Increase access to care by fully utilizing & appropriately compensating NPs

Do you support changes in provincial policy that would enable nurse practitioners (NP) to work to their full scope of practice and be appropriately compensated, thereby increasing access to health care in Ontario?

Time and time again we hear that Ontarians have limited access to health services. One important measure to address this issue is to enable NPs to work to their full scope of practice and ensure they receive fair compensation.

What is an NP?
NPs are registered nurses who have advanced knowledge and education, and a broader scope of practice.[1] NPs are registered with the College of Nurses of Ontario (CNO) under four specialty categories: primary care; adult; paediatric; and anaesthesia.[2] [3] NPs work in all health-care settings, including: public health, primary care, hospitals, rehabilitation, home care, and long-term care.

For more than four decades, NPs have delivered high quality patient care to meet the needs of Ontarians.[4] Evidence collected over the last fifty years conclusively shows the positive value and impact NPs have on patient care and health system outcomes.[5] [6]

NPs in Ontario
Driven by RNAO's evidence-based advocacy, Ontario was a trailblazer in the evolution of the NP role.

- 26 NP-led clinics providing primary care have been established across Ontario[7]
- NPs in Ontario were the first in Canada to be granted the authority to admit, treat, transfer and discharge hospital in-patients[8]
- The province has committed to fund 75 attending NPs in long-term care homes of which 49 are already in place[9]

These are tremendous advances for NPs in Ontario. However, we now lag behind the rest of the country. There are several practice, policy, regulatory, and legislative gaps in NP scope of practice that hinder access and prevent NPs from providing comprehensive care.

Practice and policy barriers

An RNAO-led survey of senior nurse leaders in Ontario's hospitals found that while 70 per cent of responding organizations had NPs treating patients, only 41 per cent had NPs discharging patients and just four per cent had NPs admitting patients. The surveyed nurse leaders cited physician concerns, budget limitations and organizational policies as the main barriers to fully utilizing their NPs.

Examples of these barriers include employers limiting NPs' duties by not enabling them to act as the most responsible provider (MRP) in hospitals and some primary care settings, as well as not fully utilizing NPs' anesthesia role. Both of these negatively impact timely access to quality care. Vulnerable populations are particularly affected, including persons struggling with mental health issues, those suffering with addictions, transgendered persons, and people at the end of life.

It is urgent that all roadblocks that prevent NPs from working to their full scope of practice be eliminated to enable timely access, better patient flow, enhanced services, and improved health outcomes for Ontarians.[10] The province's recent failure to advance the NP role runs contrary to the progress in other Canadian jurisdictions and with Ontario's goal of "putting patients first." Extensive evidence on the value of NPs demonstrates that fully utilizing NPs results in improved quality of care, patient outcomes and patient experience, as well as improved cost-effectiveness. RNAO's *Nurse Practitioner Utilization Toolkit* is a key resource to assist organizations in optimizing NP utilization.[11]

NP compensation and benefits

NPs are practising in all areas of the health system and are substantively improving access to comprehensive primary care for Ontarians. Evidence shows that "… appropriately trained nurses can produce as high quality care as primary care doctors and achieve as good health outcomes for clients."[12] Despite this, there are persistent inequalities in NP compensation and benefits compared to other members of the interdisciplinary team, as well as variation in NP salaries across different health sectors.

In 2016, the Ontario budget committed to providing $85 million over three years to improve recruitment and retention in interprofessional primary care teams. The 2017 Ontario budget allocated an additional $146.3 million over three years.[13] Yet, the ministry-funded rate continues to put NP compensation well below the figures recommended in a report commissioned in Ontario.[14] Furthermore, the ministry's guideline document released in October 2017 does not hold employers accountable for how funding is distributed, instead allowing them to have "flexibility to approve a compensation plan that best addresses the need of the recipient."[15] Although the Ministry of Health and Long-Term Care (MOHLTC) has identified NPs as a priority group, RNAO is urgently calling for the investments needed to ensure that all NPs in all sectors of the health system receive equitable compensation and benefits, by harmonizing up to those in the hospital sector.

