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

85 years

Speaking out for health. Speaking out for nursing.

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101 Davenport Road
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March 10, 2010

Re: Proposed 'standards, limits and conditions' associated with nurses' performance of controlled acts.

Dear Judy,

The Registered Nurses' Association of Ontario (RNAO) is the professional association for registered nurses in Ontario. Members of RNAO practice in all roles and sectors across the province. Our mandate is to advocate for healthy public policy and for the role of registered nurses and nurse practitioners in enhancing the health of Ontarians. RNAO welcomes this opportunity to present our views to the College of Nurses of Ontario regarding the *proposed standards, limits and conditions associated with nurses' performance of controlled acts.*

Representatives of RNAO were pleased to attend the roundtable consultation session held at CNO on March 5, 2010. This submission elaborates on the discussion we had that day.

RNAO has been an enthusiastic participant throughout the entire HPRAC consultation process and provided feedback to the government through oral and written responses to Bill 179 during debate at standing committee. The strong focus for RNAO's submissions was the authority of open prescribing of pharmaceuticals and other substances, a practice that exists across Canada and the U.S. and that is well within NPs' knowledge, skills and experience. While we welcome the significant progress that was made in the legislative process towards open prescribing, there remains a lot of work to be done, and RNAO looks forward to collaborating with CNO to ensure smooth implementation of these changes.

A critical omission in Bill 179 was the exclusion of amendments to the *Public Hospitals Act,* Regulation 965, authorizing NPs to admit, treat, transfer and discharge patients to and from inpatient settings. This is a practice they are already authorized to carry out in outpatient settings. Failure to extend authority to admit, treat, transfer and discharge to inpatient settings restricts the efficient and effective practice of nurse practitioners, contributes to increased wait times and higher costs, and represents an unfortunate step backwards in terms of promoting client safety and access to health services.

Specific comments on the list of potential limitations and conditions to nursing practice are set out below.

<u>Dispensing Drugs</u>

Bill 179 opened the door for all nurses[1] with the knowledge, skills and ability to dispense drugs to patients. A competent nurse with knowledge, skills and education should be authorized to dispense regardless of whether the client has barriers to accessing drugs, whether they be

financial or otherwise. Lists create artificial barriers for a nurse to dispense drugs, and RNAO recommends removing these restrictions altogether.

Prescribing Drugs and other substances.

RNAO strongly welcomes the proposed regulations which would remove the legislative barriers for nurse practitioners' ability to prescribe the best possible course of pharmaceutical and other treatment available for their patients.

RNAO firmly rejects reliance on any form of drug list, as lists are artificial barriers to NP practice within the full scope, and represent a significant restriction on client access to the highest quality of care. It is not the regulated list of drugs or tests that ensures appropriate prescribing, ordering and monitoring by the nurse practitioner. Rather, it is the nurse practitioner's competencies in: health assessment and diagnosis; health-care management and therapeutic intervention; health promotion and prevention of illness, injury and complications; and professional role and responsibility that promote safe practice.

Placing artificial barriers on NPs' ability to make timely use of the most appropriate and current medication is detrimental to timely access, client outcomes, system effectiveness and public safety and best interests of clients. A list-based system would only result in treatment delays for clients, unnecessary duplication of services, and misallocation of resources.

Though it is considered a substance, RNAO would recommend that oxygen also be specifically included in this section of the regulation, to delineate that this substance is included under nurse practitioner ordering and/or prescribing authority.

In addition, RNAO recommends that a new class of Registered Nurse Prescribers be created, and that in consultation with a primary care provider, registered nurses with the appropriate education and knowledge would be able to prescribe some drugs for minor ailments such as antibiotics for urinary tract infections, and renew some prescriptions, such as bronchodilators and antihyperglycemics for stable clients with chronic illnesses.

This type of classification of nurse already exists with good success in the United Kingdom[2].

Compounding and Selling Drugs

In many cases, and in particular in rural and remote settings, it is registered nurses in the general class who are at the point of care and would be the providers facilitating the compounding or sale of drugs. RNAO suggests that the proposed limitations and conditions for compounding and selling drugs be expanded to include registered nurses.

Setting or Casting a fracture of a bone or dislocation of a joint.

Community health RNs working in rural and remote settings have often been responsible for setting or casting simple bone fractures or joint dislocations utilizing delegation or medical directives. Often there are no other health providers who would be able to provide care in a timely manner, and RNAO would recommend extending this authority to registered nurses with the appropriate skills and education.

Applying forms of Energy

In addition to NPs, RNs regularly perform many of these acts under delegation or medical directives, and RN First Assistants regularly perform electro-coagulation during surgery.

While RNAO applauds the removal of barriers for NPs applying forms of energy, the omission of the authority for RNs to apply forms of energy is evident. Registered Nurses who are Clinical Nurse Specialists and Advanced Practice nurses would have advanced education in many of these skills, though they would not necessarily be Nurse Practitioners. RNAO believes that Registered Nurses with the appropriate knowledge and education in these acts should be authorized to perform them.

