



COLLEGE OF NURSES  
OF ONTARIO

ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

# Nurse Practitioners

New Practice Standard

November 24, 2011

Teleconference

(Repeat of October 6, 2011 Teleconference)

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# Objectives

Upon completion of this teleconference, you will be able to:

- Describe the purpose of a College practice standard
- Identify the key changes to the new *Nurse Practitioner* (NP) practice standard
- Assess how the new NP practice standard will affect your individual practice
- Identify where to go if you require support

# Practice Standards

- Expectations that contribute to public protection
- Inform nurses of their accountabilities
- Inform the public of what to expect of nurses
- Guide members in the provision of safe and ethical nursing care
- Applies to all NPs, regardless of role or area of practice

# Practice Standard Consultation

## 2010

- NP focus groups (40 participants)
- Stakeholder roundtable (14 participants)
- Stakeholder- and member-written feedback (23 responses)

## 2011

- NP focus groups (41 participants)
- NP survey responses (456 responses)
- Stakeholder survey responses (17 responses)
- Stakeholder-written feedback (5 responses)

# General Principles – Key Highlights

- Complying with *all* CNO practice documents
- Limiting practice to a population appropriate for the specialty
- Demonstrating competencies described in the *Canadian Nurse Practitioner Core Competency Framework*
- Considerations in clinical decision-making (e.g., evidence-based, contraindications, precautions, risks, benefits)
- Keeping current in clinical NP practice to maintain competence (i.e., assessment, diagnosis, therapeutics)

# NP Protected Titles

- **Must** use Nurse Practitioner (NP) or Registered Nurse Extended Class (RN[EC])
- **May** use NP-Adult, NP-Paediatrics, NP-Primary Health Care (PHC)
- **Cannot** use any other variations or abbreviation

# Controlled Acts Authorized to NPs

- Communicating a diagnosis
- Performing a procedure below the dermis/mucous membrane
- Putting an instrument, hand or finger into an opening of the body
- Administering a substance by injection/inhalation
- **Applying** or ordering the application of a prescribed form of energy
- **Setting or casting a fracture or joint dislocation**
- Prescribing, **dispensing, selling or compounding medication** in accordance with regulations

# Diagnostic Authority

- No change to X-ray and ultrasounds, continue to use lists until further notice
- List available at: [www.cno.org/np](http://www.cno.org/np)

# Following Up on Tests Ordered

- Ensuring test results are tracked
- Reviewing results
- Providing timely follow-up
- Being available to receive critical results
- Document

# Prescribing Medication

- No list
- Prescribe as appropriate for clients:
  - therapeutic purpose
  - client need
  - individual competencies
  - practice setting
- Controlled drugs and substances are still restricted; cannot be prescribed until further notice (includes Valium and Ativan in emergencies)

# Prescribing Medication (cont'd)

- Nurse-client relationship
- Cannot self-prescribe
- Can only prescribe for family in limited circumstances (e.g., no other prescriber available in an emergency situation)

# Dispensing Medication

- Nurse-client relationship, therapeutic purposes
- Do not dispense “third-party” prescriptions
- May only dispense in specific 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 otherwise obtain the medication
  - the medication is dispensed as part of a health promotion initiative
  - the medication is dispensed for the purpose of testing the client’s therapeutic response to medication

# Selling Medication

- Nurse-client relationship, therapeutic purposes
- May only sell in specific 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 purchase the medication elsewhere
  - the medication is sold as part of a health promotion initiative

# Compounding Medication

- Nurse-client relationship, therapeutic purposes
- Two or more non-sterile creams or ointments for topical application (e.g., diaper rash cream)
- May only compound in specific circumstances:
  - does not have reasonable or timely access to a pharmacy
  - would not otherwise receive the medication
  - does not have the financial resources to otherwise obtain the compound

# Conflict of Interest Considerations

NPs cannot:

- Obtain any benefit from prescribing, dispensing, selling or compounding medication
- Broadly advertise that they dispense, sell or compound
- Charge more than the actual cost of a medication sold
- Use their professional designation to endorse or promote treatment options

# Setting Fractures and Dislocations

- Set simple (i.e., closed), undisplaced, stable fractures
- Reduce closed, displaced, non-comminuted fractures of digits
- Reduce other closed, displaced, non-comminuted fractures in consultation with a physician
- Reduce dislocated digits and radial head dislocations, reduce other dislocated joints in consultation with a physician

# Procedures

- Procedures no longer listed in the practice standard
- Order/perform procedures as appropriate for clients:
  - therapeutic purpose
  - individual competencies
  - client need
  - practice setting
- Cannot apply a form of energy until government creates applicable regulations; use delegation until further notice

