




The Expanding Role of Nurse Practitioners (RN(EC)s) in Ontario

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Privileges for NPs

(Everything you wanted to know
but were afraid to ask)

Overview

1. Legislative Roots
2. Common Law Obligations
3. The Decision to Appoint
4. Credentialing and Appointment Issues

Public Hospitals Act

- Board Powers s.36
 - Appointment and privileges limited to physicians
- Medical Advisory Committee s. 35
 - Recommendations re: appointment and reappointment limited to physicians s. 37
 - Other duties as assigned by Act or Board

Regulation 965 under the PHA

- s. 11(1) No person shall be admitted to a hospital as a patient except:
 - (a.1) on the order or under the authority of a registered nurse in the extended class who is a member of the extended class nursing staff; (July 1st, 2012)
- s. 11(3) No person shall be registered in a hospital as an out-patient except:
 - (a) on the order or under the authority of a member of the medical staff, midwifery staff or extended class nursing staff

“Extended Class Nursing Staff”

- Defined at section 1 of Regulation 965 as those NPs in a hospital who are:
 - Employed by the hospital and are authorized to diagnose, prescribe for or treat out-patients or in-patients in the hospital; or
 - Who are not employed by the hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients or in-patients in the hospital.
- NP staff previously only permitted to diagnose, prescribe for or treat out-patients

Common Law Obligations

- Board has duty to appointment [physicians] that
 - Meet the needs of the community
 - Effectively utilize the resources of the hospital
 - Are skilled & experience
 - Will work as an effective member of the healthcare team (collaborative, respectful, ensure patient and staff safety)

To Credential or not to Credential

- Need for service
- Right of access required
- Scope of practice independently definable
- Quality and review
- Funding
- Appointment vs employment

Credentialing Issues

- Credentialing criteria
- Credentialing process (not prescribed by statute)
- Discipline and appeal

Appointment

Foundation for Appointment & Re-Appointment

- Competency and quality of care
- Professional human resource need and resource availability
- Collegiality
 - Team work
 - Interpersonal behaviors
 - Compliance with rules

Expanding the Role of NPs in Hospitals

Overview

1. Impetus for Change
2. Legislative Amendments
3. Considerations for Implementation

HPRAC Review re: Scope of Practice for NPs

- Initiated at request of Ontario Minister of Health
- HPRAC Report (2008):
 - NP practice constrained through restrictive provisions built into law and regulation
 - Expansion of NP scope of practice and changes to regulatory system are in the public interest
 - Provided detailed and specific recommendations re: regulatory and legislative changes → Bill 179 (*Regulated Health Professions Statute Law Amendment Act*)

Medical Directives

- Historical reliance on physician delegation via medical directive to “expand” NP scope of practice
- Band-aid solution with some challenges:
 - Complex documents usually requiring time to draft
 - In hospital or other multi-disciplinary setting, all authorizing physicians must agree
 - Processes for implementation can be cumbersome

Expansion of NP Care

- Scope of practice expanded to permit NPs to:
 - Set or cast fracture, dislocation (Oct 1/11);
 - Apply forms of energy prescribed by regulation (pending);
 - Dispense/sell/compound/prescribe drugs within scope of practice (Oct 1/11)
 - Removal of “lists” of drugs NPs can prescribe
- RNs and RPNs authorized to implement order by NPs for performance of controlled act (Oct 1/11)
- Opportunities created for expanded role of NPs in hospitals

Expansion of NP Care

- Significant legislative amendments affecting hospital care provided by NPs
- Contingent on NP having appropriate relationship with hospital (employment, privileges, contractual)
- Subject to authorization by hospital/Board
- Individual NP professional scope of practice and competencies

1. Attending Hospital In-Patients

- NPs employed or privileged by hospital permitted to independently attend in-patients (July 1/11)
 - Previously restricted to out-patients
- Orders for treatment/diagnostic procedures (s. 24)
- Incidental amendments to Reg 965 regarding completion and authentication of medical records for examination, treatment, reports by NPs for in-patients (s. 19)

2. Laboratory Tests

- Removal of restrictions on lab tests NPs can order
 - “Lists” under *Laboratory and Specimen Collection Centre Licensing Act* (July 1/11); and *Nursing Act* (Oct 1/11)
- Lab tests are insured services when ordered by NPs in hospitals or independent health facilities (Jun 3/11)
 - *Health Insurance Act* Reg 552

3. Medical Certificates of Death

- For patient who dies in a hospital, attending NP can:
 - Complete medical certificate of death under *Vital Statistics Act* (VSA)
 - Complete Form 1 (certificate of death) under PHA (July 1/11)
- VSA - authority subject to legislated restrictions:
 - Must have had primary responsibility for patient during last illness; and
 - During last illness:
 - Death was expected,
 - Documented diagnosis of terminal illness made by qualified medical practitioner;
 - Predictable pattern of decline;
 - No unexpected events/complications

(Reg 965, s. 17; VSA Reg 1094, s. 35)

4. Discharge of Hospital In-patients

- Authorized to write discharge orders for patients who are no longer in need of treatment in the hospital and communicate order to patient
 - In capacity as attending NP
 - Where designated by attending physician, midwife, dentist (oral and maxillofacial surgeon) or NP

(Reg 965 s.16)

5. Admit Hospital In-Patients

- As of July 1, 2012, NP staff be able to admit hospital in-patients on the order or under authority of NP staff
 - Currently able to register out-patients on order/authority of NP staff
- Must be clinically necessary to admit as in-patient
- Incidental amendments regarding notification re: dangerous or infectious patient

(Reg 965 s.11, s.14)

Other Upcoming Changes

- Removal of current restrictions on types of X-rays NPs can order
 - Will be able to order x-ray and CT scan as appropriate for patient care
 - Amendments to *Healing Arts Radiation Protection Act* (HARP) pending proclamation

Considerations for Change

- Opportunities, not requirements
- Roles/responsibilities of NPs subject to hospital authorization
- Implications for delivery of hospital care
- NPs' scope of practice and competencies
- Existing patient care model(s), organizational structure and staffing
- Governance, policy, HR and risk frameworks

Thank You!

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