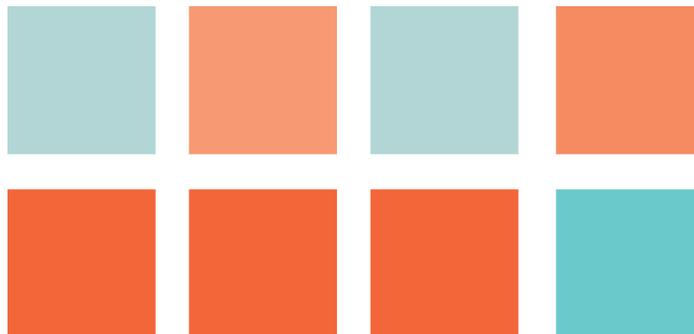


Expand Nurse Practitioner Scope of Practice: Implementing Point-of-Care Testing

RNAO's Response to the Proposed Amendments to Regulations 682 and 683 made under *the Laboratory and Specimen Collection Centre Licensing Act, 1990*

August 8, 2020



Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing over 43,000 registered nurses (RN), nurse practitioners (NP), and nursing students in all settings and roles across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public they serve.

On behalf of over 1,600 NP members of RNAO, we welcome the opportunity to provide feedback to Ontario's Regulatory Registry on the Proposed Amendments to Regulations 682 and 683 made under the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA).¹

Background

RNAO was a trailblazer in the evolution of the Nurse Practitioner (NP) role in Ontario. Amongst the association's many advances for NPs, RNAO was the catalyst for launching the first 25 NP-led clinics, the establishment of the attending NP role in long-term care (LTC), and the legislative authorities for NPs to be able to admit, treat, transfer and discharge patients to and from in-patient hospital units. We did so to benefit Ontarians in times of health and in times of illness – across the continuum of care.

NPs provide Ontarians with faster access to quality care in a cost effective way. This is why RNAO continues to advocate for the full utilization of NPs in all sectors, including in long term care², in primary care³ and across the health system⁴ - based on decades of evidence demonstrating the value and impact NPs have with respect to access, timeliness and patient health outcomes.

The full utilization of the NP role as part of Ontario's COVID-19 pandemic response clearly demonstrated the critical and timely impact of NPs across the health system, including with vulnerable populations -- in the attending NP role, clinical director and /or medical director role in LTC homes, and in the community in absence of fulsome primary care.

Expanding the scope of practice for NPs is one of the most cost-effective ways to optimize safety, access, quality, and equity for Ontarians, and cost-effectiveness of our health system. RNAO welcomes the removal of long-standing legislative and regulatory barriers toward this end. Our call to consecutive governments to ensure NPs have authority to order and perform a broad range of point-of-care-testing that would address health system challenges has now been heard, and Ontarians will be the main beneficiaries of this regulatory change.

RNAO Response to Proposed Regulatory Amendments

1. RNAO supports Proposed Amendments to Regulations 682 and 683 *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA) to fully maximize the NP scope of practice regarding point-of-care testing as outlined in the Regulation changes below:

Amendment to Regulation 682

Exempting members of the College of Nurses of Ontario who are registered as Registered Nurses in the Extended Class from certain requirements of the LSCCLA (sections 5 to 16 of the Act) and from provisions of Regulation 682 (Laboratories) for the purposes of performing laboratory tests for the exclusive purpose of diagnosing or treating their patients.

Amendment to Regulation 683 (Specimen Collection Centres) made under the LSCCLA

Exempt pharmacists and Registered Nurses in the Extended Class from certain requirements of the LSCCLA and the Regulation for the purposes of collecting specimens from their patient for the purposes of performing point of care tests.

2. RNAO's support is based on the understanding that both these amendments will permit Nurse Practitioners (NPs) to independently order and independently perform and interpret point-of-care testing, inclusive of a broad range of point-of-care tests that are analogous to the point-of-care tests currently ordered and performed by physician counterparts.

