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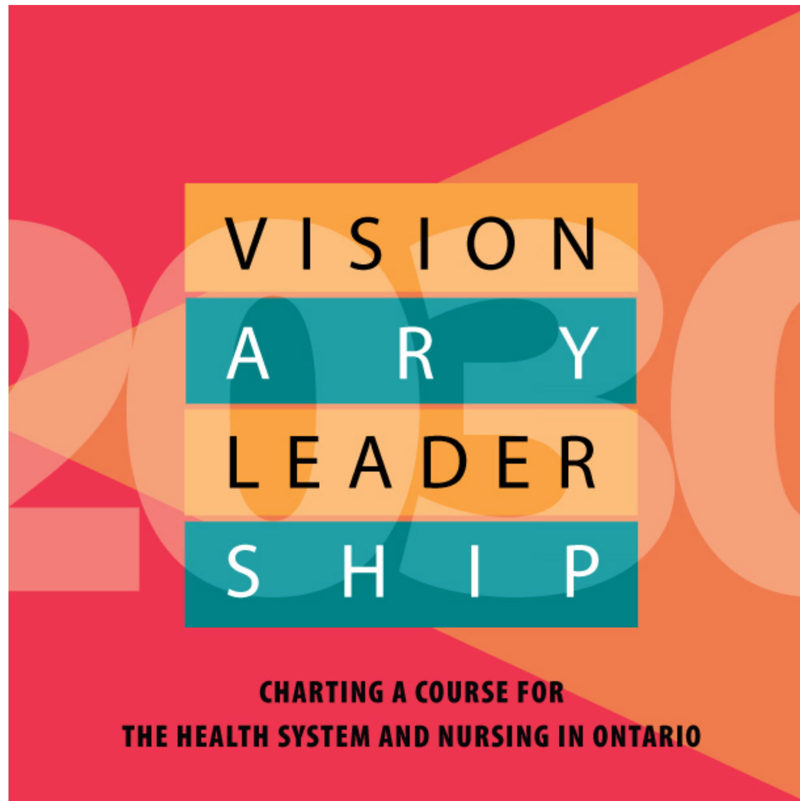
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario
Speaking out for nursing. Speaking out for health.



Primary Care

RNAO Vision backgrounder

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Defining Primary Care

Primary care can be defined as "…that level of a health service system that provides entry into the system for all 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."[1] RNAO regularly receives anecdotal reports from the field suggesting that while nurses in all settings are working very hard and provide long hours of care, the roles of the Registered Nurse in primary care are misaligned with the competencies, knowledge, and skills of these professionals. These reports are validated in a study that found only 61 per cent of Canadian RN respondents report practising to their full scope of practice in primary care.[2] Clearly there is untapped potential in Ontario's primary care system with a significant nursing workforce waiting and eager to be fully utilized and take on expanded roles.

Health human resources profile of Registered Nurses (RN) and Nurse Practitioners (NP) in Primary Care

In 2012 the College of Nurses of Ontario (CNO) reports that there were almost 4,000 primary care RNs.[3] Data regarding the working status of these nurses varies, however, estimates range from 35.4-58.1 per cent full-time; 25.9-44.7 per-cent part-time and 9.8-19.9 per cent casual, depending on the primary care model.[4]

In 2013 the CNO reports that there were approximately 980 primary care NP positions in Ontario. Data regarding the working status of these nurses varies, however, estimates range from 44.9-80.6 per cent full-time; 12.0-33.7 per cent part-time and 2.7-21.3 per cent casual, depending on the primary care model.[5]

Context for Action

The Primary Care Nurse Task Force[6] was launched by RNAO to explore the unique role of the RN and Registered Practical Nurse (RPN) in primary care, and to develop recommendations that optimize the full utilization of these nurses to strengthen patient outcomes and health system cost-effectiveness. The Task Force was interprofessional and included representation from all associations involved in primary care. The Task Force focused on the role of both RNs and RPNs to provide differential role clarity in primary care and optimize both roles within patient-centred interprofessional teams, while strengthening continuity of care. This report represents a first step towards ensuring the full utilization of all health professionals across the province, which is a part of Ontario's blueprint for action on interprofessional care.[7] Future policy must strengthen the interprofessional team's ability to provide the highest quality of care for patients, while ensuring the most appropriate use of all health professionals and resources.

