

Nurse Practitioner

Revised 2011

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College of Nurses of Ontario

101 Davenport Rd.

Toronto, ON M5R 3P1

www.cno.org

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Nursing standards are expectations that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. Standards apply to all nurses regardless of their role, job description or area of practice.

– *College of Nurses of Ontario*

Introduction

This document replaces the 2008 *Nurse Practitioners practice standard*. It outlines the nursing practice expectations for all Nurse Practitioners (NPs). (For more NP practice resources, visit www.cno.org/np.)

The College of Nurses of Ontario (the College) establishes standards of nursing practice to protect the public interest. A practice standard is an authoritative statement that describes the required behaviour of every nurse¹ and is used to evaluate individual performance.² It could be considered professional misconduct if a nurse fails to comply with College practice standards.

NPs are Registered Nurses (RNs) in the Extended Class [RN(ECs)] who have additional nursing education and experience. NP **competencies**³ build and expand upon RN competencies. NPs have, and demonstrate in practice, the competencies to use their legislated authority to diagnose, **order** and interpret diagnostic tests, prescribe pharmaceuticals and perform procedures.⁴

The College currently registers NPs in one or more of the following **specialty certificates**:

- Nurse Practitioner-Primary Health Care (NP-PHC)
- Nurse Practitioner-Paediatrics (NP-Paediatrics)
- Nurse Practitioner-Adult (NP-Adult).⁵

The specialty certificate refers to a specific **client** population; in the case of Primary Health Care, the client population is “family all ages.” It does not refer to a clinical focus (for example, cardiology or diabetes) or a practice sector (for example, acute care). The College does not restrict the clinical areas or sectors in which NPs work.

NP practice is grounded in the values, knowledge and theories of professional nursing practice. It emphasizes health promotion and the prevention of illness, injury and complications for clients. NPs work with diverse client populations in a variety of contexts and practice settings across the health-illness continuum. They are a resource to clients, other nurses and health care professionals, and they provide leadership in advocating for clients.⁶

General Principles of Nurse Practitioner Practice

The following are general principles that apply to all aspects of NP practice.

NPs are accountable for:

- Their decisions and actions.
 - Working within their legal **scope of practice** and their level of knowledge, skill and judgment.⁷
 - Complying with all College practice documents.
 - Knowing and complying with legislation that applies to individual practice settings and sectors.
 - Limiting their practice to a client population that is appropriate for the specialty certificate they hold, specifically Adult or Paediatrics.
- NPs may provide health care services to clients outside the population group in limited circumstances. This occurs when they have the specific knowledge, skill and judgment required, and only when the decision to provide care is

¹ In this document, nurse refers to Registered Practical Nurse (RPN), Registered Nurse (RN) and Nurse Practitioner (NP).

² (National Framework for Nursing Standards, 2008)

³ Bolded terms are defined in the glossary on p. 14.

⁴ Adapted from (Canadian Nurses Association, 2009)

⁵ This document uses the term NP throughout. NP refers to the three specialty certificates unless otherwise indicated.

⁶ Adapted from (Canadian Nurses Association, 2010)

⁷ The Decision Tree for NPs on p. 17 can help NPs make decisions about performing procedures.

based on the client's best interest. For example, an NP-Paediatrics may continue to provide health care services to a client who is now a young adult with a life-limiting chronic disease if that NP has the competencies and expertise, because it would promote continuity of care and meet the client's needs.

If NPs provide health care services to clients outside the population group, then they should ensure clients and members of the health care team are aware of their specialty certificate.

- Collaborating with, and determining the perspectives and goals of clients and substitute decision-makers, and incorporating these into the plan of care.
- Demonstrating the core competencies described in the *Canadian Nurse Practitioner Core Competency Framework*,⁸ as appropriate for the client population.
- Considering the following criteria in their clinical decision-making:
 - the best available evidence to guide client care decisions
 - whether the intervention is clinically indicated
 - contraindications and precautions
 - risks and benefits, and
 - specific client needs and circumstances.

The above criteria apply to all clinical interventions, including but not limited to:

 - ordering and performing tests
 - ordering and performing procedures and treatments
 - prescribing, **dispensing**, selling and compounding **medication**, and
 - administering substances by injection or inhalation.
- Obtaining informed consent when ordering or performing client care, tests and interventions.
- Documenting all aspects of their practice, including but not limited to:
 - assessments
 - tests they have ordered or performed and that the results have been reviewed
 - diagnoses

- treatments they have ordered or administered
- procedures or interventions they have ordered or performed
- that consent was obtained
- communication with clients, and
- consultation with others, referrals made to and received from others.
- Keeping current in clinical NP practice to maintain their competence in the areas of health assessment, diagnosis and therapeutics in the treatment of clients. Such practice involves the use of advanced nursing knowledge, decision-making and skills. It requires direct interaction with clients, and is conducted with a population that is appropriate for the specialty certificate(s) they hold.
- Completing the College's Quality Assurance Program requirements.⁹
- Using the **protected title** Nurse Practitioner (NP) or Registered Nurse Extended Class [RN(EC)]. NPs can choose to add their specialty certification(s) to their title as well: NP-Adult, NP-Paediatrics, and NP-PHC. NPs do not use other variations of the NP title.

