing intervention. Frequently, the primary care RN is a patient's first point of contact. The primary care

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	<p>RN maintains competencies based on in-depth knowledge and skills in clinical practice, and holds the expertise required to conduct comprehensive health assessments and implement appropriate nursing interventions. The primary care RN is active within the community, assessing health needs and advocating for change and aligns her/his practice with evidence-based strategies that maintain the highest level of quality and continuity for the patient (RNAO, 2012).</p>
<p><b>Primary care registered practical nurses</b></p>	<p>The <b>Primary Care RPN</b> is an important member of the interprofessional care team. The scope of RPNs is consistent with assignment to care for stable clients with predictable outcomes and a low risk for negative outcomes (RNAO, 2010). Primary care RPNs would be assigned to assess and care for more established/stable clients with identified and applied nursing care needs, and those clients requiring routine follow up and monitoring. The primary care RPN aligns her/his practice with evidence-based strategies that maintain the highest level of continuity for the patient (RNAO, 2012).</p>

Note: Although this toolkit focuses on the roles of RNs and RPNs, it is important that all categories of nurses be aware of the importance of practicing to full scope. Thus, the NP role also warrants examination. Please visit the [Nurse Practitioners' Association of Ontario](http://www.nursepractitioners.ca) website for more information about the NP role.

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## Why is full scope important?

Health care professional shortages are a reality in Ontario, and these shortages in primary care affect patients, employers, the professionals themselves, and the health care system as a whole (Romanow, 2002). The underutilization of RNs and RPNs, along with the need to address full scope of practice utilisation has been identified as an area of focus in order to improve quality of care<sup>1</sup>. Specifically, little to no attention has been given to the role of the primary care nurse (RN and RPN) by governments, employers and professional associations and as a result, this role is grossly under-utilized, to the detriment of the public and the health system<sup>2</sup>.

In line with [Ontario's Action Plan for Health Care](#), which seeks to support Ontarians to become healthier, provide faster access and a stronger link to family health care, and provide the right care, at the right time, in the right place, it is essential to build robust interprofessional primary care service settings that provide evidence-based care through the full utilization of primary care nurses. Primary care must be positioned and enabled to be the point of entry to the health-care system for Ontarians. To do this, we need to increase timely access to care to avoid unnecessary emergency department visits and reliance on walk-in clinics.

Full scope of practice utilization means that approximately 4,364 primary care RNs and 2,984 RPNs<sup>3</sup> are enabled to increase access to care. Enhancing the role of the nurse can improve patient outcomes, facilitate same-day access to care, and contribute to a primary care system that is more responsive, effective and cost-efficient<sup>4</sup>. Although this toolkit focuses on maximizing the nursing role, it is really through the collaboration of all members of primary health care teams, that collective goals will be achieved. Functional teams maximising nurses' full scope allows many benefits for all those involved in the health care system: employers and employees, and the patients themselves as outlined below<sup>5</sup>.

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<sup>1</sup> Baranek, 2005; Besner et al., 2005; 2011; Commission on the Reform of Ontario's Public Services; Fairman et al., 2011; Improving Access in Primary Care Working Group, 2011; Institute of Medicine of the National Academies, 2011; Oelke et al., 2009; Romanow, 2002; White et al., 2008

<sup>2</sup> RNAO, 2012; White et al., 2008

<sup>3</sup> College of Nurses of Ontario. (2013). Membership statistics highlights 2013. Retrieved from [http://www.cno.org/Global/docs/general/43069\\_stats/43069\\_MembershipStatistics-Highlights.pdf](http://www.cno.org/Global/docs/general/43069_stats/43069_MembershipStatistics-Highlights.pdf)

<sup>4</sup> Allard et al., 2010, Besner et al., 2011; Oelke et al., 2008; Rashid et al., 2010; RNAO, 2012; White et al., 2008

<sup>5</sup> Allard et al., 2010, Besner et al., 2011; Oelke et al., 2008; Rashid et al., 2010; RNAO, 2012; White et al., 2008

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According to the literature and various reports<sup>6</sup> potential outcomes of full scope of practice utilization for RNs and RPNs include:

**For Clients and Families**

- Improved access to primary care
- Quicker appointments available and more time with a health professional
- Increased access to health promotion and prevention education
- Access to a variety of health care providers (with various knowledge and skills) through team based care
- Improved client outcomes e.g. increased client satisfaction

**For Primary Care Employers**

- Increased retention and recruitment
- Interprofessional collaboration
- Increased capacity of the practice
- Improved access for patients
- Improved care co-ordination
- Improved patient outcomes
- Peer and interprofessional support, collaborative teamwork
- Better work/life balance

**For Primary Care Nurses**

- Increased career satisfaction from greater autonomy and utilization
- Increased role clarity, interprofessional understanding, and respect
- Fully utilizing competencies, knowledge and skills
- Improved workload and healthier work environments

**For Management**

- Increased retention and recruitment (helps address workplace shortage)
- increased interprofessional collaboration
- Better balance of workload

**For the Health Care System**

- Improved access to primary care
- More cost-effective and timely care delivery Improved patient outcomes, preventing future health care system costs
- Addresses current and predicted nursing and healthcare professional shortage
- Supports continuity of care, expanded service provision

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<sup>6</sup> Allard et al., 2010, Besner et al., 2011; CNA, 2014; Oelke et al., 2008; Pringle, 2009; Rashid et al., 2010; RNAO, 2012; White et al., 2008