



**Nurse
Practitioners'
Association of
Ontario**

Board Changes & Implications for NP Practice & Optimizing Access

*Michelle Acorn
NP PHC/Adult*

NPAO President,

Lead NP GAIN Clinic, Lakeridge Health

Transforming Health Care through Nurse Practitioner Innovations



**Nurse
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Objectives

- Advance Practice Nursing
- NPAO
- HPRAC, Legislation 179
- PHA, Regulation 965
- Federal
- CNO QA



Advanced Nursing Practice

Umbrella term describing an advanced level of clinical nursing practice that maximizes the use of:

- Graduate educational preparation
- In-depth nursing knowledge
- Expertise in meeting the health care needs of a specific population



Competencies

- 1. Clinical-** advanced assessment, analyze complex interactions, engage clients and team members, identify trends & patterns, plan & conduct educational programs
- 2. Research-** identify & implement, act as primary investigator or collaborator, collect data, evaluate current practice
- 3. Leadership-** advocating, identify learning needs & gaps, mentoring, evaluating programs, initiating change, understanding legislative issues
- 4. Consultation & Collaboration-** synthesize information, enhance practice among the team, build coalitions, advocate for change



- **Michelle Acorn: RN (EC), NP-PHC/Adult GAIN Geriatric Care Clinic**
- **Alison Anger: RN (EC) NP-PHC, Stroke Clinic**
- **Elim Gho: RN(EC), NP-Adult GAIN Geriatric Care Clinic**
- **Jaclyn Mcleod CNS, Geriatric Emergency Management**
- **Julie Earle: CNS, Pass Program**
- **Kathy Lavis: CNS, District Stroke Center**
- **Stacey Moore: RN (EC), NP-Adult, Stroke Clinic**
- **Janice Jones: RN (EC), NP-Adult, Palliative care**
- **Patti Marchand: CNS, Oncology**
- **Sue Whyte: RN (EC), NP-Adult, Pass Program**
- **Margret Campkin: CNS Acute Medicine**



GAIN Geriatric Clinics

- Aging at Home Year 3 funding \$4.8 million
- **4 Geriatric Clinics** in the CE LHIN's 4 largest community hospitals:
 - 1) Lakeridge Health Oshawa
 - 2) Peterborough Regional Health Centre
 - 3) The Scarborough Hospital, General Campus
 - 4) Rouge Valley Health System, Centenary Campus
- **Provide comprehensive geriatric assessment and intervention for frail seniors living in the community**



Who Will Support the **GAIN** Clinic?

- A specialized inter-professional geriatric team including:
 - 2 Nurse Practitioners, NP led
 - Physiotherapist
 - Occupational Therapist
 - Social Worker
 - Pharmacist
 - 2 CCAC Health Career Case Managers
 - Access to a supporting Physician with geriatric training/Geriatrician for consultations
 - Dedicated Clerical support
- Collaboration with GEM nurse & other ED professionals.





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**NP's are ready
179 & 965 & beyond**

We have our members and public in our sight!





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Vision

Transforming health care for Ontarians through Nurse Practitioner innovations.

Mission

NPAO is the professional voice for Nurse Practitioners in Ontario.

Our mission is to achieve full integration of NPs to ensure accessible, high quality health care for all.



