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

Speaking out for nursing. Speaking out for health.

MODELS OF RN PRESCRIBING MATRIX

<table>
<tr>
<td rowspan="2">INDEPENDENT PRESCRIBING
HPRAC Definition

In this model a nurse 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.

As an independent prescriber, a RN would be similar to a physician in terms of ability to prescribe. However, an RN would not have access to prescribing controlled drugs and substances.</td>
<td>System Level Benefits
• Enables the largest group of regulated health providers to greatly improve access to care across sectors and throughout the system for all Ontarians.
  ○ In addition, enhanced access for groups that experience challenges accessing care: persons experiencing homelessness, LGBQT, aboriginal persons, newcomers, refugees, Franco-Ontarians and others.
• Supports the ability of RNs to order diagnostic testing and communicate a diagnosis, improving continuity of care.
• Accountability between health providers will be clearly defined as RNs take responsibility and accountability for their maximum scope of practice, improving patient safety.
• An enabling framework allows practice to respond to the local context without the need for cumbersome legislative and regulatory amendments that accompany 'prescribing lists'.
• Supports the ongoing evolution of the RN role to meet future health needs.
• Improved efficiency and effectiveness of the health system through continuity of care and continuity of caregiver and ensuring that the most appropriate health professional is delivering care.</td>
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<td>Local Level Benefits
• Enable employers, across sectors, to develop policies/procedures to implement an expanded RN scope in a way that meets the needs of the people being served now and in the future.
• Improved health promotion/prevention through the full utilization of public health nurses, especially for marginalized populations.
• Clients will get same day or next day access in primary care.
• Minimizes reliance on costly walk-in clinics.
• Triage RNs in emergency departments could diagnose and treat low acuity conditions improving timely access to care, flow and liberating physicians and NPs for higher acuity clients.
• RNs in highly autonomous roles (e.g. home care or remote nursing stations) could appropriately assess, diagnose and treat clients immediately without having to disrupt continuity of care by referring elsewhere.
• Reduced emergency department transfers for LTC residents.
• Risks associated with polypharmacy will be reduced as medication reconciliation can occur including, discontinuation/adjustment of medication when health needs change.
• Continuity of care and caregiver will be greatly improved as RNs order diagnostic testing, communicate diagnoses and prescribe necessary medications.</td>
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<td rowspan="2">USE OF PROTOCOLS
HPRAC Definition

In this model written instructions allow RNs to supply and administer medications within the terms of a predetermined protocol. The use of protocols is used for the supply and administration of named medicines in an identified clinical situation. RNs are only able to supply and administer medications within the strict terms of the predetermined protocol. A RN under this model is responsible for the acceptance of the protocol but the prescribing physician or regulated health professional with prescribing authority* is responsible for the assessment of the patient's needs and prescription of any medication.

Through the use of protocols, a RN would be able to prescribe specific medications under specific circumstances, similar to how RNs currently prescribe through the use of an order or a medical directive.</td>
<td>System Level Limitations
• Impact on health system access will be minimal, if anything. There is a risk that protocols will actually reduce access to care.
• Not applicable across all health sectors.
• There is no current barrier that prevents the use of protocols today. In fact, medical directives are protocols.
• Will result in a duplication of health system resources.
• A clear process for updating protocols to respond to changes in best practice will have to be developed and disseminated to all individual health providers with prescribing authority.
• Accountability for care is blurred and risks patient safety.
• RNs would not be able to provide holistic care and this would lead to fragmentation.
• Individual health providers with prescribing authority determine protocols and discrepant processes could be implemented.</td>
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<td>Local Level Limitations
• Few conditions/situations are amendable to the use of protocols.
• RNs would be able to implement the protocol only after the health professional with prescribing authority assesses the clients' needs; therefore access to care is still dependent on physicians or NPs.
• Clients that deviate from the predetermined protocol would have to be referred to a physician or NP disrupting continuity of care.
• Protocols do not address changing or emerging care needs and are focused on treatment of one condition.
• Protocols will become void when the signing health provider with prescriptive authority leaves an organization.</td>
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<td>SUPPLEMENTARY PRESCRIBING
HPRAC Definition

Supplementary prescribing is a hybrid of independent prescribing and use of protocols. This model involves a partnership between a RN, physician and patient, where after an initial assessment of the patient's needs by the physician a nurse</td>
<td>System Level Limitations
• Impact on health system access will be minimal, if anything. There is a risk that supplemental prescribing will actually reduce access to care.
• Not applicable across all health sectors.
• There is no current barrier that prevents the use of supplemental prescribing today. In fact, this can be done through PRN orders and delegation.
• Will result in a duplication of health system resources.
• Supplementary prescribing adds an administration burden through the development of collaborative practice agreements between physicians/NPs and RNs.
  • May cost the system more money.</td>
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may prescribe medication. In this model a patient-specific clinical management plan (CMP) is developed by the nurse and physician that allows the nurse to prescribe within a limited or pre-defined formulary or by class of drugs within their clinical competency area. The collaborating physician shares the responsibility of prescribing and holds full responsibility for the assessment of a patient. There are no restrictions on the type of patient condition or patient population that a CMP could be developed for between a physician and RN. As a supplementary prescriber a RN, working within a previously established CMP, would be permitted to prescribe for a variety of patient clinical conditions as long as they are within the RN's clinical competency.	• Supplementary prescribing will only be applicable to sectors with long-term, stable and predictable patients. **Local Level Limitations** • Clinical management plans are highly individualistic and would be different for each client making it difficult to standardize care. • Developing clinical management plans for individual clients is time consuming and takes physicians, NPs and RNs away from delivering front line care. • RNs will be unable to provide holistic care as clinical management plans may not address emerging or changing health-care needs. • Clients will need to be assessed and diagnosed by a physician or NP perpetuating current challenges when accessing care. • Accountability is blurred. Physicians or NPs will be required to maintain an ongoing awareness of the specific knowledge, skill and judgment of the RN they entered into the collaborative practice agreement.