Scope of Practice

The *Regulated Health Professions Act, 1991* (RHPA) and *Nursing Act, 1991* set the legislative framework for the practice of nursing. Key components of the legislative framework are a scope of practice statement and a number of **controlled acts**.

Nursing scope of practice statement

The following statement applies to all nurses:

The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function (Nursing Act, 1991).

Controlled acts

Under the *Nursing Act*, NPs are authorized to perform the following controlled acts:

- 1) Communicating to a client, or a client's

⁸ (Canadian Nurses Association, 2010)

⁹ For more information, visit www.cno.org/qa.

representative, a diagnosis made by the NP identifying as the cause of the client's symptoms, a disease or disorder.

- 2) Performing a procedure below the dermis or a mucous membrane.
- 3) Putting an instrument, hand or finger,
 - i. beyond the external ear canal
 - ii. beyond the point in the nasal passages where they normally narrow
 - iii. beyond the larynx
 - iv. beyond the opening of the urethra
 - v. beyond the labia majora
 - vi. beyond the anal verge, or
 - vii. into an artificial opening of the body.
- 4) Applying or ordering the application of a prescribed form of energy.¹⁰
- 5) Setting or casting a fracture of a bone or dislocation of a joint.
- 6) Administering a substance, by injection or inhalation, in accordance with the regulation,¹¹ or when it has been ordered by another health care professional who is authorized to order the procedure.
- 7) Prescribing, dispensing, selling or **compounding** a drug in accordance with the regulation.¹²

Other authorized activities

The following is not an exhaustive overview of the tests that NPs can order, but reflects tests that are not captured by the controlled acts scheme yet require specific authorization under provincial legislation. NPs are authorized under the *Healing Arts Radiation Protection Act* to order X-rays.¹³ They are permitted under regulations of the *Laboratory and Specimen Collection Centre Licensing Act* to order laboratory tests.

Delegation of controlled acts

NPs cannot **delegate** the following controlled acts:

- prescribing, dispensing, selling or compounding

medication

- ordering the application of a form of energy, or
- setting a fracture or joint dislocation.

The above limits on delegation do not impede an NP's ability to authorize **directives**.¹⁴

Health Assessment and Diagnosis

Communicating a diagnosis

When communicating a diagnosis, NPs are accountable for:

- Performing an advanced comprehensive, or focused, health assessment, as appropriate for the client's situation.
- Considering assessments conducted by other health care professionals (for example, vital signs completed by another nurse), as appropriate.
- Considering the **differential diagnoses**.
- Ordering tests, as appropriate.
- Reviewing test results and interpretative reports made by other health care professionals. NPs may be required to interpret test results prior to receiving an interpretive report from another health care professional (for example, during emergency care or when practising in remote settings). If additional or different information is determined after receiving the report, the NP notifies the client and adjusts the treatment plan as appropriate.

NPs may communicate a diagnosis to clients who were assessed by another health care professional if the NP has reviewed the assessment and other relevant findings (for example, diagnostic tests).

When communicating diagnoses, NPs discuss with clients:

- relevant clinical information
- treatment plans and next steps, and
- expected outcomes/prognosis.

¹⁰ Visit www.cno.org/np for information on the forms of energy NPs can apply and/or order.

¹¹ The requirements of the regulation are described on pp. 9-10.

¹² The requirements of the regulation are described on pp. 6-9.

¹³ Visit www.cno.org/np for information on the X-rays NPs can order.

¹⁴ For further information about delegation and directives, refer to the College's *Authorizing Mechanisms* and *Directives* practice documents at www.cno.org/publications. Additional resources are available at the Federation of Health Regulatory Colleges of Ontario's website, at www.regulatedhealthprofessions.on.ca.

NPs may also communicate diagnoses that were made in collaboration or consultation with another health care professional (for example, a physician).

Ordering tests

NPs order tests for various purposes, including but not limited to assessing, diagnosing, monitoring, screening and treating clients.

When ordering tests, NPs are accountable for:

- explaining to the client the clinical significance of, and rationale for, the test (for example, diagnostic, monitoring, screening)
- discussing the process for communicating results with the client
- communicating in a timely manner clinically significant results and the implications of those results to the client and other health care professionals when appropriate
- avoiding inadvertent duplication of tests when ordering (for example, by taking a thorough client history, reviewing the health record and communicating with other health care professionals involved in the client's care), and
- ensuring appropriate follow up on tests they order by:
 - ensuring there are reliable systems in place to track tests that they have ordered
 - reviewing the results of tests ordered, or ensuring there is a reliable system in place for tests to be reviewed
 - providing timely follow up when required, or ensuring there is a reliable system in place for timely follow up, and
 - making themselves available to receive critical test results from laboratories and diagnostic facilities, or ensuring there is a reliable system in place for such results to be received and communicated in a timely manner.

