



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO  
THE STANDARD OF CARE.

# Patient Relations Program

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**UPDATE REPORT  
2005 TO 2007**

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DECEMBER 2007



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## INTRODUCTION

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### PATIENT RELATIONS PROGRAMS – THE CONTEXT

Section 84 of the *Health Professions Procedural Code* states that:

*(1) The College shall have a patient relations program.*

The Act is not specific as to the nature of a patient relations program other than to articulate in Sub-Section 84(2) that the program ...*must include measures for preventing or<sup>1</sup> dealing with sexual abuse of patients.*

The duties of the Health Professions Regulatory Advisory Council (HPRAC) with respect to patient relations programs are articulated in Section 11 of the *Regulated Health Professions Act*. 11(2) states:

*It is the Advisory Council's duty to monitor each College's patient relations program and to advise the Minister about its effectiveness.*

Recently, HRPAC undertook an extensive review of Colleges' patient relations programs. The review to date has included a workshop at which Colleges provided input into HRPAC proposals about the role and scope of patient relations programs. Subsequent consultation included a checklist for patient relations programs to be used as a "self-reporting" tool which the College completed and an interview with each College in which Colleges were asked to respond to ten standard interview questions. The interview process took place in mid-October.

### PATIENT RELATIONS PROGRAMS – NEW DIRECTIONS FROM HPRAC

In *New Directions* (2006), HPRAC's report to the Minister of Health and Long-Term Care, HPRAC recommended the disbandment of the Patient Relations Committee and proposed the replacement of the patient relations program with an outreach program. In the report, HPRAC identifies a lack of knowledge about health regulatory colleges and their services on the part of the public and states:

*Overall, HPRAC's sense is that the task of improving communications generally, by both the colleges and the Ministry, fits perfectly with the government's new approach to stewardship and accountability in the health care system.... HPRAC's view is that one of the goals of self-regulation is to increase accountability. This can only be accomplished when the activities of the colleges are transparent and readily understood.*

*page 24, HPRAC New Directions, 2006*

HPRAC also recommended that "...*patient relations functions related to sexual abuse and funding programs for therapy and counselling for persons who, while patients, were sexually abused by members should likewise be managed in the most administratively effective place in each college.*"

*Page 26, HPRAC New Directions, 2006*

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<sup>1</sup> As a result of the *Health System Improvements Act*, on June 4, 2009 the word *or* will change to *and*.

## **PATIENT RELATIONS PROGRAM REPORT 2005 TO 2007**

While these recommendations were not implemented<sup>2</sup> as part of the amendments in the *Health System Improvements Act*, they do set the context for why, despite the narrow nature of the specific legislative provisions related to patient relations programs, HPRAC has established a broad philosophy.

HPRAC has articulated the following goals for Patient Relations Programs<sup>3</sup>:

- *To help the health professionals regulated by the College enhance relations with the patients or clients, and by extension, the public;*
- *To help the public achieve greater understanding of the range and quality of the professional services offered by members of the College;*
- *To help patients or clients be fully informed of their rights in dealing with members of the profession and the College, including that they will be treated in an ethical, competent, sensitive and respectful manner; and*
- *To help the public have a greater knowledge of the role of the regulatory College and how to participate in College processes and/or programs.*

*HPRAC, Patient Relations Programs – An Overview, 2007 (page 1)*

HPRAC has identified that the patient relations program needs to be an integral part of each College's strategic plan and needs to be organization-wide. In the introduction to the Governance section of its survey, HPRAC states:

*In serving the public interest, Colleges have a responsibility to establish policies, plans and initiatives for their Patient Relations Programs, and to ensure that a culture of awareness and respect for the professional-patient relationship permeates the organization.*

*HPRAC, Introduction to Governance,  
Patient Relations Program Elements in Place (Self Report), 2007 p.1*

The attached survey illustrates the breadth of HPRAC's philosophy of patient relations – it covers three of the four key regulatory elements: enforcement, quality assurance and standards. The only regulatory element that is not identified by HPRAC as part of a College's patient relations program is entry to practice.