# Administration of Substances

- Can administer substances that they have ordered, or if the administration is ordered by an authorized professional
- Can order the administration to be implemented by another authorized professional
- Therapeutic purpose, professional relationship
- Includes blood and oxygen; however, in practice these may still be limited

# Delegation

- NPs do not delegate:
  - prescribing, dispensing, selling or compounding medication
  - ordering the application of a form of energy
  - setting a fracture or a joint dislocation

# Discontinuing Professional Relationship

- Applies to NPs providing primary health care (includes: NP-PHC, NP-Adult and NP-Paediatrics)
- Work with employers for appropriate policies
- Work with clients to resolve issues
- Involve other members of the health team to address complex client issues, identify alternatives to discontinuing the relationship
- Identify alternate provider, or allow sufficient time for client to make arrangements
- Continue to provide essential health services in the interim, if feasible
- Document

# Inter- and Intraprofessional Care

- No longer required to “establish and maintain” a consultative relationship with a physician
- “When” and “how” to consult has not changed
- Providing client care orders that are implemented by other professionals:
  - respiratory therapist
  - medical radiation technologists
  - sonographers
  - medical laboratory technologists
  - other nurses

# Nursing Client-Care Orders

- Can provide client-care orders that will be implemented by other nurses as appropriate for client care and nursing practice
- Controlled act procedures authorized to nurses:
  - performing a procedure below the dermis or mucous membrane
  - administering a substance by injection or inhalation
  - putting an instrument, hand or finger into an opening of the body

# Medication Management – Independent Practice NPs

- Ensures safe and appropriate medication procurement and storage practices and related record-keeping
- Typically the role of the employer
- Consult a pharmacist to develop appropriate policies and procedures
- Medication-related records must be kept for at least 10 years

# Summary: Key Highlights

What changed July 1, 2011?	What changed October 1, 2011?	What stays the same until further notice?
<ul style="list-style-type: none"> <li>■ Diagnose, treat and discharge hospital in-patients</li>   <li>■ Order laboratory tests as appropriate for client care (list revoked)</li> </ul>	<ul style="list-style-type: none"> <li>■ New NP practice standard</li>   <li>■ Order most medication, as appropriate for client care (list revoked)</li>   <li>■ Dispense, sell and compound medication</li>   <li>■ Set or cast a fracture; set a joint dislocation</li>   <li>■ Provide client care orders that may be implemented by RNs and RPNs</li> </ul>	<ul style="list-style-type: none"> <li>■ Do not prescribe controlled drugs and substances</li>   <li>■ Continue to order diagnostic tests (e.g., X-rays, ultrasounds) according to the lists</li>   <li>■ Do not perform point-of-care laboratory tests</li>   <li>■ Do not apply a form of energy (e.g., diagnostic ultrasound, defibrillation)</li> </ul>

# Resources

- Practice Support Line
  - 1 800 387-5526
  - 416 928-0900 ext. 6397
  - [prp@cnomail.org](mailto:prp@cnomail.org)
- Website: [www.cno.org](http://www.cno.org)  
[www.cno.org/np](http://www.cno.org/np)  
[www.cno.org/teleconferences](http://www.cno.org/teleconferences)
- Outreach: [www.cno.org/outreach](http://www.cno.org/outreach)



### Teleconference Feedback Form

Thank you for participating in the *NPs: New Practice Standard* teleconference on November 24, 2011. Please take a few minutes to complete this feedback form. Your feedback is appreciated and will help us improve our process!

**You can also complete this form online [here](#)**

**1. Usefulness of teleconference:**     Very Useful                       Useful                       Not very Useful                       Not at all Useful

**Please explain your answer:**

<b>2. Satisfaction with CNO speakers':</b>	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	<b>Please explain your answer</b>
a) clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) understanding of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) responses to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**3. As a result of this teleconference, do you have a better understanding of:**

	Yes	No	Unsure	<b>Please explain your answer</b>
a) Key changes to the new NP Practice Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) The effect this new standard will have on your individual practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) How to access College supports during this transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**4. What could CNO do to improve this teleconference in the future?** \_\_\_\_\_

**5. Other comments:** \_\_\_\_\_

**6. Your nursing category:**

- NP
- RN
- RPN
- Non-nursing (specify): \_\_\_\_\_

**7. Your health care sector:**

- Academia
- Acute Care
- Community & Public Health
- LTC & Rehabilitation
- Mental Health & Corrections
- Paediatrics
- Palliative
- Other: \_\_\_\_\_

**8. Your role in your organization:**

- Nurse Practitioner
- Staff Nurse
- Manager
- Administration
- Clinical Educator
- Clinical Nurse Specialist
- Other: \_\_\_\_\_

*Thank you for your feedback.*

Please fax the completed form to **416 928-9643** (attn: Denise Hastings) by December 8, 2011