Therapeutic Management

Therapeutic management includes both pharmaceutical and nonpharmaceutical therapies, interventions and procedures that NPs order and provide. The goal of therapeutic management is to maximize the client's health and wellness potential.

Medication practices

NPs comply with all applicable federal and provincial legislation related to prescribing, dispensing, selling, compounding and administering medication.

NPs prescribe, dispense, sell and compound medication, and administer substances by injection or inhalation, in a safe and ethical manner, in the best interest of the client, only when there is a **therapeutic professional relationship** with the client and only for therapeutic purposes.

NPs do not prescribe, sell or compound medications that are controlled substances. Directives cannot be used for controlled substances.

Prescribing medication

NPs prescribe (i.e., order) medication when required to meet the client's needs.

When prescribing medication, NPs are accountable for:

- determining whether the medication provides safe and effective treatment for the client
- reviewing the **best possible medication history** to obtain a complete understanding of the medication the client is using (the medication history may be conducted by the NP or another qualified health care professional, for example, a pharmacist or another nurse)
- deciding that the medication is warranted
- explaining to the client the rationale for the medication (for example, preventive, therapeutic), expected therapeutic effects (for example, symptom relief), and potential side effects, contraindications and precautions, as appropriate
- monitoring the client's response to treatment, as appropriate
- reporting any adverse reactions,¹⁵ and
- verifying that there are reliable systems in place to prevent prescription fraud, and discussing any concerns with an appropriate person (for example, an employer).

¹⁵ Adverse events are reported to MedEffect Canada (Canada Vigilance Program) at www.hc-sc.gc.ca.

NPs include the following information on a prescription:

- the client's name and address¹⁶
- the date
- the name and if applicable, the strength of the medication
- the dose, route of administration, frequency and if applicable, the duration of therapy
- the quantity of medication to be dispensed
- any special instructions
- the number of refills, if applicable, and
- the NP's name, business address, telephone number, protected title, registration number and signature.

NPs include a copy of the prescription, or document the particulars of the prescription, in the client's health record.

When a medication order is part of the client's health record but is not in the form of a prescription (for example, a medication order in a hospital or long-term care home) it requires:

- the date
- the name and if applicable, the strength of the medication
- the dose, route of administration, frequency and if applicable, the duration of the therapy
- any special instructions, and
- the NP's signature and protected title.

Dispensing medication

Dispensing involves the selection, preparation and transfer of one or more prescribed medication doses to a client or his or her representative for administration at a later time. NPs can order medication to be dispensed by another health care professional who has the legal authority to perform the controlled act (for example, a pharmacist).

An NP does not dispense medication in the same context that a pharmacist does. NPs dispense medication that they have prescribed. NPs who

work in a team environment may also dispense medications that have been ordered by a colleague (for example, another NP or a physician).

Although the definition of dispensing refers to medication that has been prescribed, NPs are required to meet the same standards when providing over-the-counter medication for the client's self-administration at a later time.

Dispensing involves:

- receiving and reading the medication order (this applies when the NP is dispensing a medication ordered by a colleague on the health care team)
- selecting the medication to dispense
- checking the expiry date
- reconstituting the product, if required
- repackaging the medication, if required
- labelling the product, and
- completing a final physical check to ensure the accuracy of the finished product.

NPs dispense only the quantity of medication required to fulfil a client's needs in circumstances when, according to their assessment of the client, it is established that:

- the client does not have reasonable or timely access to a pharmacy
- the client would not otherwise receive the medication
- the client does not have the financial resources to obtain the medication if it is not dispensed by the NP
- the medication is dispensed as part of a health promotion initiative, or
- the medication is dispensed for the purpose of testing the client's therapeutic response to the medication.¹⁷

It is not appropriate for an NP to dispense medication solely for the convenience of the client or another health care professional.

¹⁶ Indicate 'no fixed address' if that is the case.

¹⁷ Notwithstanding this circumstance, the *Food and Drugs Act* limits the distribution of medication samples to certain professions (for example, physicians, dentists and pharmacists). For this reason, pharmaceutical companies cannot distribute medication samples to NPs. NPs working with physicians may establish an understanding with them to dispense their medication samples if appropriate for clients.

When dispensing medication, NPs are accountable for:

- ensuring the medication is appropriate for the client
- withholding the medication when there are concerns about how it has been obtained or stored (for example, if the medication may have been damaged or improperly stored)
- ensuring the medication will not expire before the client is expected to take the last dose
- packaging medication in a container that is appropriate for the client and maintains the integrity of the medication, if the medication needs repackaging
- labelling the medication container or packaging with the following required information:
 - an **identification number**, if applicable
 - the client's name
 - the date the medication is dispensed
 - the name and if applicable, the strength of the medication
 - the manufacturer of the medication, if available
 - the dose, route of administration, frequency and if applicable, the duration of the therapy
 - the quantity of medication dispensed
 - any special instructions
 - the expiry date of the medication, if applicable
 - the NP's name and protected title,
 - the name, address and telephone number of the organization from which the drug is dispensed, and
 - for medication that was not prescribed by the NP, the prescriber's name and title.
- providing education to the client, or client's representative, that includes the purpose of the medication, dosage regime, special instructions, expected benefits, side effects and storage requirements
- handing the medication directly to the client or the client's representative, and
- documenting in the health record specifics of the medication dispensed, including:
 - the rationale for dispensing the medication, specifically including which circumstance¹⁸ applies, and

- the particulars from the label that are not already reflected in the client's health record (identification number; medication name, strength, and manufacturer; directions for use; special instructions; quantity dispensed and expiry date).