### **PATIENT RELATIONS PROGRAMS – ENHANCED REPORTING**

Previously, updates on the components of the patient relations program were integrated into the annual and semi-annual updates on the College's Strategic Plan and in the Executive Director's Annual Report to Council.

As part of the ongoing commitment to enhance reporting to Council, annual reports will be provided on the patient relations program each December. To fulfil our accountability provisions and for transparency, these reports will also be shared with the Health Professions Regulatory Advisory Council.

Since this is the first report to Council focusing on all aspects of the College's patient relations program, it includes initiatives and accomplishments since the beginning of our current Strategic Plan – from 2005 through 2007.

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<sup>2</sup> The concept of outreach was integrated into a new object "To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders and the public."

<sup>3</sup> These goals were finalized after a workshop at which health regulatory colleges had opportunities for input.

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## PATIENT RELATIONS INITIATIVES AND ACCOMPLISHMENTS 2005 THROUGH 2007

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### STRATEGIC OBJECTIVES

HPRAC has identified that *Colleges have the obligation to establish strategic goals, standards and directions to ensure a strong patient relations focus.*

The College's strategic objectives (below) both support a strong patient relations program:

*Building Confidence in Nursing Self-Regulation*  
*nurse engagement – employer commitment – public confidence*

*Advancing the Use of CNO knowledge*  
*user relevance – stakeholder trust – decision support*

The College's vision speaks to the most important goal for the public – *excellence in nursing practice everywhere in Ontario!*

#### ***Building Confidence in Nursing Self-Regulation:***

The College of Nurses' Strategic Plan clearly articulates "public confidence" in nursing self regulation as a corporate strategic objective. This goal embeds our commitment to the public into everything we do. For example, our staff performance management plan links directly to our strategic objectives and to our commitment to the public, and our Council briefing materials explicitly articulate the public interest rationale related to every decision.

In articulating the goals of "nurse engagement" and "employer commitment", the College has identified its commitment to supporting nurses in practising in a way that meets client needs and to working proactively with practice sectors to encourage employers to put into place mechanisms that facilitate members practising in accordance with the standards.

#### ***Advancing the Use of CNO Knowledge:***

While this strategic objective may seem to be less directly linked to patient relations than the other (above), it makes a strong contribution to enhancing the patient/nurse interface. This objective speaks to the knowledge we share with our members through our standards and guidelines, the work we do to support our members in understanding and using this knowledge, our contribution to nursing human resource planning and to our contribution to public policy shaping nursing and health care. It also speaks to our commitment to enhance our ability to evaluate the effectiveness of all of the work that we do in relation to our mission:

*To protect the public's right to quality nursing services by  
providing leadership to the nursing profession in self-regulation.*

## **REACHING OUT TO THE PUBLIC**

The College produces an annual newsletter - *Here for You* - specifically designed to provide information to members of the public. This eight page newsletter is written in plain language and contains basic information on nursing, the College's role as a regulator and how the College protects the public. While clearly articulating how the College addresses concerns of members of the public about a nurse, the newsletter's focus is positive – seeking to build the confidence of members of the public in the care provided by nurses and in the importance of nurses being accountable, self-regulated professionals.

Approximately 635,000 copies of *Here for You* are distributed across the province in March of each year; the majority are delivered with the Toronto Star or a community newspaper. Over 850 copies are mailed to the media (dailies, magazines, radio, TV, cable and community press) and over 100,000 copies are mailed in packages of 50 to health care organizations and schools.

The College's website, [www.cno.org](http://www.cno.org), includes a public section. The public section highlights information on nursing in Ontario, self-regulation, how to find out if a nurse is registered, the nurse-client relationship, abuse prevention, complaints and hearings, the College's annual report, and a link to the College's *Compendium of Standards*.

