RNAO submission to the Ministry of Health on expansion of scope of practice for nurse practitioners and registered nurses

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Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

RNAO welcomes the opportunity to respond to the Ministry of Health's (Ministry) consultation on potential changes to scopes of practice for NPs and RNs.

RNAO feedback and proposal

RNAO supports the proposed changes to expand NP and RN scope of practice. These changes are important as part of a critical strategy to leverage the expertise of the nursing workforce in service of better health outcomes and advancing a high performing health system for all Ontarians. RNAO has long advocated for a workforce in which nurses can make full use of their skills, experience and education to provide timely access to quality, evidence-based and person-centred care (Registered Nurses' Association of Ontario [RNAO], 2012; 2018; 2020a; 2021; 2024).

Our research and experience tell us that urgent additional action is needed. The evidence tells us that the proposed scope expansion set out in this consultation is welcome; yet too limited to address access gaps and our current health human resources crisis. Health system indicators confirm that Ontario is struggling with a health human resource crisis, including and especially nursing. Examples include:

- the enormous and rapidly growing crisis in primary care attachment
- record levels of hallway health care
- declining acceptance rates in home care

And, there is at least one obvious solution: Optimize existing resources by drawing on the full arsenal of education, skill and experience that already exists within the nursing profession.

The first section of our submission outlines our response to the changes proposed by the Ministry. The second section provides additional recommendations for NP and RN scope expansion.

1. RNAO response to the proposed changes

RNAO thanks the Ministry for providing fulsome consultation questions. We provide our answers to those questions in Tables A through D, organized by specific scope expansion topic.

A. NPs: Ordering and applying electricity

Possible impacts	RNAO response
For specific populations	Expanding scope of practice to facilitate the ordering and application of electricity will enable NPs to:

Possible impacts	RNAO response
	1. initiate and support early resuscitation of patients who experience an in-hospital cardiac arrest (IHCA)[1] in acute care settings across Ontario 2. support the early management of bradyarrhythmia secondary to a treatment or as a temporary bridging method to more invasive therapy (transvenous pacing or pacemaker implantation) when required to prevent a deterioration in patient status for individuals in acute care settings across Ontario (Crofoot, 2024) 3. remove abnormal lesions and treat dermatological conditions (such as squamous cell or basal cell carcinomas) more promptly (Baigrie et al., 2023)
Patient/client experience	Patients will be better served due to: 1. decreased morbidity and mortality risks related to quicker access to defibrillation; brain damage occurs after 5 minutes of a cardiac arrest with declining survival rates during each passing minute of delayed treatment (Heart and Stroke Foundation of Canada, 2024b; Nallamothu et al., 2023; Vaillancourt et al., 2024), and 2. less need for referrals to dermatologists (with potentially long wait times) for removal and treatment of dermatological conditions that could be safely managed by NPs (Liddy et al., 2018).
Health-care setting	**Hospitals** will benefit from: 1. favorable outcomes associated with increased rates of patient survival from the time of the event to hospital discharge and reduced neurological injury that impacts cost and length of stay by improving access to early care through the initiation of early defibrillation (Andersen et al., 2019; Perkins et al, 2021), and 2. decreased risk of morbidity and mortality from hemodynamic instability in patients when transcutaneous pacing is initiated promptly for a bradyarrhythmia. **Primary care settings** such as nurse practitioner-led clinics (NPLC) and community health centers will benefit when NPs can order and apply electrocoagulation, through: 1. increased care continuity on site 2. enhanced patient-centered care **Rural and remote care settings** will enjoy improved access to timely and timely and efficient care (RNAO, 2021).
Potential risk/ protection for public	RNAO anticipates no risks to patient safety.

