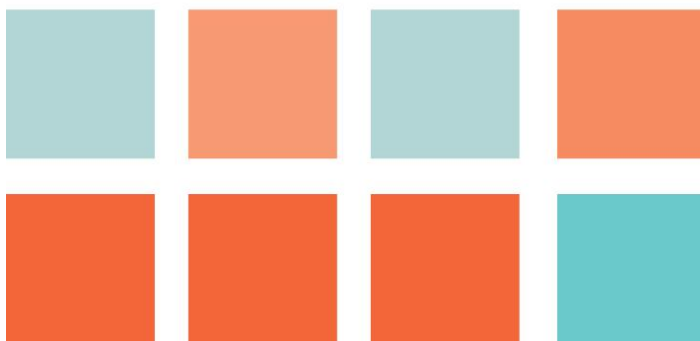


2016 Pre-Budget Consultation (Windsor)

Presentation to the
Standing Committee of Finance and Economic Affairs
Deborah Kane, RNAO Board of Directors
Region 1 Representative
January 19, 2016



Good Morning:

I am Deborah Kane and I'm here representing the Board of Directors of the Registered Nurses' Association of Ontario (RNAO). We are the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. The region that I represent includes Windsor-Essex, Chatham-Kent and the Lambton area. I thank you for the opportunity to offer RNAO's recommendations on two important issues facing RNs: **The first is to mandate that employers stop replacing RNs with less qualified providers and the second is to expand the scope of practice of RNs by moving forward with independent RN prescribing.**

Let me provide some background:

As the government considers its finances, a lot of attention is drawn to our health system. Expenditures are rising, as are the demands of changing demographics. Ontarians continue to face

challenges accessing care. For example, while 94 per cent of Ontarians have a primary care provider -- their ability to see their primary care provider when sick -- ranges from 28 to 57 per cent, depending on the Local Health Integration Network.

Given the pressures that exist, some may call for increased privatization to respond to gaps. Nurses boldly reject privatization and any gimmicks that challenge our cherished universally accessible, publicly-funded and not-for-profit health system.

Instead, we must focus on fully utilizing our existing resources.

And here we have two main asks for the government and its opposition parties during this budget discussion:

First, send an urgent and clear message to employers to stop replacing registered nurses with less qualified health

providers. Some hospitals, including one in our own backyard, are feeling pinched by a new funding formula. In response, they are jeopardizing patient care by replacing RNs with less qualified providers thinking they will save money. Some may say that “a

nurse is a nurse” and the public won’t know the difference. RNAO says: make no mistake, replacing RNs with less qualified health providers compromises patient safety, health outcomes and hospital budgets. Is that what you want for your loved ones or for yourself? The evidence on RN replacement is conclusive: Worse health outcomes and higher expenses. We know that with more RNs delivering care: the quicker patients heal and are safely discharged, the less likely they are to develop complications and the less likely they are to die. Minister Hoskins has set forth a vision for Ontario’s health system whereby hospital care is a last resort and reserved for those who are acutely ill, often with great instability and complexity. **We urge all of you to send a clear message that employers must stop replacing RNs. Not doing so is at Ontarians’ peril.**

RNAO’s second ask is to move speedily with scope or practice expansion for RNs. In 2012, we led a provincial task force with representation from all the key primary care stakeholders in

Ontario, including the medical and primary care associations. Specifically, we asked whether primary care RNs were being fully utilized in the system? The response we received was abysmal. Over 4,000 primary care RNs in this province are underutilized. Did you know that an RN needs an order from a physician or nurse practitioner to administer Tylenol? This is something that you or I could purchase at a pharmacy and freely take as we choose. However, RNs can't.

Other jurisdictions already have RN prescribing. The United Kingdom, for example has had RNs prescribing medications for 17 years! The task force was unanimous in its recommendations to expand the scope of practice of the RN in Ontario to include the ability to prescribe medications, order diagnostic testing and communicate a diagnosis.

RNAO is not alone in calling for an expanded utilization of RNs. Other reports including the Drummond Commission and even the

Editorial Board of the Toronto Star has come out in support of an expanded utilization of RNs. And so is Ontario's Premier who first committed to expanding the RN scope of practice to include prescribing at RNAO's 88th Annual General Meeting in 2013. This was reaffirmed by Minister Hoskins at RNAO's Queen's Park Day in February 2014. The matter is now with the Health Professions Regulatory Advisory Council (HPRAC) for advice on how an expanded scope for RNs should be implemented. This review is expected to report back to the Minister by March 31st.

RNAO calls on the government to follow-through on its promise by implementing an enabling framework that will authorize RNs to prescribe medications, based on their individual level of competency and not through a pre-determined list, protocol or collaborative practice agreement. HPRAC is defining this as "independent RN prescribing".

An enabling framework promotes interprofessional collaboration and remedies challenges that nurse practitioners previously faced in this province with prescribing lists. Supplemental or protocol-based prescribing models where RNs prescribe through agreements with physicians or nurse practitioners are a barrier to timely access and result in duplication of resources, blurring of professional accountability, and higher costs.

Ontario moved to a baccalaureate entry to practice education requirement for RNs in 2005, yet the scope of practice and responsibilities of RNs have never changed despite increasing the length of study. RNAO recommends that a university-level continuing education program be developed for current RNs who want to expand their role. This is consistent with the approach used in the UK. A second step involves integrating the expanded scope into the baccalaureate curriculum by 2020. This later step will serve to fully unlock timely access for Ontarians.

There are over 96,000 RNs practising in Ontario. Imagine the impact that their expanded scope of practice will have on improving timely access to care and freeing up needed health system resources. This initiative will present the system with minimal costs that are offset by the massive savings that will be produced and can be re-invested in other areas of the health system. The evidence from the United Kingdom shows us that RNs can prescribe medications safely and effectively.

In conclusion: We urge to government to demonstrate strong leadership by stopping the replacement of RNs and instead fully use them by expanding their scope of practice to include independent prescribing authority, along with the ability to order diagnostic testing and communicate a diagnosis. This will ensure that all Ontarians get the timely care they need and deserve.

It has been a pleasure to be with you today and I look forward to answering your questions.