In 2007, the public section of the web site was enhanced with more direct links to resources that were elsewhere on the College's website but may be of particular interest to members of the public – such as:

- the abuse prevention program, including the video *One is One Too Many*;
- the *Annual Report*, including a link to the Executive Director's web cast on the Annual Report, which provides an overview of the College's accomplishments over the year and can enhance the public's understanding of the College's role; and
- direct links to standards of particular interest (*Therapeutic Nurse-Client Relationship* and *Ethics*).

The College has seen increasing use of the public section of the web site. In 2007 there were 17,594 visitors to the public section. This is a 37.5% increase over 2006, when there were 12,297 visitors to the public section, which was a 23.4 % increase over 2005 (10,033). In two years, the number of visitors to the public section of the College's web site has increased by more than 50%.

When a member of the public telephones or emails the College, members of staff are prepared to provide support.

- Investigators explain how to make a complaint and provide assistance to the public in writing or recording their complaints where necessary. The College has just completed *Resolving Complaints at the College of Nurses of Ontario: Process Guide*. This guide explains in plain language how the complaints process works, and the options for resolving complaints. It also clearly articulates the types of complaints that the College addresses and those that the College does not address, for example when a complaint is about a nurse's personal life such as her or his behaviour as a spouse. *Resolving Complaints* is available on the public section of the College's web site, and is provided to all complainants in the package they receive from the College when their complaint is acknowledged.
- Practice Team members answer questions about nursing practice and what clients can expect from their nurse. The practice support line received 8500 calls from January through November in 2007, 250 of which were enquiries from members of the public about nursing practice.

- Customer Service representatives provide information about whether a nurse is registered and in good standing and other information that is available currently on the College's public register. Approximately 95% of all calls about the registration status of members are from employers and 5% from other members of the public:
  - In 2006 the College responded to 6,249 inquiries about the public register (approximately 5936 from employers and 313 from other members of the public); and
  - From January 1 through October 31 in 2007, the College responded to 9,996 inquiries about the public register (approximately 9496 from employers and 500 from other members of the public).

The College is also active in the public communication campaign of the Federation of Health Regulatory Colleges of Ontario – *This is Not a Game – Your Health Matters*. The College of Nurses has provided financial support and expertise to the extensive media campaign designed to assist the public in understanding self-regulation.

## **PREVENTING ABUSE**

Abuse prevention is an important component of the College of Nurses' role as a regulator. While the RHPA requires a program to prevent sexual abuse, the College's research shows that other forms of abuse are more prevalent in nursing. For this reason, the College's program takes a broad approach to abuse prevention.

The abuse prevention package, *One is One Too Many*, is designed to educate and sensitize nurses to the many forms that abuse might take, and is supported by a DVD of real nurses and patients talking about abuse issues, self-learning tools and a facilitator's guide for teaching the program in organizations. 283 copies were sold. The online version of the DVD had 1,927 visitors in 2006 and 3,314 from January 1 until November 1, 2007. In the fall of 2007, a link to the abuse prevention program was added to the public section of the College's web site.

In 2006 the College revised the *Therapeutic Nurse-Client Relationship* Practice Standard, which supports nurses in establishing and maintaining boundaries to proactively avoid boundary violations. The *Conflict Prevention and Management* Practice Guideline assists nurses in identifying and addressing potential conflict before it has an impact on client care. In some instances, conflict situations can escalate to abuse.

The *Procedural Code* requires that the abuse prevention program include member education and training for College staff. In addition to those requirements, the College has integrated abuse prevention into a standard orientation for statutory committees, ensuring all Council and committee members are educated about abuse and our role as a regulatory body on an annual basis.

## **GUIDING NURSES**

One of the roles of the regulatory body is to guide and support members to provide quality care to the public. The College develops and promotes Practice Standards and Guidelines which, collectively, provide a guide to the knowledge, skills, judgment and attitudes that nurses need to practise safely, effectively and ethically.