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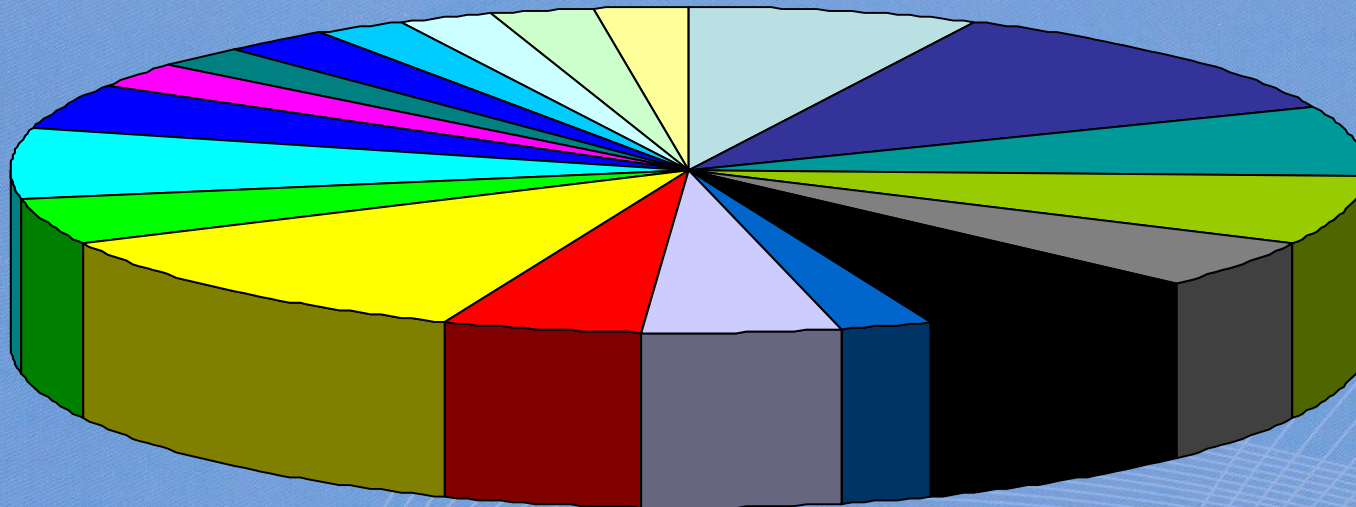
1840 Members Entitled to Practice

- NP-Adult 337**
- NP-Paediatrics 147**
- NP-Primary Health Care 1,365**

College of Nurses of Ontario, February 1, 2011



Specialties



- palliative & pain
- cardiac
- cardiac paeds
- geriatrics
- geriatric consult
- neurology
- neurology paeds
- wound care
- respirology
- emergency
- intensive care
- intensive care paeds
- community health
- orthopedics
- nephrology
- oncology
- oncology paeds
- ambulatory care
- urology paeds
- infectious diseases paeds