[1] In-hospital cardiac arrest (IHCA) occurs when the heart stops beating suddenly or unexpectedly, or has an abnormal rhythm with defibrillation or transcutaneous pacing (American Heart Association, 2020; Heart and Stroke Foundation of Canada, 2024a)

Possible impacts	RNAO response
Potential risk/ benefit to other regulated health professions	Many of the 2.5 million people in Ontario currently lacking access to regular primary care will benefit from elimination of legislative barriers that prevent NPs from practicing to their full capacity, because: 1. NPs match or exceed care quality in care delivery (Carranza et al., 2021; Htay & Whitehead, 2021; Ontario Medical Association, 2024; Poghosyan et al., 2016; Richards, 2024). 2. NPs contribute to high performing health systems and improve patient satisfaction with care delivery. Enhancing NP scope of practice will advance the level of care that NPs can provide in hospital and primary care settings, improving desirable health outcomes (Mattison & Wilson, 2018). 3. NPs also improve value and system efficiency when they practice to full scope (Htay & Whitehead, 2021; RNAO, 2021). RNAO does not anticipate any risks to other regulated health professions.
Anticipated costs/ savings	RNAO expects significant savings to result, through: 1. earlier identification and monitoring of disease – this will better support early interventions and better decision-making, leading to reduced costs. 2. early defibrillation – this can decrease hospital expenditures by improving favourable outcome associated with an early return of spontaneous circulation for shockable rhythms (Okubo et al., 2024). 3. early treatment of lesions within the primary care setting – this can reduce expenditures from delayed care like the need for more invasive treatment deep excision and grafting (Seretis et al., 2021).

B. NPs: Completing and signing mandatory blood testing forms

Possible impacts	RNAO response
Impact on specific populations	Expanding scope of practice to allow NPs to complete and sign mandatory blood testing forms will improve early intervention efforts for people at risk of Hepatitis B, Hepatitis C, and HIV/AIDS in another person (respondent). (Government of Ontario, 2023; Ottawa Public Health, n.d.).
Patient/client experience	Access to comprehensive care will be improved for high-risk patient populations. Some examples: victims of violence, first aid providers, health-care workers, corrections staff and others at risk for acquiring blood-borne infections (Ottawa Public Health, n.d.).
Health-care setting	Hospitals, urgent care centers, and primary care settings will benefit from increased system efficiency.
Potential risk/ protection for public	RNAO anticipates no risks to patient safety.

Possible impacts	RNAO response
Potential risk/ benefit to other regulated health professions	RNAO expects benefits to flow from this, including: 1. improved access to interdisciplinary care and reduced administration burden for physicians who currently have the authority to complete and sign the mandatory blood testing form 2. improved provider and patient satisfaction with care delivery (Poghosyan et al., 2016) RNAO does not anticipate any risks to other regulated health professions.
Anticipated costs/ savings	Cost savings are anticipated.

C. NPs: Complete and sign a medical certificate of death without limiting circumstances

Possible impacts	RNAO response
Impact on specific populations	Expanding scope of practice to give NPs the authority to complete and sign a medical certificate of death without limiting circumstances will preserve dignity of deceased patients and residents in long-term care (LTC)/retirement homes across Ontario by improving access to timely end-of-life care (RNAO, 2020b; Vellani et al., 2021).
Patient/client experience	Caregivers, friends and families of the deceased will experience less stress from improvements in the delivery of patient- and family centred end-of-life care (RNAO, 2020b).
Health-care setting	Acute care, home and community care, retirement and LTC settings will benefit from increased system efficiency by accelerating the completion of a medical certificate of death which currently must be completed and signed by a physician or coroner. Access to dignified end-of-life care in rural and remote areas across Ontario will also be increased.
Potential risk/ protection for public	RNAO anticipates no risks to patient or resident safety.
Potential risk/ benefit to other regulated health professions	Allowing NPs to complete and sign medical certificates of death regardless of circumstances of death will benefit: 1. Physicians, who currently spend administrative time spent on tending to the deceased, giving them less time to deliver care to others. 2. Health-care teams who have developed relationships with the deceased, leading to emotional impacts and increased stress. Even Timely completion of medical certificates of death can reduce stress for those who provide end-of-life care (Pott et al., 2020). 3. Other providers and families, who will have more satisfaction with optimized end-of-life care delivery in acute care, home and community care, retirement and LTC settings (Poghosyan et al., 2016). RNAO does not anticipate any risks to other regulated health professions.

