Norma Freeman, RN, MS, MBA
Nurse Advisor, Professional Practice
Canadian Nurses Association
Main Categories of Nurses Regulated by CRNBC

- General Practice RNs
- CRNBC Certified Practice RNs
- Nurse Practitioner
Restricted Activities Model

• Restricted Activities model for Registered Nurses was introduced in BC in 2005.

• Prescribing, dispensing and diagnosing are restricted activities.

• Only Nurse Practitioners can prescribe.
General Practice Registered Nurses

• Diagnose conditions
• Administer or dispense certain drugs provided by their employer without an order
• Order x-rays and ultrasounds in certain situations
CRNBC Certified Practice

• Arose out of concern
• Standing orders are not allowed in BC.
Certified Practice RNs

• Diagnose diseases and disorders

• Administer or dispense drugs to treat certain diseases and disorders
Areas of CRNBC Certified Practice

- Remote Practice
- RN First Call
- Sexually Transmitted Infections
- Contraception Management
Requirements for CRNBC Certified Practice

Nurses must successfully complete a certification program approved by the CRNBC.
Requirements for CRNBC Certified Practice

• Follow Decision Support Tools approved by CRNBC for the specific area of CRNBC Certified Practice.
• Currently 62 Decision Support Tools.
“I feel that practice is much more consistent practice across the province.”

“Certified Practice has given clear authority and accountability for what we’ve been doing for years.”
Debbie Phillipchuk, RN, MN
Policy and Practice Consultant
College and Association of Registered Nurses of Alberta
RN Prescribing in Alberta

Initiation of an Idea

• Do we initiate discussion?
• Consultation Process
• Council support
RN Prescribing in Alberta

Developing the Idea

• Initial practice settings
• Focus groups
• Presentation of models
Focus Group Questions

• When could an RN prescribe
• Difference between RN and NP prescribing
• Client factors
• Refills
RN Prescribing in Alberta

Focus Group Questions

• Education
• Experience
• Supports
• Barriers
RN Prescribing in Alberta

Feedback from the Focus Groups

• Excitement
• Limits
• NP response
• Where
RN Prescribing in Alberta

Where are We Now

• Requirements
• Standards
• Competencies
RN Prescribing in Alberta

Next Steps

• Regulation Approval
• Development of Education Requirements
• Diagnostic Tests
• Implementation Plan
Linda Muzio, RN, BScN, MS Admin
Nursing Advisor, Practice
Saskatchewan Registered Nurses’ Association
Optimizing the Scope of the RN

The Motivation Behind the Change

- The Transfer of Medical Function (TMF) process needed to end
- A new mechanism needed to be developed
- Goal: optimize the RN scope by bringing TMF activities into the RN scope as much as possible
Scope of Practice
Two Categories

Registered Nurse - General Category
• RN
  • RN with additional authorized practice

NEW

Registered Nurse - Nurse Practitioner
RN(NP)
How we got to where we are today

- Reviewed existing legislation
- Environmental scan
- Collaboration & consultation with stakeholders
- Analyzed impact of dissolution of TMF
- Created the RN with additional authorized practice
- Establish clear roles and responsibilities
- Developed Standards and Competencies
- Nursing Education Approval Process
In Progress

- Clinical Decision Tools
- Prior Learning Assessment Recognition (PLAR)
- Approval of nursing education programs for the RN with additional authorized practice
Registered Nurse
General Category

Optimizing RN Scope

RN (Basic Education)

RN Specialty Practices
RN with Additional Authorized Practice
RN with Delegated Authority
Present & Future RN Practice

Within Scope

- Basic Education
- Special Nursing Procedures
- RN with Additional Authorized Practice

Out of RN Scope

- Transfer of Medical Function
- NEW “Delegation”
Evaluation

• Needs to be planned at the outset of the project
• We are evaluating the initiative by measuring the two goals:
  – Seamless dissolution of the Transfer of Medical Function process
  – Competent caring knowledge-based registered nursing for the people of Saskatchewan
• External consultants – 4-year evaluation.
Lessons Learned?