Selling medication

Selling medication is not a routine feature of nursing practice; therefore, NPs sell medication in limited circumstances. They can only sell medication that they have prescribed and when they have reasonable grounds to believe that the medication was procured from a reputable and legitimate source and appropriately stored. It is not appropriate for NPs to sell medication solely for the convenience of clients.

When selling medication, NPs must establish, based on their assessment of the client, one of the following circumstances:

- the client does not have reasonable or timely access to a pharmacy
- the client would not otherwise receive the medication
- the client does not have the financial resources to obtain the medication if it is not sold by the NP, or
- the medication is sold as part of a health promotion initiative.

When NPs document that a drug has been sold, they include:

- the rationale for selling the medication, specifically including which circumstance¹⁹ applies to permit the sale, and
- the price charged.²⁰

When selling medication, NPs are accountable for:

- dispensing²¹, administering or ordering the administration of the medication, and
- ensuring that the medication will not expire before the client is expected to take it.

¹⁸ The circumstances are listed on p. 7.

¹⁹ The circumstances are listed on p. 8.

²⁰ NPs cannot charge more than the actual cost of the drug. For example, the NP cannot adjust the price of the medication to account for the overhead, or any other expense incurred.

Compounding medication

Compounding medication is not a routine procedure in nursing practice. NPs can only compound medication that they have prescribed and only medications that involve mixing two or more non-sterile creams or ointments for topical use.

When compounding medication, NPs must establish, based on their assessment of the client, one of the following circumstances:

- the client does not have reasonable or timely access to a pharmacy
- the client would not otherwise receive the medication, or
- the client does not have the financial resources to obtain the compounded cream or ointment if it is not compounded by the NP.

When compounding medication, NPs are accountable for:

- dispensing or administering the medication
- ensuring that the substances used to create the medication have been procured from a legitimate source and appropriately stored
- ensuring that the substances used to create the medication will not expire before the client is expected to complete its use
- ensuring an appropriate environment for compounding the medication
- packaging and storing the medication appropriately, if applicable,²² and
- labeling the package with the following information:²³
 - an identification number, if applicable
 - the client's name
 - the date the medication was compounded
 - the date the medication was dispensed, if different from above
 - the identification of substances used to create the

compounded medication, including their names, strength and manufacturer

- the percentage of each substance used to create the compounded medication
- the quantity of compounded medication in the package
- the instructions for use and any special instructions (for example, storage requirements)
- the expiry date²⁴
- the name and protected title of the NP, and
- the name, address and telephone number of the organization where the medication was compounded.

When NPs document that a medication has been compounded, they include:

- the rationale for compounding the medication, specifically including which of the circumstances applied,²⁵ and
- the particulars from the label that are not already reflected in the client's health record (identification number; names, strength and manufacturer of each substance used; the percentage of each substance used; directions for use; special instructions; quantity prepared and expiry date).

Administering and ordering the administration of substances

NPs administer and order the administration of substances by injection or inhalation for various purposes, including but not limited to preventing illness or disease, assessing, diagnosing, monitoring, screening and treating a client.

Such substances include, but are not limited to medication, diagnostics (for example, TB skin test), blood, blood components and medical gases (for example, oxygen).

²¹ If the medication is dispensed, the requirements for dispensing a medication on p. 8 apply.

²² This does not apply if all of the compounded medication is immediately administered to the client.

²³ See note 22 above.

²⁴ The expiry date of the compounded medication will be the earliest date of the substances used in the compound.

²⁵ The circumstances are listed on p. 9.

When administering or ordering the administration of substances, NPs are accountable for:

- meeting the expectations associated with prescribing medication as outlined on p. 6, and
- ensuring they have the necessary resources to manage potential outcomes in situations where they are administering the substance themselves.

Performing and ordering procedures

NPs perform and/or order procedures for the purposes of assessing, diagnosing, monitoring, screening and treating clients.

When performing or ordering procedures, NPs are accountable for:

- deciding that the procedure is warranted
- explaining to clients the details of, and rationale for, the procedure (for example, assessment, diagnostic or therapeutic), as appropriate
- explaining to clients what they can expect from the procedure, including but not limited to expected therapeutic effect, expected recovery, side effects, special instructions and precautions, and
- communicating clinically significant results and findings, and the clinical implications of those results and findings to the client and other health care professionals as appropriate.

When performing procedures, NPs are accountable for:

- ensuring they have the necessary resources available to perform the procedure appropriately and safely, and to manage potential outcomes associated with the procedure
- ensuring that the client has been prepared appropriately, and
- ensuring there is an appropriate environment for conducting the procedure.

