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

Briefing Note: Increasing Ontarians' Access to Health Care Services by Fully Deploying Registered Nurses

Utilizing the knowledge and skills of registered nurses in different roles is urgently needed to secure high-quality health care for the people of Ontario.

Issue: Increase Access to Primary Care through Nurse Practitioner-led Clinics

In a province as progressive as Ontario, the fact is: in 2008, one in 12 adults do not have a family physician[1]or other primary care provider and access to primary care remains a key challenge. This is especially the case for 30 percent of Ontarians who live in northern and under-serviced communities across the province. Nurse Practitioners (NP) in both primary and acute care settings have been shown to supplement and complement other roles[2] [3] and improve access to health services. However, many NPs in Ontario are not being fully utilized and are unable to practice to their full scope.[4]

RNAO calls for:

- Immediate approval and launch of three NP-led clinics announced in October 2008 for Sault Ste. Marie, Erie St. Clair Local Health Integration Network (LHIN) and the Northwest LHIN catchment area.
- Funding at least 10 additional NP-led clinics in 2009.
- Full implementation of the Provincial Government's commitment to fund 25 additional NP-led clinics by 2011.
- Funding 150 additional Primary Health Care Nurse Practitioner positions across community health centres, NP-led clinics, family health teams, emergency departments, nursing homes, home care and other outpatient settings.

Background:

- Nurse Practitioners are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice.[5]
- The need for NP-led clinics offering primary care is undeniable. NPs possess the knowledge and skills to provide a point of entry to health promotion and disease prevention as well as curative, rehabilitative and supportive services for individuals and families throughout their lifespan.

- Primary Health Care Nurse Practitioners (PHC-NPs) are recognized as a solution to improving timely public access to quality health care. PHC-NPs work autonomously, from initiating the care process to monitoring health outcomes, and work in collaboration with other health care professionals. Their scope of practice focuses on providing services to manage the health needs of individuals of all ages, families, groups and communities. [6]
- Nurse-led clinics in other countries have alleviated pressure from shortages in health human resources, resulting in: decreased wait times; more fully integrated pathways of care; enhanced continuity of care; improved access to care; and cost containment. [7]
- Nurse-led clinics in Ontario have resulted in improved access to primary care and improved quality of life for patients and their families. [8]
- There is widespread interest across the province in establishing additional NP-led clinics with about twenty communities just waiting for the governmnets' green light.

Issue: Focus on Chronic Disease Management

RNAO calls for:

- Increasing investment in home care services to support persons with chronic conditions and/or older persons so that they may age in place and continue to remain active members of our communities.

Background

- As Ontario's population grows older, the incidence of chronic illness will increase.
- Chronic disease is too often poorly managed, generally within an illness model which is characterized by frequent emergency department visits and hospital readmissions with long lengths of stay.[9] This 'illness model' is focused on diagnosis, treatment and cure. While this may be appropriate for acute illnesses, such as heart attack or stroke, this approach is not well suited to the management of chronic disease.
- In transitioning from an illness orientation to a wellness orientation, prevention becomes the new priority at all points in the continuum of care. The current government has developed a Chronic Disease Prevention and Management Framework that has a wellness orientation. [10]
- A large number of studies show that the benefits of this model in managing chronic illness include:
  - Decreased health-care utilization, including fewer emergency department visits, fewer hospital readmissions, and decreased length of stay; [11] [12]
  - Improved quality of life for clients; [13]
  - Improved quality of care; [14]
  - Improved client satisfaction; [15] and,
  - Improved health-care provider satisfaction. [16]
- Registered Nurses are well positioned to manage and deliver care to clients with chronic disease. The nursing model provides a holistic approach that is effective

in managing chronic disease and preventing complications. [17] It addresses the needs of individuals and families from diagnosis to management and end-of-life decision-making by providing support to patients, families, and caregivers.

- RNs and NPs working in primary care and home care help to bridge the gap in continuity of care between the acute care sector and independent community living. This can empower people to make important self-care decisions, participate meaningfully in their treatment, and take charge of their overall health and well-being.[18]
- In a variety of settings, RNs and NPs have proved beneficial to clients with chronic care conditions by successfully decreasing utilization of health-care resources, improving patient satisfaction, and improving quality of life.[19] [20] [21] [22]

Issue: Support Expanded Roles for RNs

Expanded roles for registered nurses maximize health-care resources and enhance access to services. Supporting these roles will help Ontario to keep more registered nurses in our health-care system and potentially act as a magnet for those considering a career in nursing.

Registered Nurses in many European countries practice in a number of expanded roles and in a diversity of venues, including emergency departments and nurse-led clinics, to provide care and support for clients and their families. These services have been shown to achieve positive outcomes for clients and practitioners.[23]

RNAO calls for:

- The provision of base funding for expanded practice nurses such as Registered Nurse First Assistants (RNFA) and nurse endoscopists (NE).

Background:

- Registered Nurse First Assistants (RNFA) are registered nurses with additional certification in surgical assistance. RNFAs work with the surgeon and operating room team to provide safe patient care before, during and following surgery. [24] Patient outcomes have shown to be positively impacted by implementation of the RNFA role indicated by decreased patient anxiety, facilitation of continuity of care,[25] and decreased surgery time and turnover time between cases.[26]
- Colorectal cancer is the second-leading cause of cancer death in Ontario, and the leading cause of death in non-smokers. It is one of the most curable and preventable cancers if detected early. Nurse endoscopists, who are registered nurses with extended specialized education, are able to perform flexible sigmoidoscopy, providing care that is safe and cost effective.[27]
- Ontario has provided some leadership in new roles for RNs, including RNFAs and nurse endoscopists. However, these roles are yet to become permanent, and episodic funding has created a movement of nurses in and out of roles leading to cancellations of services, delays in care, and loss of RNFAs to other jurisdictions. It is imperative that stable funding be allocated to ensure the security of these roles.

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