The Task Force focused on two progressive phases of outcomes. The first phase identifies the highest level of RN and RPN scope of practice utilization already present in selected primary care settings in Ontario and recommends an upward harmonization of scope of practice utilization for all primary care nurses, across all sites in Ontario. The second phase involves identifying needed expansions to the existing scope of practice of the primary care RN and RPN that would serve to further improve access to

primary care for the public. The recommendations for the second phase focus on the mechanisms required to achieve the proposed scope of practice expansions.

Phase One (short-term)

The Task Force collected current primary care RN and RPN role descriptions in Ontario and analyzed them to identify key elements of practice (i.e. health assessment, education, counseling, etc.). Following this initial analysis, the highest scope of practice utilization was identified within each practice element and this led to the development of prototype RN and RPN role descriptions. These role descriptions enable Ontarians and the health system to benefit from the full scope of practice utilization of RNs and RPNs. Phase one recommendations from the Task Force centre on securing province-wide uptake of these prototype role descriptions, emphasizing that there is nothing contained in these that was not taken from an existing primary care nurse role description in Ontario. This analytical approach provides the necessary evidence that primary care RNs and RPNs are capable of providing a broad range of care to Ontarians, with the potential of providing much more substantial and comprehensive service to the public. The resulting role descriptions set the bar at a high and realistic level for an immediate upward harmonization of RN and RPN scope of practice utilization across all primary care settings in Ontario.

It is understood that in order to ensure a consistent utilization and implementation of the phase one role descriptions, a number of complementary system enhancements are required, including:

- ensuring role direction and clarity;
- leveraging existing primary care nursing educational programs and developing new ones as necessary. This includes learning institutes and online resources;
- enhancing current primary care models to include more time for on-site education, mentorship and research;
- leveraging the expertise of experienced primary care nurses already practising at full scope, NPs, family physicians, and clinical nurse specialists, to mentor and support primary care RNs and RPNs;
- expanding primary care nursing placements in entry level nursing education programs and supporting primary care nurses to take on teaching/mentoring roles;
- continuing to reform primary care funding models to ensure the most appropriate use of all health professionals and maximizing interprofessional care delivery; and
- supporting opportunities to build nursing leadership in primary care organizations.

Phase Two (long-term)

There is significant potential for the roles of RNs and RPNs in primary care to be expanded to optimize patient care outcomes and achieve system efficiency and cost-effectiveness. Phase two RN and RPN role descriptions were developed to articulate expanded nursing roles in Ontario's primary care system.

The expanded role of the RN focuses on authorizing access to the following three controlled acts under the *Regulated Health Professions Act, 1991* through amendments to the *Nursing Act, 1991* and associated regulations:

- "Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis;"
- "Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept;" and
- "Applying or ordering the application of a form of energy prescribed by the regulations under this Act."

In addition, amendments would need to be made to the *Laboratory and Specimen Collection Centre Licensing Act, 1990* and associated regulations to permit RNs to order laboratory tests.

Practical examples where an expanded role of the RN would be appropriate include:

- The identification and treatment of Otitis Media (ear infection) or an infection of the throat which are common encounters in primary care;
- The initiation and maintenance of a comprehensive contraception program, which would involve prescribing birth control pills to patients. Currently, many public health nurses are assuming this function through delegation and medical directives; and
- The management of chronic illnesses where nurses have developed long-term therapeutic relationships with patients.

Bodenhemier et al. identify comprehensiveness and primary care-based care co-ordination as being key to a high-performing primary care setting, noting that "Improving care coordination requires teams … [and] high-performing practices often include a care coordinator … whose sole responsibility is care coordination."[8] Primary care is the foundation of RNAO's Enhancing Community Care for Ontarians (ECCO) model and represents a key service that must be heightened to achieve primary health care for all.[9] Primary care RNs must take a lead role in the care co-ordination and system navigation process, in collaboration with other qualified professionals within the interprofessional team.

References

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[3] CNO Data Request
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