Ontario Specialty NP study, 2009

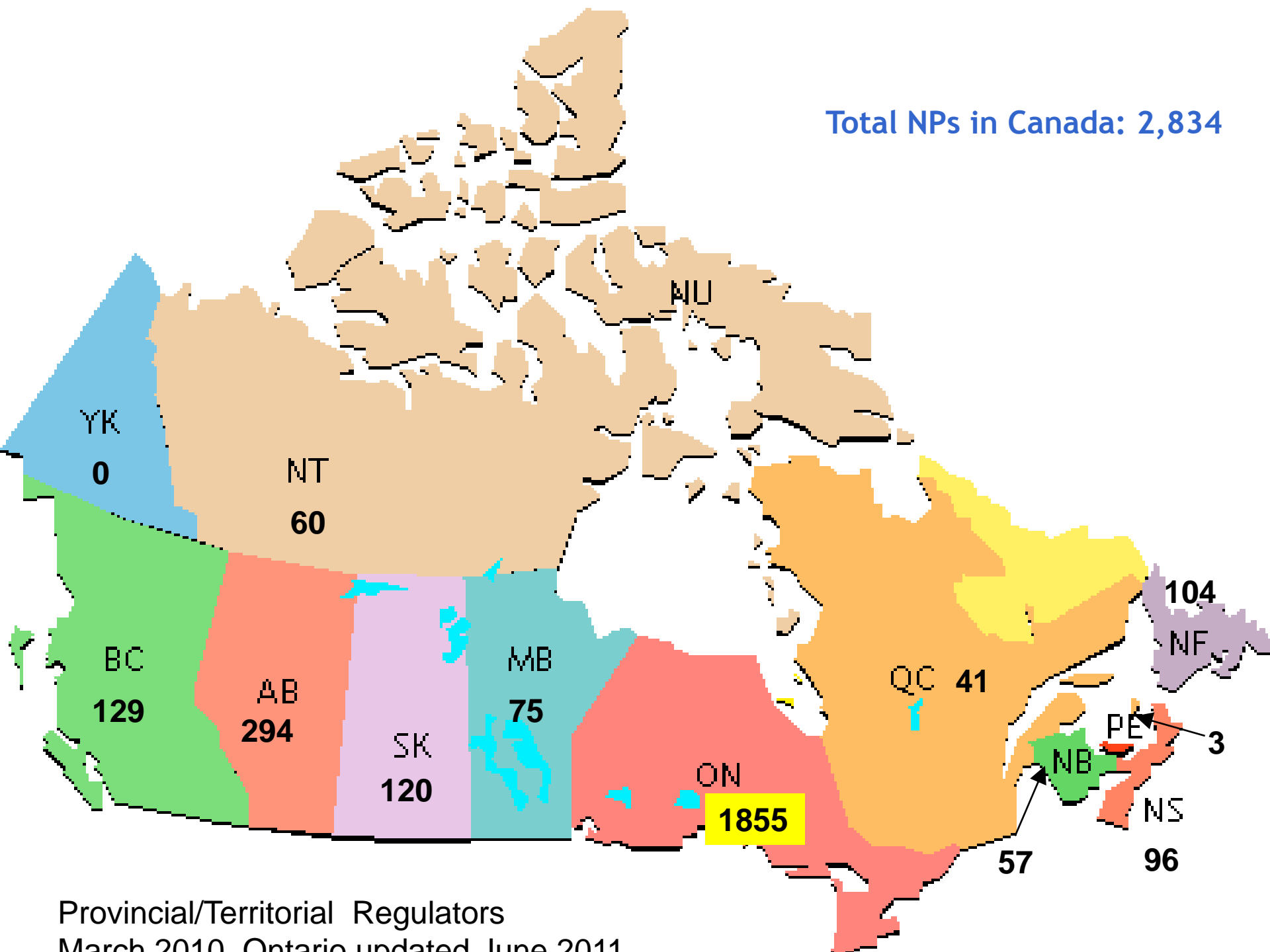


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National Perspective

- All provinces and territories
- Ontario has over 60% of all NPs in Canada
- Most studied health professional in Ontario & other provinces – deemed safe

Total NPs in Canada: 2,834



Provincial/Territorial Regulators
March 2010. Ontario updated June 2011



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1998 Legislation: Expanded Nursing Services Act

- Gave Registered Nurses (Extended Class)/Nurse Practitioners limited access to an additional 3 controlled acts:
 - communicating a diagnosis
 - ordering the application of a form of energy prescribed in regulation (ultrasound)
 - prescribing a drug designated in the regulations
 - other authorized activities – laboratory tests and diagnostics
- Non Primary health care NPs excluded from extended class



- Professional accountability, self-regulation and safety remain paramount.
- Not about "us" but "them" - patients will benefit from our increased ability to practice to full scope.
- Changes will improve access to care and allow NPs and other regulated professionals affected to reduce wait times, better navigate complex health systems (community, hospital, LTC), strengthen interprofessional collaboration, improve system efficiencies and effectiveness.



- **Aligning policy with competence**
- **Recognize that NPs continue to utilize knowledge, skill, and judgment in meeting patient care needs.**
- **Improve the patient experience.**



- Populations same; neonates, children, adults, seniors, families and communities
- Encounters continue to address social determinants of health, prevention (1,2,3), promotion/wellness, chronic disease self care, symptom management.
- 26 NP- led clinics with interprofessional expertise relying on the removal of practice barriers.





Additional authorities for NPs will include:

- Applying a prescribed form of energy;
- Setting/casting a fracture or dislocation of a joint;
- Dispensing, selling, compounding
- Broadly prescribing drugs
- Remove restrictions on x-rays (CT)



NP perform :

Point of care laboratory tests

Apply specified forms of energy (e.g., defibrillation, remove ultrasound lists)

Order MRIs, among other forms of energy

RNs/RPNs will be able to accept orders from an NP to perform venipuncture.



- *Revising* related legislation to allow other members of the health care team (e.g. RT, OT, PT) to accept direct orders from an NP.
- Amend Legislation to allow NPs working in In-patient settings to certify death of a patient when death is expected outcome (Vital Statistics Act).