Possible impacts	RNAO response
Anticipated costs/ savings	RNAO anticipates lower costs and better system efficiencies due to reduced administrative requirements for other regulated providers such as physicians to complete/sight the form, freeing up those providers to focus on other areas of care.

D. RNs: Complete and sign a medical certificate of death

Possible impacts	RNAO response
Impact on specific populations	Expanding scope of practice to give RNs the authority to complete and sign a medical certificate of death will preserve the dignity of deceased patients/residents across Ontario by improving access to timely end-of-life care (Vellani et al., 2021).
Patient/client experience	Caregivers, friends and families of the deceased will experience less stress from improvements in the delivery of patient- and family centered end-of-life care (RNAO, 2020b).
Health-care setting	Acute care, home care, palliative and community care, retirement and LTC settings will all benefit from increased system efficiency because RNs most often pronounce death when a death has occurred. Access to the full range of dignified end-of-life care options will increase in rural and remote areas across Ontario.
Potential risk/ protection for public	RNAO anticipates no risks for public safety.
Potential risk/ benefit to other regulated health professions	Physicians will benefit from reductions to administration time currently spent in tending to the deceased – time which could be easily taken up by RNs. RNs have the knowledge and skills to complete and sign a medical certificate of death – removing legislative barriers will improve provider and family satisfaction with end-of-life care delivery while optimizing the role of RNs in acute care, home and community care, retirement and LTC settings (Poghosyan et al., 2016). RNAO anticipates no risks to other regulated health professions.
Anticipated costs/ savings	Lower costs and better system efficiencies should result from reduced administrative requirements for other regulated providers such as physicians to complete andsign these forms, freeing up those providers to focus on other areas of care.

2. Further recommendations to expand nursing practice scope

RNAO offers four recommendations to further expand nursing scope of practice, supported by rationales that align with the Ministry's consultation questions.

Recommendation 1: Implement and fund NPs to uptake the role of medical directors in LTC settings.

Rationale:

Questions	Response
Impact on specific populations	NPs' consistent onsite presence, clinical expertise, and unique capacity-building knowledge and skills make them a central asset to residents, families, staff and LTC home organizations as medical directors (RNAO, 2021). Constancy in presence also results in better clinical oversight and outcomes, policy innovations, and staff retentions. Other providers and families will have more satisfaction with optimized end-of-life care delivery in acute care, home and community care, retirement and LTC settings (Poghosyan et al., 2016).
Patient/client experience	Throughout the pandemic, nurse practitioners demonstrated a commitment to delivering safe, efficient, and high-quality resident care with positive outcomes by decreasing morbidity and mortality (McGilton et al., 2021; McGilton et al., 2022; RNAO, 2021). NPs were instrumental in supporting infection prevention and control practices, developing policies and procedures, facilitating system navigation, providing oversight of resident care, working safely as sole medical providers onsite, and much more to decrease emergency department transfers during the pandemic – meeting many of the requirements of medical directors under subsection 251 (4) in O.Reg 246/22 of the *Fixing the Long-Term Care Homes Act*, *2021 (Fixing Long-Term Care Homes Act,* 2021*;* McGilton et al., 2021; McGilton et al., 2022).
Health care setting	Long-term care homes across Ontario, including rural and underserved communities will benefit from having a NP medical director to support the delivery of safe, efficient and high-quality care.
Potential risk/ protection for public	There are no anticipated risks to public safety.
Potential risk/ benefit to other regulated health professions	The increasing shortage of family physicians highlights the need to expand NP scope of practice with NPs being well-positioned to take upthe role of a medical director to support interdisciplinary care and enhance provider satisfaction. NPs can help with better continuity of care by filling current and upcoming vacancies; medical directors of LTC homes are aging and many are leaving or considering leaving the sectors (Frank, et al.,2006) Residents and staff will also have a lower risk of adverse events and outcomes; homes with NPs as medical directors experience lower rates of transfers from LTC settings to hospital emergency departments. RNAO anticipates no risk to other regulated health professions.
Anticipated costs/ savings	Cost savings are anticipated.