Setting and casting fractures; setting a dislocated joint

When setting, reducing and casting fractures and reducing dislocated joints, NPs are accountable for:

- ensuring they have the necessary resources available to perform the procedure appropriately and safely, and to manage potential outcomes associated with the procedure

- ensuring there is appropriate preparation of the client
- ensuring there is an appropriate environment for conducting the procedure
- explaining special instructions, precautions, expected recovery and anticipated side effects to the client, and
- arranging the appropriate referrals and follow up for the client.

NPs reduce and/or set fractures and dislocated joints in limited circumstances.

Fractures

NPs set simple (i.e., closed), undisplaced, stable fractures.

NPs reduce closed, displaced, non-comminuted fractures of digits. NPs reduce other closed, displaced, non-comminuted, fractures only in consultation with a physician.

NPs do not reduce fractures when:

- surgical intervention is required (for example, open fractures)
- there is significant involvement of, or damage to, blood vessels, ligaments, nerves or muscles
- the growth plate or epiphysis is involved, or
- a joint, pelvis or femur is involved.

Once the fracture is appropriately reduced and immobilized, it may be casted by the NP as appropriate.

Dislocations

With the exception of digits and radial head dislocations, NPs reduce other dislocated joints in consultation with a physician.

Ethical Practice

Conflict of interest

NPs recognize and ethically manage actual, potential and perceived **conflicts of interest**. In their practice, NPs do not:

- Obtain any **benefit** from prescribing, dispensing, selling or compounding medication.

- **Advertise** the fact that they dispense, sell or compound medication. (NPs can advertise a health campaign or initiative, for example, an immunization campaign.)
- Charge more than the actual cost for any medication sold to clients (for example, the NP cannot adjust the price of the medication to account for overhead, or any other expense incurred).
- Use their professional designation to endorse or promote one treatment option over another.²⁶ They must base treatment decisions on the best available evidence from appropriate, objective sources, clinical judgment and client needs and, whenever feasible, client choice.
- Prescribe medication to themselves.
- Prescribe or dispense medication for a family member, except:
 - to treat a client's **minor episodic condition** in a timely manner only when there is no other prescriber available,²⁷ or
 - to intervene in an **emergency situation** only when there is no other prescriber immediately available.²⁸

Discontinuing the Nurse Practitioner-client relationship

An NP's primary obligation is the provision of safe and ethical professional nursing services to clients. According to regulations under the *Nursing Act*, nurses may only discontinue professional services that are needed if:

- the client requests discontinuation
- alternative or replacement services are arranged, or
- the client is given a reasonable opportunity to arrange alternate or replacement services.²⁹

Primary health care represents the comprehensive ongoing continuum of care for a client. NPs who provide primary health care services³⁰ make decisions that significantly influence a client's overall access to a wide range of essential health services. Discontinuing primary health care services may lead to negative outcomes for clients and create an ethical dilemma for NPs.

NPs should advocate for employer policies about accepting and discharging clients that are fair and driven by client interest. An NP who provides primary health care services may be required to discontinue her or his therapeutic professional relationship with a client when the therapeutic nurse-client relationship is eroded to the point that it is irreparably undermined and the NP can no longer meet her or his obligations toward the client (for example, due to a complete loss of trust).

Discontinuing the professional relationship when clients still require service is a last resort and only considered after all other options have been exhausted. When contemplating or deciding to discharge a client when professional services are still needed and the client has not requested the discontinuation, NPs are accountable for:³¹

- Engaging in a discussion with clients about issues, as they arise, that undermine the therapeutic nurse-client relationship, including the fact that those issues may lead to a decision that the NP can no longer meet the client's needs. If possible, these discussions should occur over a period of time.
- Working with clients to develop and implement strategies for resolving issues whenever feasible.
- Discussing concerns with, and seeking assistance

²⁶ This applies to a wide range of items, including but not limited to: pharmaceuticals, medical equipment, devices, products, natural health products and professional services.

²⁷ If the medication is also being dispensed by the NP, the standards for dispensing outlined on pp. 7-8 apply.

²⁸ See note 27 above.

²⁹ Ontario regulation 799/93 under the *Nursing Act, 1991 (Professional Misconduct, section 1, paragraph 5)*, applies to all members of the College.

³⁰ Providing primary health care services is not limited to NPs-PHC. NPs-Adult and NPs-Paediatrics may also work in roles in which they provide ongoing primary health care to clients.

³¹ For more information, refer to the College's *Ethics, Conflict Prevention and Management, Therapeutic Nurse-Client Relationship, Revised 2006, Refusing Assignments and Discontinuing Nursing Services* practice documents at www.cno.org/publications.

from, other members of the health care team in an effort to address issues and identify alternatives to discontinuing the client relationship.