• Project management
• Course correction
• Consultation
• Listen and address stakeholders
• Early adopters and champions
• Communication
Debra Elias, RN, BN, MN
Director, Practice and Standards
College of Registered Nurses of Manitoba
RN Prescribing in Manitoba

Goals of RN Prescribing

• To address areas determined as having an unmet need
• Increase access and capacity
• Support full utilization of health-care providers by recognizing scope of practice
Scope of Practice

RN Certified Prescriber

Manitoba

- Prescriber role of the RN has a specific scope of practice/target population; applies to those areas identified as having an unmet need.
- May be referred by employer as driven by client needs
- Prescriptive authority for clearly defined medications/diagnoses; tightly controlled
## Scope of Practice

<table>
<thead>
<tr>
<th>Certified Prescribers - RN(CP)</th>
<th>Nurse practitioners – RN(EP) or RN, NP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriber role of the RN has a more specific scope of practice/target population; applies to those areas identified as having an unmet need.</td>
<td>Practice in a wide variety of settings and possess a broader scope of practice.</td>
</tr>
<tr>
<td>Referred by employer/driven by client needs</td>
<td>Education driven by individual</td>
</tr>
<tr>
<td>Prescriptive authority for clearly defined medications/diagnoses; tightly controlled.</td>
<td>Prescriptive authority for NPs currently expanding; broad range of diagnoses.</td>
</tr>
</tbody>
</table>
Manitoba framework
• Standards of Practice for Registered Nurse Prescribers
  – Standard I: Specific Knowledge, Skill and Judgment
  – Standard II: Consultation and Collaboration
  – Standard III: Prescribing Drugs
  – Standard IV: Responsibility and Accountability
• Competencies for RN prescribers
Regulation

Education

– Responsibility and accountability
– Act of prescribing
– Travel health
– Reproductive health/sexually transmitted infections and blood-borne pathogens
Regulation

• Development of supports for employers and RN(CP)s
• Communication plan
• Evaluation plan
  – Process evaluation – referral mechanism to education; registration process
  – Outcome evaluation – audits, stakeholder feedback, RN prescriber feedback
  – Stats on numbers of RN prescribers, sites/practice settings
RN in Manitoba

- Employer referral
- Complete Certified Prescriber course
- Areas of focus
  - Travel health
  - Reproductive health/Sexually transmitted Infections and blood-bourne pathogens
Next steps

• Education program approval
• Regulated Health Professions Act: to authorize this scope of practice
  – Anticipate RN Regulation in 2014?
• Develop continuing competence requirements
Geneviève Ménard, RN, MHA, MSN
Consulting Director
Ordres des infirmières et infirmiers du Québec
Quebec

Nursing Solutions:

To improve access to care - A right for prescribing for nurses

Geneviève Ménard, RN, M.Sc. (Admin), M.Sc.N.
Consulting Director
Context

• Access to health care, a constant concern

• 26% de Quebecers do not have a family doctor

• A large number of emergency visits instead of primary care access

• Long waiting times
Context

• Primary care access to health care is key to maintain a fluid and efficient care system

• Nurses must play a key role in achieving this goal
Optimal use of nursing competences in an interdisciplinary context would mean better performance for your health system.
Collective prescribing vs the right to prescribe

Nurses must be able to prescribe in certain clinical situations:

• common clinical situations
• direct link with the assessment activities, clinical surveillance and monitoring of the nurse
• easily accessible and recognized clinical practice guidelines
• context of interdisciplinary practice, including collaborating closely with the doctor
Process

• In collaboration with working groups, OIIQ has:
  – documented obstacles
  – Identified solutions for an effective implementation

• What has been done at this time:
  – discussion forums
  – scientific literature review
  – comparison with other provinces/territories and other countries
Four nursing solutions to improve access to primary care

• Prescribe some laboratory tests, x-rays and some tests
• Prescribe selective drugs for preventative treatments
• Prescribe defined medications and perform selective treatments for minor conditions
• Prescribe some laboratory tests and x-rays, products and dressings for the treatment of wounds

Aimed at all nurses, but particularly nurses working in primary care and residential facilities.
What does the population think?
Crop survey conducted in January 2013

The nurse has the right to prescribe:

• Laboratory tests and x-rays
  83 % of the population is in agreement

• Drugs for preventative character and minor requirements
  82 % of the population is in agreement

• Dressing to treat wounds
  93 % of the population is in agreement
What about the nurse’s perspective?

