



Full and expanded scope of practice

RNAO Vision backgrounder

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Ensuring that nurses practise to their full scope is essential across all sectors and roles. Working to full scope means that over 105,000 registered nurses (RNs) and 2,400 nurse practitioners (NPs) are enabled to apply their full competencies, knowledge and skills within the current regulatory framework.¹ There are also areas where the RN role can be expanded to allow them to do more for their patients. An example of expanding scope of practice is giving RNs the authority to autonomously prescribe medications and order diagnostic tests. RNAO knows maximizing and enhancing the role of the RN will lead to improved patient outcomes, faster access to care, and a health-care system that is more responsive, effective and cost-efficient. That's why the association will continue its advocacy to ensure as many nurses as possible are working to their full scope and that the role of the RN is expanded, so that patients benefit from their care.

Context for Full Scope of Practice

- The *Excellent Care for All Act* aims to put patients first through quality-based health services and evidence-informed decision making²
- The *Strengthening Primary Care Access Working Group Report* identifies the need to optimize the scope of practice of primary care professionals to enhance access in the system³
- *Ontario's Action Plan for Health Care* identifies that the Ministry will continue to find ways to fully maximize the potential of health care professionals⁴
- The *Commission on the Reform of Ontario's Public Services* identifies the significant potential that nurses have in sustaining Ontario's health care system through an expanded scope of practice⁵
- The *Premiers' Health Care Working Group* through the *Council of the Federation* examined scope of practice as a means to support health system transformation⁶
- RNAO's *Primary Solutions for Primary Care* report and *Enhancing Community Care for Ontarians (ECCO)* model call for the full and expanded utilization of RNs in primary care and across the system.^{7,8}

It's not just RNs that must be enabled to practise to their full scope; the sustainability of a publicly-funded and not-for-profit health system demands the full utilization of all regulated health professionals in Ontario, which is a part of the province's blueprint for action on interprofessional care.⁹ 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 regulated health professionals and resources.

What Does An Expanded Scope of the RN Mean For The Public?

Just imagine this scenario: You notice you are almost out of your medication. You call your primary care provider, who puts you in contact with an RN at the clinic. The RN is able to see you that evening. After performing an assessment, the RN writes you a prescription refill and sends you on your way. It's an example of seamless, efficient care resulting from RNs' expanded scope.

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Or, imagine you are in a hospital recovering from surgery. In the middle of the night the RN notices that you have an elevated temperature and wants to provide you with medication to reduce your fever. Currently, RNs are required to receive an order from either a physician or nurse practitioner to administer Tylenol. This dated requirement does not reflect the expert competencies, knowledge and skills of the RN and can delay the administration of important medication; prolonging patient discomfort.

What Does the Evidence Say?

The safety of expanded nursing roles has been studied within the literature. A 2009 Cochrane Review suggests that appropriately educated nurses providing expanded care can generate comparable outcomes for patients relative to their physician colleagues.¹⁰ It is important to note that RNs in Ontario are educated as autonomous practitioners who are capable of providing expanded care delivery, in alignment with their educational preparation, clinical knowledge base and professional skill set. While RNs possess significant clinical expertise, the transition towards full utilization or expanded scope of practice may require a ‘refresher’ education session or other education strategies to refresh, update and/or upgrade competencies, knowledge and skills, especially in circumstances where significant time has passed since the nurse last used her or his full scope of practice. This educational need has been validated within the literature.¹¹ Current practical examples that enhance nurses’ competencies to embrace new roles include RNAO’s institutes. These in-residence Institutes are typically a week long and cover a variety of topics including: primary care, best practice guideline implementation, chronic disease management, wound care, nursing leadership and mental health and addictions.

Where Are We At?