- Discussing with clients the rationale for the decision to discontinue the professional relationship whenever feasible. The decision should be communicated in writing and a copy of the correspondence should be retained in the client's health record.
- Documenting the rationale for a decision to discontinue services, including a description of actions taken to resolve issues prior to the decision.
- Identifying appropriate alternate provider(s) for the client, or allowing sufficient time for clients to make their own arrangements if they wish. (Sufficient time varies, depending on the client. For example, a client with complex health needs may need more time than a client who is relatively healthy.)
- Continuing to provide essential health services to clients, whenever feasible, until such time that another appropriate provider has been identified.
- Obtaining client consent to provide the client's health information to the receiving health care professional to ensure appropriate and safe transfer of care.

Interprofessional Care

Interprofessional care is the provision of comprehensive health care services to clients by multiple health providers who work collaboratively to deliver quality care within and across settings.³² The goal of interprofessional care is to improve outcomes for clients.³³

NPs collaborate and consult with others to achieve outcomes that are in the client's best interest. Others include clients, families, nurses, members of other health care professions, unregulated care

providers, volunteers, administrators, managers and individuals in other social service sectors.

Collaboration

Collaboration is the cornerstone of interprofessional and **intraprofessional** care. Collaborative practice involves communication, partnership and active participation among health care professionals and clients in a coordinated approach to shared decision-making. It is a process that enables the knowledge and skills of various providers to influence client care synergistically and positively.³⁴ Collaboration is a shared responsibility that involves both team and individual accountability for client care. Key elements of effective collaboration are partnership, communication, common goals, shared decision-making, mutual trust, mutual respect, autonomy and a feeling of shared responsibility.^{35, 36}

NPs collaborate with other health care professionals, including other nurses as necessary, to ensure that their clients' overall needs are met. Collaboration involves NPs:

- understanding their own roles and contributions
- understanding the roles and contributions of others with whom they work
- understanding when and how to involve others in client care
- working with others, together with clients, to establish a clear and common understanding of the desired outcomes, how client information will be communicated and how they will work together to achieve outcomes, and
- participating in interprofessional conflict resolution as required.

Consultation

Consultation is a form of collaboration. It is an explicit request from one health care professional to another to provide advice and participate in

³² (Interprofessional Care Steering Committee, 2007)

³³ (Canadian Interprofessional Health Collaborative, 2010)

³⁴ Adapted from Ontario College of Family Physicians, HealthForceOntario and Canadian Interprofessional Health Collaborative.

³⁵ Adapted from Canadian Interprofessional Health Collaborative.

³⁶ (Canadian Health Services Research Foundation, 2006)

the care of a client. Consultation can occur at any phase in client care as appropriate, for example, during health assessment, diagnosis or therapeutic management.

NPs consult and provide consultation to other health care professionals as appropriate to ensure that clients' overall needs are met. Consultation involves NPs:

- identifying, establishing and maintaining a consultative network of other health care professionals, as appropriate, to meet client needs
- consulting other health care professionals when they encounter client care needs beyond the NP legal scope of practice, beyond their individual competencies, or when client care would benefit from the expertise or advice of other health care professionals
- working with other health care professionals to ensure a common understanding of each other's roles, responsibilities and contributions to client care
- working with other health care professionals to establish mutually agreed upon methods for consultation
- explaining the reason for, and level of urgency of, the consultation
- describing the level of consultation requested (for example, an opinion, recommendation, concurrent intervention or immediate transfer of care), and
- ensuring other health care professionals who are providing consultation have access to the client's known health information.

If the consultation has resulted in the need to transfer care, then the decision is made jointly by the NP, the receiving health care professional and the client as appropriate. In this situation, there is a clear transfer of accountability, and the NP discusses with the client, the rationale for transferring care.

Referral

Referral is a form of consultation. It is an explicit request from one health care professional to another to provide specific health services to address client needs (for example, further investigation, treatment, intervention or a procedure). Referral can result in a time-limited (episodic) intervention provided by the other health care professional, or concurrent management during which both the NP and the other health care professional provide services within their respective areas of expertise.

Providing orders

When providing orders for client care that are implemented by other health care professionals, including other nurses, NPs are accountable for:

- deciding that the medication, test or procedure is warranted for the client
- documenting the order clearly and completely
- providing verbal orders³⁷ only when they are physically present but not able to immediately document the order themselves (for example, during an emergency situation)
- ensuring verbal and telephone orders get signed, and
- being available to other health care professionals to respond to questions and clarify orders.

³⁷ A verbal order is not the same as a telephone order. For more information, refer to the College's *Medication, Revised 2008* practice document at www.cno.org/publications.

Glossary

Advertise. To make known to the general public. It does not include an NP communicating directly to an existing client about professional services.

Benefit. Any incentive (financial or nonfinancial), whether direct or indirect, that conflicts with the nurse's professional or ethical duty to a client.

Best possible medication history. A thorough inventory of a client's regular medication use (prescribed, as well as over the counter) using a number of different sources of information (for example, the client, health record and family members). Includes the drug name, dose, frequency and route of administration of medications the client is *actually* taking, even though it may differ from what is prescribed.³⁸ Promotes client safety by avoiding errors and drug interactions.