While all of our standards and guidelines articulate expectations which support constructive therapeutic relationships with clients, the following focus on the nurse/client relationship and may be of particular interest in the context of this report:

- The *Therapeutic Nurse-Client Relationship* Practice Standard, revised in 2006, assists nurses in establishing and maintaining boundaries to ensure therapeutic relationships with clients.
- The *Culturally Sensitive Care* Practice Guideline, first published in 1999, supports nurses in understanding their accountability for recognizing and responding to the needs of a culturally diverse client base; and
- The *Conflict Prevention and Management* Practice Guideline, published in 2006, assists nurses in identifying and addressing potential conflict before it has an impact on client care.

While those standards and guidelines specifically address the nurse/client relationship, all of the College's practice standards and guidelines support nurses in providing quality care to patients. The College constantly reviews and updates practice standards and guidelines. From 2005 to 2007, in addition to the two documents identified above, the College has revised or published the following practice standards and guidelines: *Practice Standard: Decisions about Procedures and Authority in Nursing Practice* (2005); *Practice Guidelines: Supporting Learners* (2005), *Telepractice* (2005), and *Authorizing Mechanisms* (2007).

### **Outreach Program:**

In 2006, the College launched an innovative Outreach Program, designed to expand the College's connection with College members and provide a range of services and resources to enable nurses to practice according to the standards. This multi-faceted program was developed based on extensive consultation with members regarding the supports that they require in practice.

As part of the Outreach Program, an E-Learning Centre was integrated into the College's website. This Centre includes E-Learning modules on College practice standards and guidelines, and lists interactive teleconferences for which nurses can register.

Each of the self-study modules on the Learning Centre contains an introduction, learning objectives, content chapters, additional resources and a quiz. Nurses can use the quiz, and subsequent score, to determine a specific learning objective. The modules are supported by an e-mail link. A Practice Consultant will answer questions and offer feedback.

## PATIENT RELATIONS PROGRAM REPORT 2005 TO 2007

From January 1 to November 1, 2007, there have been 14,027 visitors to Learning Centre, which includes the following eight modules:

- Consent
- Documentation
- Infection Prevention and Control
- Medication
- Professional Standards
- Restraints
- Therapeutic Nurse-Client Relationship
- Utilization of RNs and RPNs

The College also hosts teleconferences on practice issues to provide a forum for nurses to discuss current issues and share ideas and knowledge. They also assist the College in becoming more familiar with the realities of practice settings. The teleconferences are announced on the web site (Learning Centre home page) and members can register on the web.

A total of 16 teleconferences to support members in applying the standards were held in 2007 and four more are planned before the end of the year. There were 2813 participants in the 16 teleconferences that have already taken place, an average of 175 participants at each session.

Topics covered were: Conflict Prevention and Management, Decisions about Procedures and Authority, Do Not Resuscitate Confirmation Form, Overview of Changes Impacting Nurse Practitioners, Therapeutic Nurse Client Relationship, and Utilization of RNs & RPNs. Topics to be covered in the remaining two months of the year include Documentation – Electronic Health Record Systems.

There is a significant level of interest in the teleconferences, reflected in the need to add sessions to meet demand. As part of the goal to increase the effectiveness of this new approach, feedback is being solicited at each session. The College has heard that members appreciate the interaction and would like longer timeframes for discussion. One option that is being explored for the future is sessions that would focus more on the discussion, with shorter formal presentations and smaller groups.

Over the past two years, the College has been building a network of nurses in all roles and areas of practice, including academics, researchers and students with the goal of exploring system changes that are within the College's mandate and are needed to support nurses' ability to meet the standards and provide quality care. The program uses advisory groups to connect the College with nurses in practice and nursing leaders. The program has started to collect and share ideas/issues of relevance to the College's mandate and importance to nurses. As that information filters to workplaces, it has begun to build capacity to meet standards and enhance care to patients across the province.