Recommendation 2: Authorize NPs to order additional forms of energy, such as diagnostic tests with contrast, such as computed tomography (CT) and magnetic resonance imaging (MRI), and nuclear

imaging, such as bone scans and thyroid scans (RNAO, 2024). NPs are already authorized to order nuclear medical scans in other provinces including BC and Alberta.

Rationale:

Guiding issues	RNAO rationale
Impact on specific populations	Giving NPs the authority to order diagnostic testing beyond their current scope of practice will improve access to timely and efficient patient care across the lifespan by optimizing the NP role to advance health system effectiveness (RNAO, 2018; RNAO, 2021; RNAO, 2024).
Patient/client experience	Current restrictions that limit the ability of NPs to order all diagnostic tests result in delayed care and duplication of services. Requiring orders from physicians introduces unnecessary delays, holds up diagnoses and potentially inhibits earlier intervention and treatment that would improve health outcomes.
Health-care setting	Enable NPs as autonomous providers to fully utilize their knowledge and skills to independently order diagnostic tests that fall within their patient population and individual competencies across sectors and settings, including rural and remote areas of Ontario.
Potential risk/ protection for public	Earlier identification and monitoring of disease will better support early interventions and better decision-making. This will lead to reduced system costs which can be reallocated to helping care for others. There are no anticipated risks to public safety.
Potential risk/ benefit to other regulated health professions	Expanded scope of practice will support the ability of NPs to deliver high-quality and efficient care to meet the needs of their patient populations by having the authority to order the appropriate diagnostic tests required for diagnosis, disease management and follow-up (Kearns et al., 2023) NPs have the knowledge and skills to order and interpret the results of additional diagnostic testing that currently fall outside of their legislative scope of practice while meeting standards of care with evidence showing that NPs order a limited number of low value testing (Buerhaus etl al., 2018). There are no anticipated risks to other regulated health professions.
Anticipated costs/ savings	Cost savings are anticipated.

Recommendation 3: Authorize NPs to initiate forms for mental health services, including Forms 1 and 2 (RNAO, 2021; RNAO, 2024).

Rationale:

Guiding issue	RNAO rationale
Impact on specific populations	Giving NPs the authority to initiate mental health forms will positively impact care delivery for residents in LTC/retirement homes and patients across the lifespan, aligning with the evolution of the NP role while promoting safety in Ontario (RNAO, 2020b).
Patient/client experience	Given that NPs often serve as entry points to the health system, restricting their ability to initiate legal forms for mental health services presents a significant safety concern (RNAO, 2020b). Giving NPs the authority to complete mental health forms supports the delivery of safe and comprehensive care for patients experiencing a mental health crisis by promoting safety and access to critical mental health services.
Health-care setting	Enabling NPs to complete legal forms will improve access to urgent mental health services for patients in home and community settings, including residents in LTC and retirement homes. For example, an NP treating a patient in the community at a NPLC who is at risk of self-harm or harming someone else is unable to initiate a Form 1- Application for Psychiatric Assessment under current legislation, and therefore must locate a physician or resort to using services such as police to facilitate the patient's safe transfer to hospital for urgent psychiatric evaluation and treatment – posing a significant delay in care (RNAO, 2020b).
Potential risk/ protection for public	Giving NPs the authority to initiate legal forms for mental health services under the Mental Health Act will promote public safety for persons who are a danger to themselves or others (Mental Health Act, 1990; RNAO, 2020b). There are no anticipated risks to public safety.
Potential risk/ benefit to other regulated health professions	Physicians will benefit from not having to urgently assess a patient in crisis to complete and authorize a mental health form – allowing them to focus other areas of care - reducing incidences of delayed care that potentially increase the risk to patient and/or care provider safety (RNAO, 2018). NPs are already present, have established a therapeutic relationship with the patient and are qualified to complete and authorize mental forms (RNAO, 2018). There are no anticipated risks to other regulated health professions.
Anticipated costs/ savings	Cost savings are anticipated.