Client. A client may be an individual, family, group or community.³⁹

Compounding. The act of combining two or more elements to create a distinct pharmaceutical product.⁴⁰

Competencies. The knowledge, abilities, skills, judgment and professional attitude that is required of a nurse to practise safely and ethically within an individual's nursing practice in a designated role and setting.⁴¹

Conflict of interest. A conflict of interest exists when a nurse's personal interests (financial or nonfinancial) could improperly influence her or his professional judgment or interfere with her or

his duty to act in the best interest of clients. It is professional misconduct for a nurse to practise while in a conflict of interest.

Controlled act. A restricted activity under the *Regulated Health Professions Act, 1991* that is considered potentially harmful if performed by an unqualified person.

Delegate. A formal process by which a regulated health care professional who has the legal authority and competence to perform a procedure under one of the controlled acts transfers that authority to others, under certain conditions.⁴²

Differential diagnosis. The process of systematically comparing clinical findings to determine which of two or more diseases with similar symptoms the client has.⁴³

Directive. An order for a procedure or series of procedures that may be implemented for a number of clients when specific conditions are met and specific circumstances exist. A directive is always written by a regulated health care professional who has the legislative authority to order—and the ultimate responsibility for—the procedure.

Dispensing. Involves the selection, preparation and transfer of one or more prescribed medication doses to a client, or his or her representative, for administration at a later time.⁴⁴

Emergency situation. Sudden onset of severe or urgent symptoms that require immediate attention such that a delay in treatment would place the individual at risk of serious harm.

³⁸ (Queen's University, 2009)

³⁹ From the College's *Therapeutic Nurse-Client Relationship, Revised 2006* practice document.

⁴⁰ (Ontario College of Pharmacists, n.d.)

⁴¹ Adapted from the College's *National Competencies in the context of entry-level Registered Nurse* document.

⁴² Adapted from the College's *Authorizing Mechanisms* practice document.

⁴³ Adapted from *Stedman's Medical Dictionary*, 2006.

⁴⁴ Adapted from the College's *Medication, Revised 2008* practice document.

Identification number. A number generated through a system established by employers to track medications and substances from the point at which they are procured to the point they are provided to a client. This number may or may not be applicable, depending on whether the employer has such a tracking system in place.

Intraprofessional care. The provision of comprehensive health care services by multiple members of the same profession (for example, a team of nurses) who work collaboratively to deliver quality care within and across settings.

Medication. A drug as defined by the *Drugs and Pharmacies Regulation Act*.

Minor and episodic condition. A short-term, acute and non-urgent illness that requires short-term treatment and is not likely to be an indication of, or lead to, a more serious condition. Examples include a nonrecurring urinary tract infection and a nonrecurring upper respiratory tract infection in an otherwise healthy individual.

Order. An authorization or instruction for a procedure, treatment, medication or intervention to be provided to, or performed for, a client. An order is usually written (for example, in the health record, prescription or requisition); however, it can also be verbal (for example, during an emergency situation), or by telephone (for example, when the NP is not physically present). Orders involve the cognitive aspects of assessing and diagnosing clients to determine that the procedure, treatment, medication or intervention is warranted.

Protected title. A regulatory tool available to Colleges under the *Regulated Health Professions Act, 1991*. Title protection is used to limit the use of a professional title in the public interest. The titles: RN, RPN, NP, RN(EC) and “nurse” are legally protected.

Scope of practice. A legal concept defined by the profession’s scope of practice statement in the *Nursing Act, 1991* and its access to specific controlled acts.

Specialty certificate. A College document issued to an NP that designates the client population for whom the NP is qualified to provide care. It is not meant to indicate one’s clinical focus. The College currently registers three specialty certificates: NP-Adult, NP-Paediatrics and NP-Primary Health Care.

Therapeutic professional relationship. This relationship is established and maintained by the nurse and is the foundation for providing nursing services. The relationship is based on trust, respect, empathy, intimacy and the appropriate use of the nurse’s inherent power. It is a broad term that refers to an association, in some way, of a nurse to a client. The relationship can be direct or indirect (for example, when authorizing directives).⁴⁵

⁴⁵ Adapted from the College’s *Authorizing Mechanisms* and *Therapeutic Nurse-Client Relationship*, Revised 2006 practice documents.

Appendix: Medication Management and Storage for Nurse Practitioners in Independent Practice

NPs in independent practice (those who are self-employed) have some different accountabilities compared to NPs who are employees of hospitals, long-term care homes, community health centres, public health units and so on. As with any nurse in independent practice, self-employed NPs must learn the unique obligations associated with independent practice and should seek appropriate legal advice.

This appendix is not meant to address all of the considerations that apply to nurses in independent practice.⁴⁶ Rather, it discusses the unique considerations that apply to NPs in independent practice because of their access to specific additional controlled acts. The expectations outlined below are in *addition* to those cited throughout the *Nurse Practitioner* practice standard.