Each advisory group has identified three key issues that provide ongoing challenges to meeting the standards. In response to this, they have developed a workplan to address these issues by the end of 2008. A few examples:

- The Long-Term Care/Rehabilitation/Complex Continuing Care and the Paediatrics practice sectors are using a common approach to clarify application of the *Medication* Practice Standard across those sectors.
- The Acute Care, Community/Public Health and Mental Health/Corrections practice sectors are working together to develop and pilot a documentation review tool that will support facilities in that sector in meeting the Colleges *Documentation* Practice Standard. The tool will be piloted in 2008.

- The Mental Health//Corrections Outreach Consultant worked with a York University student who surveyed the sector Advisory Group to identify the barriers to the application of the *Infection Prevention and Control* Practice Standard in the Mental Health/Corrections sector. The student has since moved into practice in infection control and is developing an action plan and policies in the facility in which she is working and will be sharing the information through an infection control network.

The College now has structured direct relationships for sharing knowledge and obtaining feedback on trends and issues in the practice sectors with over 90 members and their organizations across Ontario. This information and these links are important to the College in enhancing the effectiveness of the tools and supports that are provided to our members.

**Quality Assurance:**

The College's Quality Assurance Program is another key regulatory mechanism through which nurses are held accountable. The College has based its program on the philosophy that nurses are competent.

To enhance the practice of nurses, every member of the College is required to participate in reflective practice on an ongoing basis. This process requires that the member review her or his practice, obtain peer feedback, identify areas for improvement and develop, implement and evaluate a learning plan.

The College is working on the development of new computer based tools which will support members in completing reflective practice and allow the College to monitor that each nurse in Ontario is fully participating in reflective practice.

In addition to a requirement that members examine their practice each year in order to enhance their practice, the College's Quality Assurance Program includes a random assessment of members' competence – Practice Review.

The College has received extensive feedback from members and stakeholders that Practice Review needs to be more relevant to the practice of members. The College has suspended Practice Review for the General Class while it develops a new program that will be both relevant to the practice of nurses and rigorous enough to give the public confidence that the results reflect accurately the competence of nurses in Ontario.

**ENHANCING FUTURE NURSES' UNDERSTANDING OF SELF-REGULATION**

The College recognizes the value in supporting nursing students – the nurses of the future – in understanding their accountabilities as self-regulated professionals. A student section on the web site provides access to resources of particular interest to students, including information about self-regulation, standards, and becoming registered. Downloads of our *Compendium of Standards* peak in September; reflecting its importance as a resource for nursing students. From January 1 through November 1, 2007 there were 5,243 downloads of the compendium – of these, 12% (621) occurred during the month of September.

## **PATIENT RELATIONS PROGRAM REPORT 2005 TO 2007**

An interactive student DVD *The College of Nurses of Ontario and You: A Student's Guide to Self-Regulation* was released in 2005. It outlines the role of the College and nurses' accountabilities as self-regulated professionals. In 2007, 11,650 copies were sent to Ontario nursing students. There are several direct links from the DVD into the College web site, which will allow the user to access more in-depth information. From January 1 through November 1, 2007, there have been 3,422 visitors to the DVD.

College staff members have made presentations to diverse groups of faculty and students, including RPN-to-BScN, baccalaureate, Internationally Educated Nurses, and practical nursing students.

In 2007, the College began holding teleconferences on issues of interest to faculty and students. A total of six teleconferences were held. Topics covered were: Registering with CNO and A Students' Introduction to Self-Regulation. A total of 462 individuals participated, for an average of 75 participants for each session. A feedback mechanism was provided. While there has been limited feedback, a few examples follow:

*I want to thank you for the teleconferences. They are an excellent way of making the CNO visible to nurse and I believe the teleconferences foster and reinforce professional nursing practice. (faculty member)*

In response to the question "Did the teleconference help you understand the role of the College in protecting the public", another member of faculty wrote:

*Personally yes, but this wasn't clear to my students until I reintroduced it during our class's post teleconference discussion.*

We are beginning to see the success of our efforts, with self-regulation being addressed earlier, more frequently, and in greater depth in nursing programs and with the teleconferences offering a jumping off point for further discussion and clarification.

