Fully Utilizing Nurse Practitioners (NP)

Will you press for immediate regulatory changes to authorize nurse practitioners (NP) to work to their full scope of practice, thereby increasing access to comprehensive care for Ontarians?

Nurse practitioners (NP) have advanced knowledge and education and a broadened scope of practice.[1] There are over 2,900 NPs registered with the College of Nurses of Ontario (CNO) under three specialty categories: primary care, adult and paediatric.[2] NPs work in a variety of settings, including hospitals, primary care, home health, rehabilitation, public health, and long-term care.

NPs provide safe, high quality and cost-effective care to Ontarians. Historically, Ontario has led the way when it comes to the evolution of the NP role, including: granting the authority to admit, treat, transfer and discharge hospital in-patients; expansion of attending NPs into long-term care; and NP-led clinics in primary care. However, there are several gaps in NP scope of practice that hinder access and prevent NPs from providing more comprehensive care.

Eliminating barriers for NPs to order necessary tests, medications and procedures will enhance access to 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 *Patient's First: Action Plan for Health Care*[3], which aims to promote access to high-quality care by qualified health professionals and the best use of resources.

RNAO urges immediate attention to address the following barriers. Please note that this list is not exhaustive; rather, it represents specific concerns that our members have raised.

<u>Authority to prescribe controlled drugs and substances</u>

NPs are authorized to prescribe all medications appropriate for patient care, except controlled substances.[4] Federal regulations were amended in 2012 to permit NPs to prescribe controlled substances,[5] however, the relevant provincial regulations in Ontario under the *Nursing Act, 1991*, have not yet been changed. In 2013, Premier Wynne said she was aware of this issue during her remarks at RNAO's Annual General Meeting and promised action.[6] Yet, three years have passed and we have seen no movement. Ontario is significantly lagging behind most other jurisdictions in North America. The lack of progress is alarming, and RNAO urges swift action to remove this regulatory barrier, which will allow NPs to provide comprehensive care in key areas such as end-of-life care (including medical assistance in dying), pain management, addiction, harm reduction, mental health, and hormone treatment for transgender clients.They will be able to improve access to care while containing system costs by reducing duplication and unnecessary referrals.[7] Studies from the U.S. have demonstrated that

increasing NP prescriptive authority to include controlled substances is linked with positive outcomes such as improved access to care, decreased costs, and the advancement of the NP role.[8,9]

Point-of-care testing

NPs are authorized to order laboratory tests as appropriate for patient care through regulations under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*. However, under current regulation, NPs may not perform or order point-of-care tests, such as a urinalysis dip or pregnancy test. NPs must use utilize medical directives for these tests, which are restrictive, risky, time consuming, and present a barrier to health system efficiency. It is well within NP competency to perform and order point-of-care testing, and RNAO urges that an immediate change to the regulation to grant NPs this authority.

Inability to order electrocardiograms (ECG)

NPs are authorized to order ECGs in non-urgent situations only. However, in order to increase timely access to necessary care, NPs need authority to order this test in all situations, including those that are urgent. Again, this gap leads to decreased access to a necessary test for clients, as well as the need for inefficient medical directives. We urge the government to immediately remove this restriction.

Authority to order physical restraints

Currently, NPs have the authority to provide an order to physically restrain a client in long-term care settings, but not in hospital settings. RNAO recommends that authority be granted to NPs in hospital settings to provide this order, through regulation under the *Patient Restraints Minimization Act, 2001*. While NPs, and all health professionals, must work to minimize restraint use and follow best practice guidelines,[10] there are times when clients may be at risk of harming themselves or others, and restraints are necessary for safety. It may create an unsafe situation if NPs cannot provide the order for restraints. We urge an immediate regulatory amendment so that NPs may provide this order in hospitals, thus harmonizing NP scope of practice between the hospital and long-term care sectors.

Ordering of diagnostic imaging

At present, NPs must order x-rays from a fixed list and do not have authority to order beyond this list. However, this excludes tests that NPs need to order so they can provide comprehensive care to their clients. For example, NPs ought to have the authority to order bone mineral density (BMD) tests, which are routinely used to screen for osteoporosis. NPs are central to advancing timely access to quality care and their current inability to order all x-rays, Computed Tomography (CT) scans, and Magnetic Resonance Imaging (MRI) limits their capacity to provide comprehensive care and health system effectiveness. Thus, RNAO urges that NPs be immediately authorized to order all x-rays, CT scans, and MRIs.

Given the evolving role of the NP and its demonstrated impact on improving access to health care for Ontarians, RNAO urges that these scope of practice gaps be bridged immediately. It is time to bring the

scope of practice up-to-date to reflect the comprehensive, safe and evidence-informed care that NPs routinely provide.

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