NPs in independent practice who obtain and store a supply of medication—from which they dispense, sell, compound or administer to clients—are accountable for procuring the medication from a reputable and legitimate source. They are expected to consult a pharmacist to develop policies and procedures for the procurement and storage of medications, and to develop appropriate record-keeping systems. Such procedures and record-keeping systems include, but are not limited to:

- ensuring proper drug storage (for example, according to manufacturer directions)
- developing a systematic medication inventory system, including processes for removing expired medication
- using environmentally safe drug disposal methods
- maintaining the security and integrity of the medication inventory
- ensuring safe transport of medication (if applicable to the NP's practice)
- ensuring the availability of appropriate medication reference materials (for example, current

Compendium of Pharmaceuticals and Specialties and drug formularies)

- facilitating the ability to track the medication from the point of procurement to dispensation or administration to the client
- facilitating the ability to retrieve information about all medications dispensed, administered, sold and compounded over time, and
- retaining records of medication dispensed, administered, sold and compounded for a minimum of 10 years.

NPs ensure they have the proper infrastructure, equipment and supplies for safe and secure medication storage (for example, physical space, temperature controls and record-keeping software).

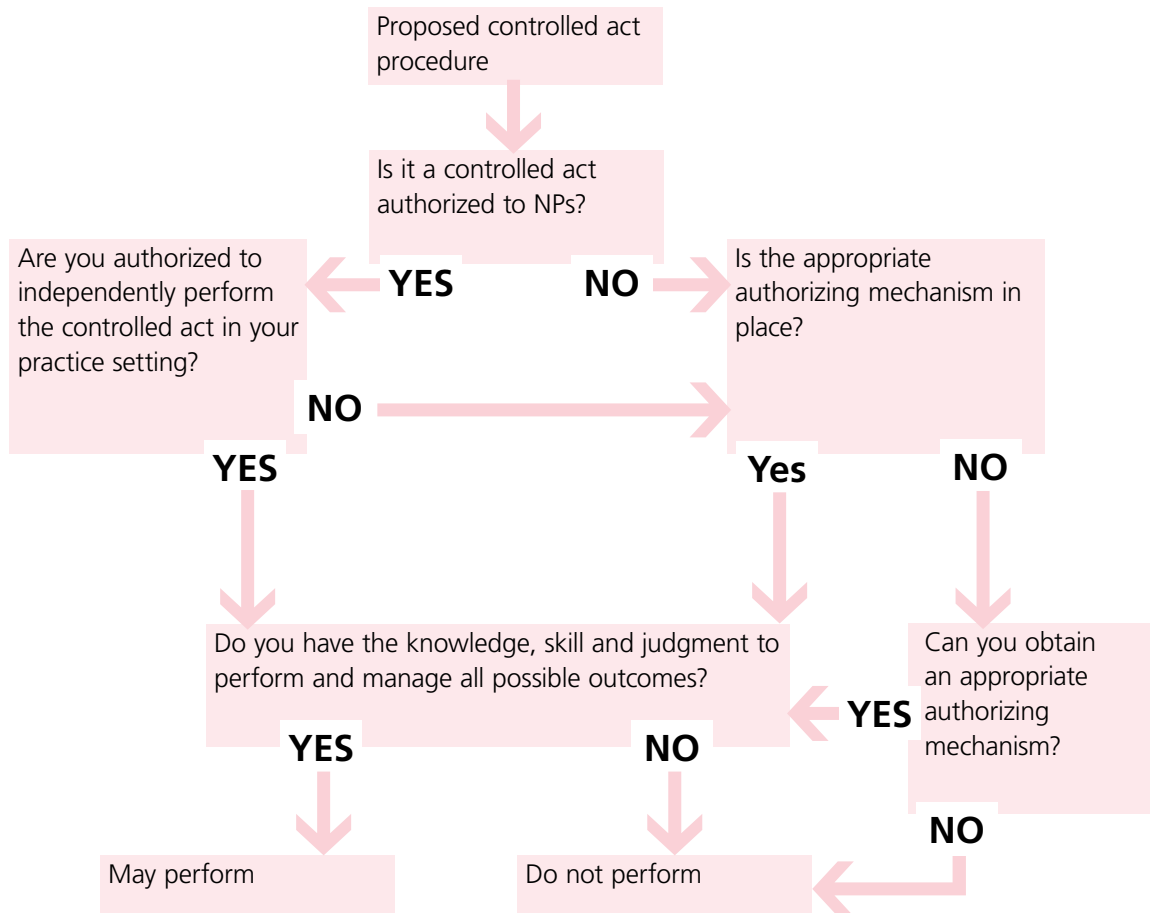
If NPs hire employees who are involved in the medication management system, then they are accountable for monitoring and ensuring employee compliance with established policies and procedures.⁴⁷

NPs do not obtain or store controlled substances.

⁴⁶ For more information, refer to the College's *Independent Practice* practice document at www.cno.org/publications.

⁴⁷ NPs are not authorized to delegate their authority to dispense, sell or compound medication.

Decision Tree for NPs: Deciding to Perform a Controlled Act



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101 Davenport Rd.
Toronto, ON
M5R 3P1
www.cno.org
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Fax: 416 928-6507
E-mail: cno@cnomail.org