NPs are currently not authorized to independently order and independently perform point-of-care tests, such as glucometer readings, urinalysis dip or pregnancy tests, for which they must use medical directives or receive a physician co-signature.⁵ RNAO asserts – in the strongest possible terms -- that it is well within NP competency to independently order, independently perform, and interpret point-of-care testing.⁶ Waiting for a physician to cosign point-of-care tests is a barrier to timely patient care, as is routine lab testing that goes to laboratory clinics, instead of being performed at point-of-care when the technology permits. Furthermore, from a health system perspective it is more efficient and cost-effective that NPs perform point-of-care testing that produces test results on-the-spot and can guide appropriate treatment.⁷

RNAO is in full support of the proposed amendments to Regulation 682 under the *Laboratory and Specimen Collection Centre Licensing Act, 1990* to grant NPs authorization to independently perform a broad range of point-of-care testing for the purpose of diagnosing or treating their patients, with the recommendation of appropriate additional wording to ensure the full independence of the NP in ordering, performing and interpreting point-of-care testing.

RNAO urges that regulation changes reflect the ability of NPs to independently *order* point-of-care testing, similar to physician counterparts, for the purposes of delegation to care providers such as Registered Nurses (RNs) and Registered Practical Nurses (RPNs). RNAO urges government to amend this legislation in a manner that allows NPs to access the same range of point-of-care tests as their physician counterparts, thus requiring every legally certified NP who orders and performs laboratory tests for the exclusive purpose of diagnosing or treating his or her own patients in the course of his or her nursing practice to be exempted from the provisions of sections 5 to 16 of the *Laboratory and Specimen Collection Centre Licensing Act, 1990* and from the provisions of Regulation 682 (Laboratories).⁸

Furthermore, RNAO's full support of the proposed amendments to Regulation 683 (Specimen Collection Centres) made under the LSCCLA for the purposes of collecting specimens from their patient to perform point-of-care tests,⁹ is based on the understanding this change will allow NPs access to the same range of specimen collection as their physician counterparts.

Amending the LSCCLA and its associated regulations, 682 and 683, in a manner that provides NPs with the same authority to collect specimens and perform point-of-care testing as their physician counterparts is absolutely critical; anything less will continue to impose barriers on NP practice and delay Ontarians access to timely, high-quality care.

RNAO Recommendations for Additional Expanded Scope of Practice

RNAO will continue to urge for full utilization of the NP role across the system through necessary legislative and regulatory changes to permit NPs to: order additional forms of energy (e.g., CT, MRI, nuclear medicine, non-invasive EEG and ECGs in all situations); certify a death under every circumstance; and complete various Mental Health Forms including Form 1, 2, 3, 4, 5, 14, 28, 30 and 42.

Additional Forms of Energy: NPs need the authority to order additional forms of energy to maximize NP utilization and its positive effects on the health-care system.¹⁰ This includes expanding NP authority to order CT and MRI scans (see RNAO response on this pending proposed regulatory amendment),¹¹ nuclear medicine procedures and non-invasive electroencephalogram (EEG).¹² Restricting NPs' authority to order diagnostic tests impedes timely diagnosis and management of care, which can potentially exacerbate conditions that could be resolved if treated in a timely manner. In addition, NPs are only authorized to order an electrocardiogram (ECGs) in non-urgent and non-acute situations.¹³ In order to increase timely access to necessary care, NPs should be given authority to order this test in all situations. Changes must urgently happen to ease the challenges we are experiencing in health-care.

RNAO recommends that the *Regulated Health Professions Act, 1991*, *Healing Arts Radiation Protection Act, 1990* and the *Nursing Act, 1991* be amended to authorize NPs to independently order non-invasive EEG and ECG in all circumstances.^{14 15 16} In addition, the *Health Insurance Act, 1990* must also be updated to ensure these essential diagnostic tests ordered by NPs are insured services for patients.¹⁷

Certification of Death: Under the provincial *Vital Statistics Act, 1990* an RN who holds an extended certificate of registration under the *Nursing Act, 1991* (referred to as an RN(EC) or more commonly, Nurse Practitioner) is able to complete a Medical Certificate of Death (Form 16) in the following five circumstances:

- i) The RN(EC) has had the primary responsibility for the care of the deceased during the last illness of the deceased;
 - ii) The death was expected during the last illness of the deceased;
 - iii) There was a documented medical diagnosis of a terminal disease for the deceased made by a legally qualified medical practitioner during the last illness of the deceased;
 - iv) There was a predictable pattern of decline for the deceased during the last illness of the deceased;
 - v) There were no unexpected events or unexpected complications during the last illness of the deceased.¹⁸
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If any one of the above circumstances is not met, the RN(EC) must consult a physician or a coroner to complete the Medical Certificate of Death.²¹

RNAO is urging that the *Vital Statistics Act, 1990* under *Registration of Deaths*, subsection 21 (3.1), be amended to allow RN(EC)s the authority to complete Medical Certificates of Death in all circumstances, including those that do not meet the five currently listed.^{22 23} Doing so will accelerate the process of registering deaths with the local municipal clerk's office and preserve dignity for the deceased person and their family, friends, and caregivers.²⁴

Completion of Mental Health Forms: Expand NPs authority to complete various Mental Health Forms including Forms 1, 2, 3, 4, 5, 14, 28, 30 and 42.

Section 15 of the Mental Health Act currently authorizes physicians to complete forms related to mental health services. Forms one through five involve bringing a person to a psychiatric facility, keeping them there, and discharging them. Forms 14 and 28 control the access to a patient's clinical records, and forms 30 and 42 are used to notify the patient when they are admitted to a psychiatric facility under one of the aforementioned forms and their right to appeal.²⁵

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 concern.²⁶ For example, an NP treating a patient in the community who is at risk of self-harming or harming someone else is unable to initiate a Form 1- Application for Psychiatric Assessment, and therefore must locate a physician or resort to using services such as police to facilitate the patient's safe transfer to hospital for evaluation and treatment. This poses significant safety threats as in the interim; the patient is able to leave on their own free will.²⁷

Authorizing NPs to initiate all legal forms for mental health services, including 1, 2, 3, 4, 5, 14, 28, 30 and 42 for mental health services aligns with the evolution of the health system and the NP role. As we have advocated in the past, "it promotes the public interest, improves access to needed care and is consistent with the scope of practice NPs already have. It also increases safety for individuals, families, and communities."²⁸

Conclusion

RNAO welcomes the proposed amendments to Regulation 682 and 683 under the LSCCLA as important steps to expanding the NP scope of practice, and applauds the ministry action in this regard. In the interest of public health and safety, it is imperative that changes provide NPs with the same authority to collect specimens and independently order and independently perform; and interpret a broad range of point-of-care testing analogous to their physician counterparts. In addition, the government and the College of Nurses of Ontario (CNO) must urgently eliminate all outstanding and long-standing barriers for NPs to work to their full scope – across all settings - by amending necessary legislation and regulations. RNAO welcomes further discussion to expedite these changes and is eager to assist the Ministry in achieving the aforementioned as critical to improving access, equity, and the quality of health services provided to all Ontarians.

References:

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- ¹ Ontario's Regulatory Registry. (2020, June 24). Proposed Amendments to Regulations 682 and 683 made under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*. Retrieved on July 31, 2020, from <https://www.ontariocanada.com/registry/view.do?postingId=33087&language=en>
- ² Registered Nurses' Association of Ontario (RNAO). (2020). *Nursing home basic care guarantee: RNAO submission to the long-term care staffing study advisory group*. Retrieved from <https://rnao.ca/sites/default/files/2020-06/Nursing%20Home%20Basic%20Care%20Guarantee%20-%20RNAO%20submission%20to%20LTC%20staffing%20study%20advisory%20group%20-%20Final%20-%20June%2009%2C%202020.pdf>
- ³ RNAO. (2020). *Enhancing community care for Ontarians (ECCO) 3.0*. Retrieved from https://rnao.ca/sites/default/files/2020-05/ecco-report-3.0.pdf?_ga=2.27964411.699507835.1596548578-2076328791.1596226751
- ⁴ Ibid.
- ⁵ RNAO. (2019). *Increasing access to care by fully utilizing NPs*. https://rnao.ca/sites/rnao-ca/files/Fully_utilizing_NPs_2019.pdf
- ⁶ Ibid.
- ⁷ Ibid.
- ⁸ *Laboratory and Specimen Collection Centre Licensing Act: Regulation 682 Laboratories*. (1990, c. L.1). <https://www.ontario.ca/laws/regulation/900682>
- ⁹ *Laboratory and Specimen Collection Centre Licensing Act: Regulation 683 Specimen Collection Centres*. (1990, c. L.1). <https://www.ontario.ca/laws/regulation/900683>
- ¹⁰ RNAO. (2019). *Increasing access to care by fully utilizing NPs*. https://rnao.ca/sites/rnao-ca/files/Fully_utilizing_NPs_2019.pdf
- ¹¹ Ontario's Regulatory Registry. (2020, June 25). Proposed amendments to Regulation 543 made under the Healing Arts Radiation and Protection Act and; Regulation 107/96 made under the Regulated Health Professions Act, 1991. Retrieved July 31, 2020, from <https://www.ontariocanada.com/registry/view.do?postingId=33147&language=en>
- ¹² Ibid.
- ¹³ College of Nurses of Ontario (CNO). (2019). *Practice standard: Nurse practitioner*. <http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/nurse-practitioners/>
- ¹⁴ *Regulated Health Professions Statute Law Amendment Act, 2009, S.O. 2009, c.26*.
- ¹⁵ *Healing Arts Radiation Protection Act, R.S.O. 1990, C. H.2*.
- ¹⁶ *Nursing Act, 1991, s.o. 1991, c. 32*.

¹⁷ *Health Insurance Act*, R.S.O. 1990, c. H.6.

¹⁸ *Nursing Act*, 1991, s.o. 1991, c. 32.

¹⁹ *Vital Statistics Act*, R.S.O. 1990, c. V.4. (1990, c. V.4).

²⁰ RNAO. (2016). *RNAO response re: Proposal to amend Regulation 1094 (general) made under the Vital Statistics Act*. Retrieved from https://rno.ca/sites/rno-ca/files/RNAO_Response_re_Medical_Certificates_of_Death_1.pdf

²¹ RNAO. (2016). *RNAO response re: Proposal to amend Regulation 1094 (general) made under the Vital Statistics Act*. https://rno.ca/sites/rno-ca/files/RNAO_Response_re_Medical_Certificates_of_Death_1.pdf

²² *Vital Statistics Act*, R.S.O. 1990, c. V.4. (1990, c. V.4).

²³ RNAO. (2016). *RNAO response re: Proposal to amend Regulation 1094 (general) made under the Vital Statistics Act*. Retrieved from https://rno.ca/sites/rno-ca/files/RNAO_Response_re_Medical_Certificates_of_Death_1.pdf

²⁴ *Ibid.*

²⁵ Form 1 Application for Psychiatric Assessment is used to bring someone to a psychiatry facility for an assessment if the individual is at serious risk of harm to themselves or others.

Form 2 Order for Examination is used under the same conditions as the Form 1, but is issued by a justice of the peace.

Form 3 Certificate of Involuntary Admission is used to admit a person to a psychiatric facility against his or her will for up to two weeks.

Form 4 Certificate of Renewal is used when a physician determines that the person must remain in a psychiatric facility involuntarily for another month or longer as determined based on assessment.

Form 5 Change to Voluntary Status is used to determine that the patient does not need to be kept involuntarily any longer and is also used to end a Form 3 or a Form 4 before it expires.

Form 14 Consent to the Disclosure, Transmittal or Examination of a Clinical Record is used when a patient wants to give another person the permission to see or get a copy of their clinical record.

Form 28 Request to Examine or to Copy Clinical Record is used when a patient wants to get a copy of their own clinical record.

Form 30 Notice to Patient Regarding Rights Advice is used to give notification to a patient they are on a Form 3 and why; patient will receive rights advice about right to appeal.

Form 42 Notice to Patient is used to give notification to a patient they are on a Form 1 and why.

²⁶ RNAO. (2019). *Increasing access to care by fully utilizing NPs*. Retrieved from https://rno.ca/sites/rno-ca/files/Fully_utilizing_NPs_2019.pdf

²⁷ *Ibid.*

²⁸ *Ibid.*