Regulation 965

Public Hospitals Act

- Currently limits significant system impacts.
- Enabling NPs to provide health services to in-patients will mitigate risk and nurture an equitable shared care professional paradigm.
- MRP – most responsible provider/professional
- NPs are able to diagnose, prescribe and treat hospital outpatients currently.
- Currently, Reg 965 does not give NPs the authority for in-patients (without directives currently)



- Geography should not define or reduce access to optimum consistent care across the continuum of the patient/family experience.
- The Federation of Health Regulatory Colleges of Ontario has interprofessional directive templates.





PHA

- Interprofessional representation shift to a shared inclusionary governance and collaboration on Medical Advisory Councils to an Interprofessional Advisory Council paralleling a true second wave of health care.
- Chief Nurse Executive/Officer
- Representation of NPs on Privileging and Credentialing Committees will also be valued to ensure informed and accountable QA processes for competency and credibility are utilized.



Regulation 965

NPs presently require Medical Directives/
Direct Orders to practice autonomously
with hospitalized In-patients.

Changes in Regulation will:

- Allow NPs to order most medications, labs and diagnostics
- Allow NPs to admit, treat and discharge



Regulation 965

- Review/revise hospital by-laws/policies to include NP authority to admit/discharge.
- Implement interprofessional care committees and include NPs on medical advisory committees (MACs) of hospitals.
- Chief Nursing Officer (EHCFA)



Regulation 965

Members are advised to monitor CNO's website for information as this progresses .

If the proposed regulation is approved by Cabinet as drafted:

- Authority to treat and discharge in-patients would begin July 1, 2011
- Admitting to hospital is planned for July 2012.



Regulation 965

- NPs will be able to prescribe drugs/order tests on the lists, and perform procedures identified in the current *Nurse Practitioners Practice Standard* without medical directives for any hospital patient (outpatient/inpatient).
- The regulation would also allow for NPs who are not employed by the hospital to apply for privileges to enable them to treat in-patients.
- NPs will be advised to contact hospitals directly for information about discharging clients.



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Credentialing and Privileging at Lakeridge Health

Ontario ACNP Research and
Professional Practice Update

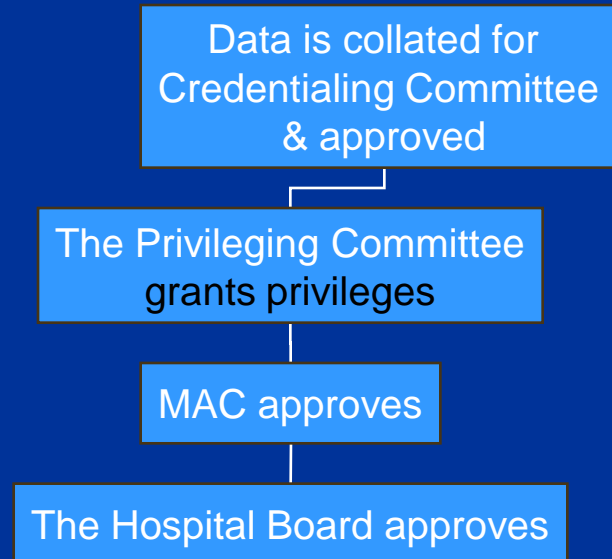
January 30, 2004

Michelle Acorn RN(EC), ENC(C), MN, ACNP

Colleen Dooks RN, MN, CNCC(C), ACNP



Process of Privileging





Credentialing

- A process to verify competence formally by organization
- To protect the public, institution and Professional
 - Proof of registration, certifications, education
 - Proof of Professional malpractice insurance
 - Evaluation of references
- Credentialing committee evaluates/recommends specific patient care services through the delineation of clinical privileges

Hravnak, Balisseri 1997



Privileging

- Purpose is to match the individuals skills to the needs of the patients and resources of the hospital
- Delegated by the Hospital Board for appointment annually – first term ASSOCIATE
- ACTIVE STAFF after one year of review & recommendation
- Granted the privilege of performing clinical acts through scope of practice
- Authorize RN EC's not employed by the hospital to care independently for their outpatients currently



Benefits

- Consistent & Standardized process/model
- Formalizes collaborative shared-care partnerships ... beyond NP's & medicine
- Increases credibility, value & visibility
- Provides clarity regarding scope of practice
- Mitigates risk
- Bridges gaps until legislation/regulations catch up with practice



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BOWMANVILLE OSHAWA PORT PERRY UXBRIDGE WHITBY

14 February, 2003

Michelle Acorn,
Lakeridge Health - Oshawa Site.