### **ENCOURAGING EMPLOYERS TO SUPPORT QUALITY PRACTICE**

Recognizing that nurses' ability to provide quality care to clients is often dependent on the availability of appropriate resources and supports in the workplace, the College has identified in our Strategic Plan a goal to establish a shared vision of quality care with employers.

To provide relevant information to employers regarding their roles in supporting nursing self-regulation and quality care, the College publishes a quarterly e-newsletter – *QP* (Quality Practice). *QP* provides information to assist employers in maintaining settings in which the nurses can meet College standards. Recent issues have included information on the insights related to long-term care from the College's outreach to that sector, an article clarifying delegation in a collaborative setting, employer reporting obligations regarding sexual abuse, and information on the Colleges new Pandemic fact sheet. Employers can subscribe to the electronic version; there are currently 2060 e-subscribers; this number is expected to increase in 2008 when the College no longer offers a print version. Subscribers also receive e-updates on employer-related matters between issues of *QP*.

The College has a web section specifically for employers, addressing their accountabilities under the legislation, including information and a form to guide them in reporting terminations, and linking to the services and supports we provide to employers such as Automated Annual Verification of Renewal and the Professional Practice Consultation Program.

The College has developed the Professional Practice Consultation Program, a voluntary program to assist nurses and employers to develop sustainable systems to support safe and effective client care. The program has been designed to be self-administered by facilities following a train-the-trainer workshop approach. The *Professionalism and Environment Factors in the Workplace Questionnaire* was developed by the Nursing Effectiveness, Utilization and Outcomes Research Unit, McMaster University. Organization support modules, including readiness tool, were subsequently developed. Pilot tests of the tools were completed in 4 facilities in 2006 (acute care, community, long-term care).

Four organizations (acute care, community, first nations) have participated in train the trainer sessions in 2007. Of those, one has received its site summary in October, two are surveying in November and one has decided to survey early in 2008.

In 2005 and 2006, the College hosted a series of Long-Term Care teleconferences. Eight teleconferences were held, covering the following topics: Accountabilities of Nurse Leaders, Working with Unregulated Care Providers, RN and RPN Roles, Standards in Practice, Delegation – What is my Role, Innovations in Nursing Practice, Supporting Learners, and Putting Research into Practice.

The College has also initiated a series of meetings with the Ministry of Health and Long-Term Care Facilities Branch, involving compliance advisers. Our goal is to identify areas of common concern and potential areas for collaboration such as patient safety, standards of practice, facilitating the ability of nurses to meet standards through system change, and identifying areas for improvement based on data.

## **ADDRESSING CONCERNS OR COMPLAINTS ABOUT NURSES**

While the College proactively guides members in providing quality care to the public, the enforcement function is critical to effective self-regulation and to public safety. Over the past two years, the College has been focusing on enhancing the effectiveness and the efficiency of its processes for addressing reports and complaints.

The College has developed an objective tool to assess risk in relation to reports to the Executive Director, many of which are reports of termination. That tool was recently adapted to assessing risk in incapacity matters. Applying this tool allows the College to identify and fast-track high-risk matters. It also facilitates exploring other options with respect to lower risk matters.

A new Executive Director Action program has been put into place. All reports are provided to the Executive Director, together with the completed Assessment of Risk Tool, and the Executive Director identifies the most appropriate regulatory response in relation to the concerns reported. These actions include sending the member a letter informing them of the concerns reported and reminding her/him of her/his accountability to ensure their practice meets the standards and identifies resources to support this accountability; meet with the member to obtain his/her assurances that they have reflected on the concerns and will apply the learning to their future practice; or order an investigation. This approach allows the College to ensure that resources can be focused on the highest risk matters while facilitating reflective practise and tracking all matters with respect to an individual member.