Recommendation 4: Enable RNs to use automated-external defibrillators (AEDs) and defibrillators in AED mode for IHCAs.

Rationale:

Guiding issue	RNAO rationale
Impact on specific populations	Authorizing RNs to use AEDs and defibrillators in AED mode will improve access to timely and efficient care for patients admitted to hospitals, including rural and underserved communities across Ontario.
Patient/client experience	As previously stated, decreased morbidity and mortality occur when patients experiencing an IHCA are defibrillated within 3 to 5 minutes with brain damage occurring after 5 minutes and declining survival rates with each passing minute (Heart and Stroke Foundation of Canada, 2024b; Nallamothu et al., 2023; Vaillancourt et al., 2024). In Ontario hospitals, defibrillation is provided by a resuscitation team with an average 10-minute delay in non-monitored care areas; delays of this length contribute to low survival to discharge rates of 10% (Vaillancourt et al., 2024). RNs are usually the first ones at a patient's bedside with training in cardiopulmonary resuscitation (CPR) and the ability to use AEDs during out-of-hospital cardiac arrests – highlighting their value as first responders for early resuscitation (Andrews et al., 2018; Vaillancourt et al., 2024).
Health-care setting	An implementation study that evaluated the impact of a medical directive allowing nurses to use AEDs in hospitals in Ottawa found a faster time to first shock (by six minutes), improving survival to discharge (by 15.6%) among patients (Vaillancourt et al., 2024).
Potential risk/ protection for public	There are no anticipated risks to public safety.
Potential risk/ benefit to other regulated health professions	Patients will benefit from reduced morbidity that occur consequential to delayed care which negatively impact quality of life (Nallamothu, 2023). RNs will benefit from utilizing their knowledge and skills to improve care delivery during IHCA through the early defibrillation of shockable rhythms (Vaillancourt et al., 2024). RNs are trained to provide cardiopulmonary resuscitation and utilize AEDs during out-of-hospital cardiac arrests to bystanders to reduce morbidity and mortality (Vaillancourt et al., 2024). There are no anticipated risks to other regulated health professions.
Anticipated costs/ savings	Cost savings are anticipated.

Recommendation 5: Enhance RN prescribing by:

1. Expanding the list of approved drugs that RNs can prescribe in parallel with other regulated health professions such as pharmacists (RNAO, 2019).
2. Expanding RN scope of practice to include the ability to order laboratory and diagnostic testing (RNAO, 2019; RNAO, 2020a).
3. Expanding the ability of RNs to prescribe in hospitals and outpatient settings.
4. Integrating the education requirements for RNs to prescribe within the four-year baccalaureate nursing program (RNAO, 2019).

Rationale:

Questions	Response
Impact on specific populations	With over 7,000 BScN seats, and corresponding growth of BScN graduates, there is tremendous value to integrating education requirements for RNs to prescribe within the nursing curricula in undergraduate nursing programs to strengthen further access to care for patients/residents in LTC and retirement homes across the province
Patient/client experience	Ontario's health system is struggling with significant health human resource shortages, dwindling access to primary care, and emergency department closures. Nurses represent Ontario's largest regulated health profession, with RNs often being a person's first point of contact with the health system (RNAO, 2012). A workforce where RNs can work to their full scope of practice will facilitate timely access to care and improve system efficiencies with RN prescribers increasing access to care (RNAO, 2012 RNAO, 2020a). The current list of ailments and approved drugs that RNs can prescribe in Ontario limits the quality of care that RN prescribers can provide by underutilizing their knowledge and skills. The ability to order diagnostic tests is a critical aspect of formulating a diagnosis, part of the continuum of care necessary for safe prescribing. RNs need the authority to order diagnostic tests to inform their diagnoses and appropriately prescribe medications (RNAO, 2019).
Health-care setting	Expanding the approved prescribing list with the ability to order and interpret diagnostic testing in hospitals and outpatient clinics, will improve access to care across the care continuum and increase system efficiency.
Potential risk/ protection for public	Expanding RN prescribing will benefit the public by enhancing health equity, preventing delayed care, and increasing patient and provider satisfaction with care delivery (Royal College of Nursing, 2014). There are no anticipated risks to public safety.