Dear Ms. Acorn,

The Board of Trustees, at their meeting held on 13 February, 2003, approved you for Acute Care and Extended Class Nurse Practitioner, effective January, 2003, Family and General Medicine Program, Section of Family Practice-Hospitalist Program, With Extended Privileges in Emergency/Clinics Program, Lakeridge Health - Oshawa Site.

The appropriate departments have been notified.

Yours truly,

A handwritten signature in dark ink, which appears to read "Brian Lemon", is written over a horizontal line.

Brian Lemon,
Chief Executive Officer.

By
Health Association Ltd.



Conclusions

- NP's must participate & shape the privileging and credentialing process
- Communication/Collaborating structure that formalizes partnerships
- Credentialing is essential for recognition of competence by the hospital & Medical staff
- Privileging is the process that recommends NP's be permitted to practice within the institution



Opportunities

- NPs on P & C committee
- Mentorship/Coaching
- Community of Practice



Controlled Drugs & Substances Act

- The proposed revisions would see:
- ***New Classes of Practitioners***
 - All practitioners treated equally with only a few exclusions
 - Elimination of proposed schedules



Controlled Drugs & Substances Act

- NPs will be authorized to prescribe testosterone
- NPs will be able to apply to prescribe methadone in the same manner as physicians
- Exclusion drugs will include: heroin, cannabis, opium, cocoa leaf and anabolic steroids



Controlled Drugs & Substances Act

- These revisions must go through a predetermined process that includes:
- Health Canada's submission of new regulatory proposal for the *New Classes of Practitioners Regulations* to Treasury Board – Summer 2011
- Pre-publication in Canada Gazette, Part 1 – Fall 2011
- Final publication in Canada Gazette, Part 11- Winter 2012.



Controlled Drugs & Substances Act

- It is important to note that enabling regulations once in place must be coupled with provincial implementation plans.
- NPAO has been in discussion with the College of Nurses of Ontario regarding this proposed revision.



Controlled Drugs & Substances Act

- NPAO and the Canadian Nurses Association are requesting examples of how this current barrier is impacting patient care in your practice.
- The most powerful messages currently received have been about cost benefits and impact on wait times.



Next Steps

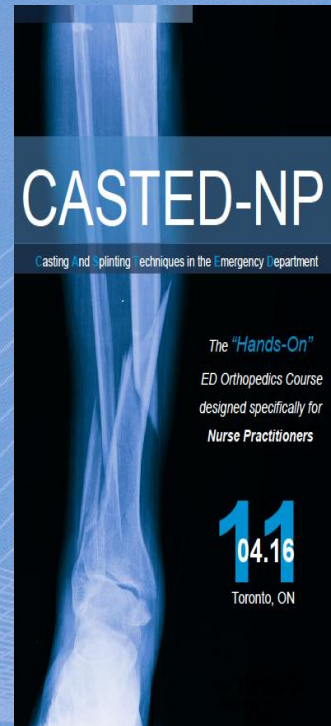
- Amend the Schedule of Benefits for Physician Services to recognize the NP as a direct referral source for which specialists can claim a consultation fee



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Membership benefits

- NPAO 179 continuing health education
- NP Project SCOPE: Supporting Competency & Optimizing Practice Excellence
- Diagnostics – MSK pilot with Physiotherapists
- OTN- Feb 2011 – 78 VC, webcast – huge!
- NP- Casted
- Partnerships: CE COUPN working group, OPA, OCFP
- Resource tool kit
- Monthly OTN coming





"We believe

every person deserves the best possible health care."

We are Nurse Practitioners (NPs).

We work in your community – in hospitals, clinics and long-term care – increasing access to care and reducing wait times. We diagnose and treat illnesses, prescribe medications, and order diagnostic tests.



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Nurse Practitioners – Partners in your health
www.npao.org www.rnao.org