An example of the efficiencies put into place recently relates to incapacity. While the number of health inquiries has increased significantly from the 28 in 2006 to 48 in 2007, the average number of weeks to complete a health inquiry has reduced from 17 in 2006 to 11 in 2007. Heightened efficiency, plus the ability to fast-track the most serious matters, significantly enhances public protection.

The College values the Complaints process as a mechanism for the public to communicate its concerns about nurses to the College and recognizes the crucial role it plays in public confidence in the nursing profession. The College has recently undertaken a business process improvement project with respect to the Complaints process, with the goal of meeting the statutory timeframe for the complaints process. One of the results of this project is a revised resolution program that is responsive to complainants and members, focused on the public interest and efficient. Resolutions provide for outcomes that address the concerns of the complainant, support the nurse in enhancing the quality of her or his care and satisfy the College's mandate. They often provide a much speedier outcome and allow limited investigative resources to focus on the most serious of complaints.

The College estimates that about 80% of complaints are suitable for resolution. As complaints arrive, they are assessed for suitability for resolution. In the month of September, the College received 13 complaints of which 11 were streamed for resolution. The resolutions frequently involve the nurse agreeing to review applicable standards and complete an E-Learning module available on the College's website. Initial feedback has been positive:

*Thank you for your efforts to resolve this matter at such an early stage. It has been an extremely positive process for the member. (nurse's legal representative)*

These new approaches arise from a refined public interest focus and seek to provide processes that are accessible, responsive and efficient. These achievements place the College in a good position to serve the public interest through its enforcement function.

## **FACILITATING POLICY AND LEGISLATIVE CHANGES THAT ENHANCE THE COLLEGE AND THE PROFESSION'S ABILITY TO MEET PATIENT NEEDS**

The College has an important role in contributing to the policy and legislative changes that enhance public protection and support changes in the system to meet evolving needs. Recently, the College has been an active participant in HPRAC's consultation on the Legislative Framework and responded to HPRAC's report *New Directions*, and to the draft legislation tabled by the government. In all those cases, the focus of the College's response was the public interest.

In 2006, the College proposed changes to the *Nursing Act* and the regulations to broaden the extended class to include four specialities – Nurse Practitioner – Adult, Nurse Practitioner – Paediatrics, Nurse Practitioner – Primary Health Care and Nurse Practitioner – Anaesthesia. The College has articulated the need for increased regulatory accountability for these highly skilled and independent practitioners, to facilitate evolution from the current practice model that relies on delegation and medical directives. The proposed regulatory framework will clarify accountability and enable Nurse Practitioners to practise in a way that meets client needs and does not create added burden on other players in the system – the lengthy process for development and updating of medical directives would become unnecessary. We will continue to provide input on this issue from the perspective of the public interest and enhancing care provided by Nurse Practitioners.

The College will continue to participate in HPRAC consultations regarding Interprofessional Care, Nurse Practitioners, and Patient Relations Programs. We will share our expertise and experience in self-regulation. Our framework for response will always be the public interest.

The College is an active participant in nursing human resource planning. Over the past three years, we have made great strides in enhancing the accuracy and timeliness of our database, from which key human resource data is sourced. We now have a Data Portal on our web site, allowing stakeholders in human resource planning to self-generate statistical reports.

Each year, the College prepares an annual Membership Statistics Report. To facilitate local planning, the 2006 report includes data broken down by Local Health Integration Networks.

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## **CONCLUSIONS**

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This report outlines initiatives that the College undertakes in fulfilling its commitment to our patient relations program and to the public interest. The College continually monitors and adjusts its programs, initiatives and outreach to ensure that they are relevant and timely for nurses and the public.

We believe this comprehensive approach to patient relations and public interest continually moves us toward our strategic goal of *public confidence in nursing self-regulation* and towards our vision of *excellence in nursing practice*.