

Sustainability of Nursing Stations as a viable model of care in Ontario

Submitted by Nurse Practitioners' Association of Ontario
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(no conflict of interest declared)

WHEREAS Registered Nurse-managed Nursing Stations have been a model of care in Ontario for 100 years, and Nurse Practitioner-managed Nursing Stations have been a model of care in Ontario for 35 years, serving 22,000 patients annually; and

WHEREAS funding to recruit and retain Nurse Practitioners and Registered Nurses in Nursing Stations has lagged behind other models of care; and

WHEREAS Nurse Practitioner and Registered Nurse-managed Nursing Stations have been shown to increase access to care for those in remote and rural parts of Ontario;

THEREFORE BE IT RESOLVED THAT RAO advocate for the sustainability of Nursing Stations as a viable model of care in Ontario, through increased funding for Nurse Practitioner and Registered Nurse positions.

Resolution #5

Backgrounder

- Nursing stations have been used in Canada for almost 100 years. They started as small outpost clinics situated in isolated communities throughout the north and were staffed by RN's. They have the proud reputation for assessing and managing the care of anyone who presents to the clinic, often with limited involvement from other health care providers.
- Nurse Practitioner managed nursing stations have been a model of care in Ontario for 35 years.
- Modern nursing stations are found throughout the entire province, in small rural and isolated communities where access to primary care is limited by geographical or financial constraints of the population served. They are staffed by either RN's or NP's, and continue to have limited on-site availability of a collaborative physician partner. (Institute for Clinical and Evaluative Sciences, 2011).
- Technology, such as Ontario Telemedicine Network and Electronic Medical Records help to keep the patients connected to the broader health care system while staying in their home communities. Many patients receive cancer follow-ups, wound care, diabetic teaching, and many other services provided by specialists and other health team members through technological means.
- Nursing stations provide community specific, patient centred care; including house calls as needed. Nursing stations are successful in keeping people at home longer and healthier through these programs, thereby saving health care dollars and preserving quality of life and death for clients. (Kearney, D., 2010, Northern Ontario Medical Journal).
- Nursing stations are funded through different departments of the Ministry of Health and Long Term Care (Underserviced Area Program, Primary Care Branch, etc.). Funds are usually channeled through a host agency, and distributed to the station staff through a negotiated budget. One time funding and donations are sought to purchase equipment as needed for each station. (Rural and Northern Health Care Framework, Ontario Ministry of Health and Long Term Care, 2012).
- Nursing stations are most often housed in buildings owned by the township, municipality, or First Nation they serve. The community feels a sense of pride and ownership for their nursing station, and their RN or NP is a highly regarded and protected partner in the community.
- RN's and NP's who work in nursing stations work to their full scope of practice providing well person check-ups, chronic disease monitoring and management, episodic illness and injury management, and urgent care services. (Kearney, D., 2010)
- Patients can be seen in nursing stations without penalty to their family doctor, if they have one. Visitors from outside the area, and even from outside the country can receive services from the nursing station. (Institute for Clinical and Evaluative Sciences, 2011)

References:

1/ Rural and Northern Health Care Framework/Plan, Ontario Ministry of Health and Long Term Care, 2012
2/Kearney, D (2010). Nurse Practitioner Managed Nursing Stations. Northern Ontario Medical Journal
3/Geographic Access to Primary Care and Hospital Services for Rural and Northern Communities, Institute for Clinical and Evaluative Sciences, January 2011.