2018 CHIEF NURSING OFFICERS FORUM

ORGANIZED BY

THE ONTARIO ASSOCIATION OF PUBLIC HEALH NURSING LEADERS (OPHNL)

RN PRESCRIBING IN PUBLIC HEALTH

Discussion held: TUESDAY, JUNE 12, 2018
Public Health Ontario
661 University Avenue, 17th floor, Mars Building

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RN PRESCRIBING
Context

On May 17, 2017, the Ontario government approved changes to the *Nursing Act* that will permit RNs to prescribe medication according to a list, and to communicate a diagnosis for the purpose of prescribing medication. On June 28, 2017, the College of Nurses of Ontario received a letter from Dr. Eric Hoskins, then Minister of Health and Long-Term Care, directing the College to start the work necessary to enable RN prescribing. The College's ultimate goal is ensuring RN prescribing in Ontario will be safe for clients. (From College of Nurses of Ontario)

RNs are not yet authorized to perform these activities but work has begun. OPHNL at the Chief Nursing Officer (CNO) forum is proactively examining issues from the perspective of Public Health Nursing practice.

Session Objectives:

1. Develop key messages for use by CNOs on RN prescribing in Public Health
2. Identify next steps and barriers and supports for practice in Health Units

Session Participants

The session was attended by 26 CNOs, Nurse Managers and Nursing Practice Leads. Five people attended on line.

Process

Roseanne Jabbour: College of Nurses of Ontario presented on work to date and answered questions. Questions addressed by Roseanne included clarification of the survey information on her slides as well as concerns about timelines. Information on key questions may be found in the following link. http://www.cno.org/en/trending-topics/journey-to-rn-prescribing/qas-rn-prescribing

Rosanne's slides have been distributed for information.

Small groups discussed the following questions at four tables with an additional group participating on line.

1. What are the potential benefits to RN prescribing in the recommended practice areas for your organization and for nursing practice within your community?
2. What are the potential drawbacks and risks for your organizational and nursing practice within your community?
3. What are the risk mitigation strategies that either are needed or are currently in place in order to support client safety and nursing practice in your organization?
4. What education supports do you recommend?

The full group then discussed these questions:

1. Are there fundamental /underlying issues that you feel have not been addressed in the group work or in the consultations to date?
2. What is important to remember/protect?
3. What further information do we need?
4. How do you want to be involved in the future?

Discussion Results

The small groups noted the following **benefits:**

For Nurses

- Increased nursing independence, autonomy, scope of practice and critical thinking skills. One group stated: "this is a logical next step to current practice in public health"
- Increased nursing empowerment allowing for fluid service delivery and maintenance of the therapeutic relationship
- Potential to solidify the PHN role as well as more clearly delineate RNs from RPNs

For Health Units

- Decreased administrative burden with medical directives
- Potential for service enhancement, and to reach additional clients including services to marginalized people and harm reduction services
- Services may be more attractive because they are more accessible

- May support change management in the areas of protocol development, education and mentorship

For Client and Communities

- Increased access
- Potential to help alleviate burden on community partners
- More coordinated and integrated client centred care
- Potential cost saving to primary care which could be reallocated
- Increased energy and collaboration with home health and other nursing services
- Opportunities for collaborative education

The small groups noted the following **drawbacks**

For Nurses

- Cost of education and maintaining competence
- Increased risk compared to use of medical directives
- Shift in role to clinical practice
- Some of the conditions most relevant to populations we serve are not included for example sexually transmitted diseases

For Health Units

- Managing a two-tiered or possibly tree-tiered system as the process is implemented. Some nurses may prescribe while other nurses do not prescribe and other nurses use medical directives
- Supervisor requirements for assessing and monitoring competence and clinical decision making of RNs especially in Health Units where nurses are new graduates with limited practice experience. This was identified as a specific issues for northern and rural Health Units
- Possible labour related issues between nurses who prescribe and those who do not
- Organizational and administrative costs; Possibilities of increased liability insurance, increased salary for additional knowledge and skills, revised job descriptions, time to develop organization process and revise protocols
- Change management issues as may be fear of role loss or shift to more clinical PHN role and away from population health approaches
- Workload management
- Access to vaccines and issues related to cold chain management

For Client and Communities

- May not have client buy in
- Difference in Health Unit practice as clients move between Health Units
- Perceived competition from other community agencies
- Primary care providers may move away from immunization as happened with TB skin testing

Risk Mitigation Strategies Suggested

Invest up front in organizational infrastructure to support RN prescribing including:

- Policies, procedures, monitoring and evaluation within a nursing practice framework; Possible Health Unit collaboration in development
- Clear communications plan internally and externally to community agencies and the public

- Ensure the Medical Officer of Health (MOH) is engaged and on board , including mentoring role and clarifying decision-making on clinical judgments
- Cost benefit analysis to determine the return on investment
- Quality Assurance program through College of Nurses

Education Supports Recommended

Clarity required about the length and depth of the education to meet the standard including number of hours, who will accountable to develop, deliver and maintain and who will bear the cost. Suggestions are:

- Multimodal access to education that is free or low cost.
- Standardized certification and refresher based on beginner generalist competence level
- Delivery may be at the Community College level as a certificate program.
- Tested competency- objective assessment 80% threshold.
- Variety of options for information sharing and education including sessions at conferences such as TOPHC, consultant and mentorship teams including MOHs, AMOHs and Nursing Practice Council.
- Raises question if entry to practice for Public Health will be at Masters level preparation; this may be a way to implement the change for new graduates.