Questions	Response
Potential risk/ benefit to other regulated health professions	Expansion of RN prescribing will enable other regulated members of the health-care team to focus on other areas of care, improving the team satisfaction with care delivery (Royal College of Nurses, 2014). The ability of RNs to order laboratory and point-of-care testing will support the prescribing process, improving access to high-quality care (RNAO, 2019). Expanding the authorized list of approved medications will improve access to the treatment of minor illness and preventative care for patients, increasing care quality to support a high performing health system with evidence showing that nurses have safe and efficient prescribing practices that are comparable to physicians (Gielen, et al., 2014; Weeks et al., 2016). RNAO anticipates no risks to other regulated health professions.
Anticipated costs/ savings	Cost savings are anticipated.

An additional consideration affecting NP practice

RNAO requests that the Ministry consider adding NPs to the list of professions – that includes, for example, physicians - that are ineligible to serve as jurors in Ontario (*Juries Act,* 1990) – recognizing the essential nature of their work. It is hard to understand why equally-essential NPs are not exempted. The current jury selection system requires that NPs seeking exemption when receiving a jury notice must apply to the court and provide evidence, with no guarantee that they will be excused from jury duty (Government of Ontario, n.d.).

Pulling NPs away from the clinical setting for unknown periods of time potentially results in hardships and poorer access to care for patients. Indeed, all settings and sectors where NPs work such as hospitals, primary care, and long-term care homes – including rural and underserved communities – will benefit from exempting NPs from jury duty, given the difficulties in finding suitable replacements to cover for them.

RNAO welcomes the opportunity to discuss this issue further with the Ministry and other key partners.

Conclusion

RNAO supports the changes proposed by the Ministry to expand NP and RN scope of practice, in line with the goal to improve Ontario's quintuple aim. Scope expansion is sorely needed to improve patient outcomes and boost access to health care in Ontario, particularly in rural and underserved communities.

RNAO also urges the government to capitalize on additional opportunities for NP and RN scope expansion for a smoother functioning of the health system. Barriers that exist to their expert participation in routine medical areas must be lifted.

NPs, as highly trained and expert practitioners, must be given the authority to order and apply electricity testing, and to complete and sign mandatory test forms. They must also become authorized to initiate forms for mental health services. And, it makes no sense to continue current limits on their ability to complete and sign medical certificates of death.

Enabling RNs to take on a wider scope of routine and administrative tasks will boost system efficiencies by freeing up NPs and physicians to attend to other priorities. Extending to them the ability to use AEDs and defibrillators in AED mode to respond promptly to IHCAs will potentially save lives. They should also be authorized to complete and sign mandatory certificates of death. And, their ability to prescribe medications should be expanded to include a wider range of drugs within additional settings.

And, in at least one key area, the skills and experience of NPs are deprioritized below that of physicians without seeming basis – the inability to be exempted from jury service due to their profession. We ask the Ministry to consult with other key partners on rectifying this imbalance with a view to ensuring more seamless and cost-effective care for Ontarians.

Our recommendations will strengthen the delivery of safe, efficient, timely and high-quality care to better meet the needs of Ontarians in multiple settings and sectors, including remote and underserviced communities.

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