Regulatory and legislative barriers

RNAO calls for the immediate removal of legislative and regulatory barriers that hinder NPs from working to their full scope of practice, and participating fully as vital members of our health system. Doing so will help Ontario achieve the goals of the *Patients First: Action Plan for Health Care*.[16] These include the following:

1. Grant NPs the ability to perform point-of-care testing

Recent amendments were made to the Ontario Drug Benefit Act authorizing the Ministry of Health and Long-Term Care to fund non-drug therapeutic substances listed in the formulary, such as blood glucose test strips and nutritional products, when prescribed by an NP or other authorized prescriber. While RNAO welcomes these legislative changes, regulatory barriers still remain. NPs are authorized to order laboratory tests as appropriate for patient care through regulations under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*, yet NPs are not authorized to perform point-of-care tests, such as a urinalysis dip or pregnancy test. NPs must use medical directives[17] for these tests, which are restrictive, risky, and time consuming. It is more cost-effective and more efficient to perform point-of-care testing that produces test results on-the-spot. It is also well within NP competency to order, perform, and interpret point-of-care testing. RNAO urges an immediate change to the regulation in order to grant NPs this authority.

The story of Raymond demonstrates the importance of allowing NPs to perform point-of-care testing.

> Raymond is an NP in a busy urban family health team. His patient – a 15-year-old teenage girl – has come to see him to get a pregnancy test. After performing the procedure herself, she hands the urine sample to Raymond and asks him for the results. Although Raymond is capable of testing the urine via dip stick and interpreting the results, he has to send the sample to the lab to be tested. His patient anxiously waits for hours for the results. If Raymond and other NPs are able to perform point-of-care testing, patients will get timely results and interventions without having to wait unnecessarily.

2. Grant NPs the ability to order electrocardiograms (ECG) in all situations

NPs are only authorized to order ECGs in non-urgent situations. This distinction between urgent and non-urgent situations is incomprehensible. In order to increase timely access to necessary care, NPs should be given authority to order this test in *all* situations, especially those that are urgent. The current gap decreases access to a necessary test for clients in critical situations, and creates the need for inefficient medical directives that delay urgently needed client care. We urge the government to immediately remove this senseless restriction.

3. Authorize NPs to order all diagnostic imaging

On Jan. 1, 2018, NPs gained authority to apply and order all ultrasounds. Previously, NPs could only order ultrasounds from a fixed list (abdomen, pelvis, and breast). Although this new authority eliminates the list, subsequent changes to the *Health Insurance Act* and *Independent Health Facilities Act* have yet to be made. Therefore, although NPs gained this new authority, the province will only insure ultrasounds ordered and performed by an NP from the previous fixed list until the other legislative changes are made.

In addition, NPs can only order x-rays itemized on a fixed list at present. Recent changes to the *Healing Arts Radiation Protection Act* will authorize NPs to order all x-rays beginning April 1, 2018.[18] However, NPs will still be unable to order Computed Tomography (CT) scans, and Magnetic Resonance Imaging (MRI). This restriction limits their capacity to provide comprehensive timely care for their patients. RNAO calls for legislative changes which will immediately authorize NPs to order all CT scans and MRIs.

Eliminating barriers for NPs to order necessary tests, medications and procedures will enhance access to quality care for Ontarians in institutional and community settings, and advance health system effectiveness. This will also help meet the goals outlined in the Minister of Health and Long-Term Care's current *Patients First: Action Plan for Health Care*,[19] which aims to promote access to high-quality care by qualified health professionals and the best use of resources.

4. Expand NPs' authority to certify a death

RNAO continues to advocate for expanding NPs' authority to certify a death beyond the current eligibility criteria, and calls for corresponding changes to Regulation 1094 (General) under the *Vital Statistics Act* to include NPs. This will ensure the dignity of deceased persons and support the well-being of their loved ones. It also ensures that the regulation keeps pace with the significant evolution in NP utilization in Ontario as NPs are now serving as most responsible provider (MRP) across all sectors, including as attending NPs in long-term care homes.

5. Authorize NPs to complete legal forms for mental health services

At present, Section 15 of the *Mental Health Act* authorizes a physician to complete seven forms related to mental health services (See Appendix A). These include forms (1-5) related to bringing someone to a psychiatric facility, keeping them there and discharging them. There are also two forms (14 and 28) which control access to a patient's clinical records.