Jurisdiction	Progress
Ontario	At RNAO’s 2013 Annual General Meeting, Premier Kathleen Wynne announced that she will expand the scope of practice of RNs and is considering authorizing RNs to prescribe medications. ¹² The Toronto Star’s Editorial Board is urging the government to follow through with enabling RNs to prescribe. ¹³
Alberta	Awaiting approval of regulation and standards to enable RN prescribing. ¹⁴
British Columbia	RNs are able to administer Schedule II and Schedule III drugs <u>without an order</u> . Examples include: sublingual nitroglycerin and Tylenol. Furthermore, RNs are able to administer Schedule I drugs <u>without an order</u> in emergency situations. ¹⁵
Manitoba	Awaiting legislative approval to establish a certified RN prescriber role. ¹⁶
Quebec	Reviewing RN prescribing.
Saskatchewan	Established the RN with Additional Authorized Practice role to independently diagnose, prescribe and treat limited common medical disorders guided by clinical

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	decision tools. ¹⁷
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What Needs to Happen Within Ontario?

To enable RNs to practise to a full and/or expanded scope requires supportive environments that include:

- Strong supportive messages from government and other stakeholders, including associations.
- Role clarity between RNs, Registered Practical Nurses and NPs.
- Culture change within the clinical setting.
- Education programs and mentorship (i.e. RNAO Institutes).
- Funding models which do not limit the roles of all providers within interprofessional teams.
- Leadership to make it happen.

Additionally, expanding the scope of practice of the RN means making legislative and regulatory amendments. These amendments will stimulate significant gains in advancing access to care, health outcomes and continuity of care.

References

¹ CNO Membership Totals at a Glance: <http://www.cno.org/what-is-cno/nursing-demographics/membership-totals-at-a-glance/>

² *Excellent Care for All Act*: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_10e14_e.htm

³ Strengthening Primary Care Access: http://www.afhto.ca/wp-content/uploads/2.-PHPG_Access-WG-Report_Final.pdf

⁴ Ontario's Action Plan for Health Care: http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/

⁵ Commission on the Reform of Ontario's Public Services: <http://www.fin.gov.on.ca/en/reformcommission/>

⁶ From Innovation to Action: The First Report of the Health Care Innovation Working Group: http://www.conseildelafederation.ca/phocadownload/publications/health_innovation_report-e-web.pdf

⁷ Registered Nurses' Association of Ontario (2012). Primary Solutions for Primary Care: http://www.rnao.ca/primary_care_report

⁸ Registered Nurses' Association of Ontario (2012). Enhancing Community Care for Ontarians (ECCO) model: <http://www.rnao.ca/ecco>

⁹ HealthForceOntario (2007). Interprofessional Care: A Blueprint for Action in Ontario:

<http://www.healthforceontario.ca/upload/en/whatishfo/ipc%20blueprint%20final.pdf>

¹⁰ Laurant, M., Reeves, D., Hermens, R., Braspenning, J. Grol, R., & Sibbald, B. (2009). Substitution of doctors by nurses in primary care (Cochrane Review). *Cochrane Database of Systematic Reviews*.

¹¹ Oelke, N.D., White, D., Besner, J., Doran, D., McGillis Hall, L., & Giovannetti, P. (2008). Nursing workforce utilization: an examination of facilitators and barriers on scope of practice. *Nursing Leadership*, 21(1), 58-71.

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¹² Enhancing the Role of Ontario Nurses: <http://news.ontario.ca/opo/en/2013/04/enhancing-the-role-of-ontario-nurses.html>

¹³ Let Ontario nurses prescribe basic drugs: Editorial: http://www.thestar.com/opinion/editorials/2013/10/15/let_ontario_nurses_prescribe_basic_drugs_editorial.html

¹⁴ College & Association of Registered Nurses of Alberta. Standards for Registered Nurse Prescribing and Ordering Diagnostic Tests: http://www.nurses.ab.ca/Carna-Admin/Uploads/Standards_Prescribing.pdf?utm_source=November+E-news+2012&utm_campaign=November+2012+e-newsletter&utm_medium=archive

¹⁵ College of Registered Nurses of British Columbia. Practice Support Medications: <https://www.crnbc.ca/Standards/Lists/StandardResources/3Medications.pdf>

¹⁶ College of Registered Nurses of Manitoba. Registered Nurse Certified Prescriber: <http://www.crnmb.ca/resources-rncpinfo.php>

¹⁷ Saskatchewan RN Association. Optimizing the Scope of the Registered Nurse: http://www.srna.org/images/stories/Nursing_Practice/Optimizing/Optimizing_the_Scope_of_the_RN_project_PP_WEB_2013_11_01.pdf