



COLLEGE OF NURSES
OF ONTARIO

ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Nurse Practitioners

New Practice Standard

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

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

Resources

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

Teleconference Feedback Form

Thank you for participating in the *NPs: New Practice Standard* teleconference on October 6, 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 at <http://www.cno.org/tc-npnps>

1. Usefulness of teleconference:	<input type="checkbox"/> Very Useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not very Useful	<input type="checkbox"/> Not at all Useful
Please explain your answer:				

2. Satisfaction with CNO speakers':	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Please explain your answer
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	Please explain your answer
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 October 6, 2011