Given that NPs often serve as entry points to the health system, restricting the ability to initiate legal forms for mental health services to physicians presents a significant safety hazard. For example, at present, if a client who appears to be suffering from a mental illness presents to an NP indicating they are at risk of self-harm or harming someone else, the NP is severely limited in their response. The NP would need to locate a physician in a timely manner to initiate a *Form 1 – Application for Psychiatric Assessment*, which is not always possible. This leads to undue risk

for the patient and potentially for others. While waiting for a physician, the patient, who may be in a compromised state of mind, is able to leave on their own free will. Alternatively, an NP could appear before a justice of the peace to seek a *Form 2*; but this takes far too much time when a patient is in immediate distress.

Authorizing NPs to initiate legal forms for mental health services aligns with the evolution of the health system and the NP role. It promotes the public interest, improves access to greatly needed care and is consistent with the scope of practice NPs already have. It will increase safety for individuals, families, and communities.

RNAO's NP PRACTICE ASKS

- Ensure that all NPs in all sectors of the health system receive equitable compensation and benefits, by harmonizing up to those in the hospital sector
- Allow NPs to perform point-of-care testing
- Grant NPs the ability to order electrocardiograms (ECG) in all situations
- Authorize NPs to order all diagnostic imaging
- Expand NPs' authority to certify a death
- Authorize NPs to complete Forms 1, 2, 3, 4, 5, 14 and 28 for mental health services under the *Mental Health Act*

Appendix A

The following table outlines the legal forms for mental health services, under the *Mental Health Act*, which are presently restricted to physicians.

Legal Form	Description
Form 1 – Application for Psychiatric Assessment	Used to bring someone to a psychiatry facility for an assessment if the individual is at serious risk of harm to themselves or others
Form 2 – Order for Examination	Used under the same conditions as the Form 1 but is issued by a justice of the peace
Form 3 – Certificate of Involuntary Admission	Used to admit a person to a psychiatric facility against his or her will for up to two weeks
Form 4 – Certificate of Renewal	Used when a physician determines that the person must remain in a psychiatric facility involuntarily for another month or longer as determined based on assessment
Form 5 – Change to Voluntary Status	Determines that the patient does not need to be kept involuntarily any longer and is also used to end a Form 3 or a Form 4 before it expires.
Form 14 – Consent to the Disclosure, Transmittal or Examination of a Clinical Record	Used when a patient wants to give another person the permission to see or get a copy of their clinical record
Form 28 – Request to Examine or to Copy Clinical Record	Used when a patient wants to get a copy of their own clinical record

NOTES FOR RNAO LEADERS

They say, we say

Won't fully utilizing NPs cost the system more money?

No, it will actually save money. Many NPs are salaried employees who do not charge a fee for service. As regulated health professionals, NPs are educated to order and/or prescribe tests or interventions that are evidence-based, cost effective, and patient-specific when planning a therapeutic care plan. Moreover, it is important to consider the significant human and financial costs of delayed access to service, and the risk to the patient and potentially others. Often this results in unnecessary utilization of emergency departments and walk-in clinics, duplication among health professionals, as well as complications and risks.

Will fully utilizing NPs cause role confusion among health providers?

NPs work as part of an interprofessional team. Key features of effective health systems include utilizing all health professionals to their full competencies, knowledge and skills. Eliminating barriers for NPs will enhance timely access to care for Ontarians in institutional and community settings, and advance health system effectiveness. It will also continue to enhance full accountability at the point of care.

References:

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[3] The College of Nurses of Ontario has the authority to register NPs in anaesthesia, but to date there are no registrants in this category.

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[16] MOHLTC. (2015). Patients First: Action Plan for Health Care. Retrieved from http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_patientsfirst.pdf.

[17] A medical directive is a written order by an NP or physician and may be implemented for a number of clients when specific conditions are met and when specific circumstances exist. Source: CNO. (2014). Directives. Practice guideline. Retrieved from http://www.cno.org/globalassets/docs/prac/41019_medicaldirectives.pdf.

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