Ordering of X-rays

Similarly, RNAO recommends that the authorization be extended for RNs with the appropriate education and knowledge to order simple x-rays of the chest, ribs, arm, wrist, ankle and foot. The RN would use clinical judgment to decide whether to order an x-ray, images would be interpreted by a radiologist, and results would be discussed in an interprofessional team setting.

RNs also take the lead in coordinating health promotion programs in many instances, such as breast screening clinics. Allowing an RN to order mammograms would promote the early identification and risk reduction for the client.

Limitations

Most Registered Practical Nurses (RPNs) and all Unregulated Care Providers (UCPs) are not educated or trained to make clinical judgements regarding prescribing, selling or compounding a drug, and the use of various forms of energy, especially if the client's condition is complex, unstable, or unpredictable in their care requirements. Though some RPNs with advanced education are competent to perform the delegated act of dispensing a drug, RNAO believes that the delegation of these acts should be restricted to RNs and NPs.

General Comments

Interprofessional Advisory Committees

RNAO supports all regulatory colleges and their members working together to implement and strengthen interprofessional, client-centred care across health sectors which is grounded in mutual respect and shared knowledge. The provision for a medical advisory committee (MAC) in the *Public Hospitals Act* is a barrier to collaborative practice. It reinforces the inequitable power relations between physicians and other providers, and provides inequitable access to senior decision-makers (e.g. the Board) that is not available to other health professionals and staff within the organization.

To reflect commitment to truly interprofessional collaboration, the *Public Hospitals Act* must be amended to replace the Medical Advisory Committee with an Interprofessional Advisory Committee (IPAC) composed of members that represent all regulated health professionals involved in interprofessional practice. RNAO calls on the CNO to continue urging the government to make this critical amendment to the regulation.

Admission, treatment, transfer and discharge

In addition, RNAO further urges amendments to Regulation 965 of the *Public Hospitals Act, 1990* to authorize nurse practitioners to admit, treat, transfer and discharge patients, in in-patient hospital settings, between in-patient units and between facilities.

Regulation 965 limits NPs from working to their full scope in a hospital inpatient setting. They cannot diagnose, prescribe for, or treat inpatients without the use of medical directives. In contrast, NPs who work in outpatient settings – such as an emergency department or ambulatory clinic – can diagnose, prescribe for, treat and discharge hospital outpatients under their own legislative authority; however they are unable to admit these same clients to the an in-patient hospital unit for further assessment and treatment. This is also the case for NPs in the community. This limitation on NPs in inpatient settings is inefficient and inconsistent with self-regulation.

The examination of root causes of wait times has seen significant attention paid to a variety of systemic solutions, including the expansion of home care, home supports and continuing care. RNAO strongly believes that one of the best ways to aid in the overall reduction of client wait times is to grant NPs expanded hospital privileges, allowing them to use their advanced

knowledge, skills, and judgment to assess the needs of their clients, including admission and discharge from hospital.

Certifying Death

Certifying death, according to the College of Nurses of Ontario,[3] means determining the cause of death and signing the Medical Certificate of Death. There is a legal requirement for a medical practitioner to certify death, and NPs may pronounce death, when the death of a client is expected, in the community or in a health care facility. Though extension of the right to certify death has been extended to NPs in the *Vital Statistics Act*[4,5] it has not yet been reflected in regulations under the *Public Hospitals Act.*[6] RNAO encourages CNO to continue urging the government to make this change.

Ministry of Transportation of Ontario

Highway Traffic Act: Fitness to drive and Seatbelt exemptions

There are several areas within the *Highway Traffic Act, 1990* and its regulations which RNAO believes require amendment in order to keep pace with proposed and legislated changes to scope of practice for nurses in this province. These amendments will allow Nurse Practitioners (NPs) to practice to their full scope, by recognizing the realities of everyday practice as well as their level of education and competency.

This regulation includes NPs in a list of 'regulated health practitioners' who are legally qualified to practise in Canada, and allows them to indicate that the applicant has a temporary or permanent disability in order to qualify for an Accessible Parking Permit.

RNAO urges CNO to recommend changes to regulations which would support NPs, under the *Highway Traffic Act*, to conduct functional assessments to certify clients' fitness to drive and to assess clients for exemption from use of seatbelts.

Thank you for the opportunity to comment on these important regulations, which impact nursing and the public we serve. Ontario nurses are unwavering in their commitment to use their knowledge, competencies and experience to improve the health and health-care system for all Ontarians.

Warm regards,

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Executive Director

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President, RNAO

References

[1] Nurses' including Registered Practical Nurses (RPNs), Registered Nurses (RNs) and Nurse Practitioners (NPs)
[2] Nursing and Midwifery Council, (2005) Standards of proficiency for nurse and midwife prescribers. London, UK. Retrieved from: http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=6942
[3] College of Nurses of Ontario. (1999). *Resuscitation Standard for Nurses in Ontario.* Toronto: p. 12.
[4] *Vital Statistics Act*, R.S.O. 1990, c. V.4, s. 21 (3).
[5] *O. Reg.1094; O. Reg. 68/09, s. 22*
[6] *Public Hospitals Act*, R.R.O. 1990, c. P.40; Reg. 965, s. 11, 16 & 17.