The nurse has the right to prescribe:

- Laboratory tests and x-rays
  - 86% of the population is in agreement
- Drugs for preventative character and minor requirements
  - 90% of the population is in agreement
- Drugs for minor conditions
  - 81% of the population is in agreement
- Dressing to treat wounds
  - 96% of the population is in agreement
Processus de validation auprès des instances médicales

Validation requests to the Collège des médecins du Québec (CMQ)
  – Joint committee of the Ordre des infirmières et infirmiers du Québec and Collège des médecins du Québec

Validation of applications for situations within public health activities:
  – National board of public health
  – Institut national de la santé publique du Québec
  – Table de national coordination for public health
Prescribing certain laboratory tests and x-rays, products and dressings for the treatment of wounds

Subject to analysis (consensus):
- Prescribe products and dressings related to the treatment of wounds and skin alterations and integument
- Prescribe an analysis of wound culture

Proposals requiring work:
- Laboratory tests when treatment failed
  - Serum Assay: albumin and prealbumin, urea, creatinine, electrolytes (malnutrition or dehydration suspected)
  - Complete blood count (infectious pathogen detection)
  - Cholesterol (preventing healing)
  - Fasting blood glucose and glycated hemoglobin
Prescribe certain laboratory tests, tests

Subject to analysis (consensus):
- Urinalysis by dipstick
- ECG in emergency
- PFT
- Pregnancy test
Prescribing certain laboratory tests as part of activities resulting from the implementation of the Public Health Act

Subject to analysis:

- Laboratory analysis for people with clinical signs for STDs
- Vaginal swabs for culture
- Cervical screening and testing for HPV DNA (if abnormal PAP test result)
- Common clinical situations - nurses have developed the expertise (school health, youth clinics, SIDEP)
- Continuing education (INSPQ) available in all regions (between 2006 and 2011, more than 1,500 nurses have received training)
- Practice guidelines (technical and factsheets) recognized and accessed via ESPACE ITSS
Prescribe, through activities under the Public Health Act, some preventive drugs when no diagnosis is required

Subject to analysis:

- Emergency oral contraception
- Hormonal contraception and IUD
  - Letter from the Committee of Experts on Family Planning INSPQ (June 2013)
- Treatment for chlamydia and gonococcal infection
- Treatment of vaginitis yeast infection
- Folic acid supplements and multivitamins
- Treatment for nausea and vomiting in pregnant women
Prescribing certain laboratory tests as part of activities resulting from the implementation of the Public Health Act (cont’d)

Subject to analysis:

– Stool culture
– Toxin research (Clostridium difficile, MRSA and VRE)
– Culture of nasopharyngeal secretions
– Influenza virus research
Prescribe, through activities under the Public Health Act, some preventive drugs when no diagnosis is required (cont’d)

Subject to analysis:
  – Travel health (prophylaxis of malaria and acute mountain sickness)
Les étapes suivantes

- Pursue the process of validating the identified nursing solutions
- Determine the legal procedures to be put in place to update the adopted solutions
- File a brief with the CMQ, the Ministry of Health and Social Services and the Office des professions
- Provide and implementation and communication plan
For more information:

Barbara Willson - willson@crnbc.ca

Debbie Phillipchuk - dphillipchuk@nurses.ab.ca

Linda Muzio - lmuzio@srna.org

Debra Elias - delias@crnm.mb.ca

Geneviève Ménard - genevieve.menard@oiiq.org

Norma Freeman – nfreeman@cna-aiic.ca
Josette Roussel – jroussel@cna-aiic.ca

Photo credits: iStock
© Canadian Nurses Association, 2012
Thank you!