Full Group Discussion

Additional Issues

- Ask the public, especially rural communities if this will increase access.

There were issues and concern about potential errors:

- As with any competence there is a need to perform regularly; in some organizations that may not be the case or may not be possible.
- As autonomy increases, consistency may decrease.

And issues about the profession and the organization

- As a professional nursing standard, nurses may decide to undertake the required education in order to prescribe but the organization that employs them may not implement RN prescribing. Organizations should not be a barrier to nursing development; it is also understood that there must be a balance to support organizational needs.
- In the case of a difference of opinion between the Medical Officer of Health and the Chief Nursing Officer clarify how the decision will be made.

Things that are important to remember

- Client safety
- The aim is for improved client outcomes
- There is a need for role clarity among multidisciplinary groups
- The need for a monitoring and evaluation plan

Additional information needed:

- Clarity about the education requirements to meet the regulation and standard
- The cost to public health and the cost benefit analysis
- Implications and impact on population health strategies

OPHNL members indicated support for involvement in:

- Maintain a relationship with the College of Nurses on practice issues relating to RN prescribing
- Advocacy to reconsider inclusion of diagnostic testing and treating sexually transmitted disease as part of RN scope of practice as this is a major area of public health nursing practice where these changes could make a difference in client access to care.
- Development of a stakeholder group including CNO, OPHNL, RNAO, home health, Aboriginal CHC, LTC and retirement homes

Recommended Key Messages

1. The College of Nurses of Ontario is developing a regulation for RN prescribing to be proposed to the Ministry of Health and Long-term Care by late 2018.
2. The drafted regulation must be approved by the Government of Ontario.
3. The drafted regulation will focus on specific practice areas: immunization, contraception, medications to support smoking cessation and travel health, and wound care (topical medications).
4. Various other laws (primarily the Hospital Act and the HPPA) prevent RNs from ordering lab or diagnostic tests, prescribing controlled substances or treating sexually transmitted infections consequently these will be excluded.
5. OPHNL has requested clarity from the College of Nurses on the required education to comply with practice standards and will keep CNOs informed.
6. CNOs identified increasing the scope of practice for RNs as a benefit to the nursing profession, and for some communities and populations, while also expressing awareness of possible risks to both the nurse and employer.
7. Implementing RN prescribing in Health Units is complex and will require infrastructure development and multidisciplinary support.
8. CNOs recommend additional assessment is needed to determine if RN prescribing is appropriate for and will benefit specific Public Health Units and how and if it will be implemented in them; what may work well in one area may not in another.
9. OPHNL and CNOs have a history of working together among Health Units and sharing resources; this can be leveraged to support implementation for those who intend to support RN prescribing.

Summary and Next Steps

As the regulation and the standard are still under development, the implications for Public Health Nurses, Public Health employers and the communities served are not yet clear. OPHNL and CNOs have an established relationship with the College of Nurses of Ontario and have asked for clarity on the development of the standard in order to share with Public Health colleagues. OPHNL and CNOs have demonstrated leadership by proactively examining an emerging practice and offering their expertise to the College of Nurses as the standard is developed.

As CNOs determine how or if their organization will participate in RN prescribing, **The Vision for RN Prescribing** from the College of Nurses of Ontario **s**ets out some parameters to consider. **The Vision** states:

Employers (if they intend to support RN prescribing in their organizations) will provide the necessary infrastructure, including:

- **access to other health professionals (e.g., NPs, physicians, pharmacists) for consultation / mentorship purposes,**
- **access to resources (e.g., current evidence, clinical guidelines),**
- **opportunities to maintain competence in prescribing**

Additional information and background may be found in a report prepared by the Health Professions Regulatory Advisory Council (HPRAC) submitted to the Minister of Health and Long-term Care in 2016 and released in March 2018. The recommendations of the HPRAC were not accepted by the Minister but the background work and literature reviews are very informative.

Registered Nurse Prescribing: Putting Patients First - Volume 1

Registered Nurse Prescribing: Putting Patients First - Volume 2

Recommended Next Steps

1. Maintain the regular formal contact process with the College of Nurses through the Stakeholder Table that OPHNL is part of, and informally with Roseanne Jabbour in order to understand progress on the development of the regulation and provide advice on the implications for Public Health.
2. Develop a regular two way communication process about RN prescribing with OPHNL members.
3. Develop a working group of OPHNL members who are in organizations that intend to support RN prescribing to share development and implementation issues and evaluation.
4. Invite stakeholders such as RNAO, home health care providers, Long Term Care and retirement home providers to participate in an advisory group on RN prescribing in order to share issues of commonality, collaborate on process and protocol development when appropriate, and develop best practices.