

COLLEGE OF NURSES OF ONTARIO'S Employer Reference Group

Long-Term Care
January 22, 2020

What is the Employer Reference Group?

The Employer Reference Group is made up of nurse employers from across Ontario and representatives of the College of Nurses of Ontario (CNO) who share information and collaborate on nursing regulatory issues of mutual interest and concern.

The group consists of two sub-groups representing the long-term care sector and multi-sector areas.

The Employer Reference Group enhances professional collaboration between nurse employers and CNO and provides opportunities for education, discussion and consultation related to regulatory issues and accountability.

Introductions

Carlyn Tancioco, Advanced Practice Consultant chaired the first Long-Term Care (LTC) meeting of the year. Terms of Reference were reviewed, and three new members (Erica Hooker, Pat Colucci and Cynthia Dwyer) were welcomed to the group.

Program Approval – Indicators 8 and 9

Program Approval is an objective, standardized, evidence-based approach to evaluating all entry-to-practice nursing education programs (practical nursing, baccalaureate and nurse practitioner programs) in Ontario. Each nursing education program is evaluated on 9 indicators. The two indicators that focus on safety and curriculum are mandatory. Indicators 8 and 9 are the final two indicators for Program Approval.

- **Indicator 8** provides an objective measurement of graduate's assessment on their readiness to practice safely and ethically. Based on a 3-year cumulative total of aggregated survey results of graduate's self-assessments of their readiness to practice as learned from their school's program(s).
- **Indicator 9** provides an objective measurement of preceptor's assessment of how well the student demonstrated the competencies related to safety and ethics. Based on a 3-year cumulative total of aggregated survey results of the preceptor's assessment of student's readiness to practice derived from the students learning from the school's program(s)

Both indicators are measured only during the final integrated/consolidation placement. Score won't contribute to overall PA status until 2023.

Future QA

In 2016, council reviewed the current QA program and asked CNO to develop a revised program. In 2017, a comprehensive review and conceptual QA model was approved. In 2018, stakeholders consulted on the following enhanced self-assessment tools:

- **Practice reflection worksheet** – guides nurses through the reflection process to identify learning needs
- **Action plan** – a self-directed learning tool for nurses to document their learning goals, identify their learning activities and self-evaluate their learning progress and how their learning has impacted their practice

The new tools will be available for nurses in the spring of 2020.

GROUP MEMBERS

Mary Brazier
Revera Inc.

Cindy Brouillette
Au Chateau - Home for the Aged
Sturgeon Falls

Luciana Capita
Chartwell Gibson Retirement
Residence

Pat Colucci
Providence Healthcare
Providence, St. Joseph's, St.
Michael's Network

Cynthia Dwyer
Sioux Lookout Meno Ya Win
Health Centre

Erica Hooker
Berkshire Care Centre
Windsor, Ontario

Helen Lampi
City of Toronto Long Term Care
Homes Castlerview Wychwood
Towers

Lisa Marcovici
Jewish Home for the Aged
Baycrest Health Sciences

Lee Mesic
Pioneer Ridge Long-Term Care
and Senior Services
Thunder Bay

Janis Shkilnyk
Middlesex Terrace Limited
Long Term Care

Tim Siemans
Radiant Care

Carol Timmings
College of Nurses of Ontario

Sexual abuse prevention employer toolkit

The employer toolkit for sexual abuse prevention is close to being available for employers. CNO collaborated with stakeholders and developed resources to prevent and mitigate patient sexual abuse. Research shows that when nurses are not taking care of themselves, there may be a risk for boundary violations. Selfcare activities for nurses is featured in the toolkit, which was well received by the reference group.

Revised reporting guide

The revised [reporting guide](#) outlines the steps involved when filing a report, including:

- What to report
- What to include in your report
- Nurses professional accountability in reporting
- Legal obligations
- What CNO does when we receive a report
- Submitting the report electronically

Nurses are professionally accountable to act in the best interest of patients and to report when they believe a nurse poses a serious risk of harm to their patients.

Changes to RPN scope of practice

RPNs will be able to initiate components of four controlled acts without orders following government approval. This is especially relevant for nurses working in community-based settings, including the LTC group. In Dec. 2019 council supported to motion to begin the work on developing the regulation. A draft regulation will be circulated to all members in March if approved by council.

Health Care Serial Killers

CNO has authored an article about health care serial killers that was published by the Journal of Nursing Regulation. The article includes findings from a comprehensive literature review and makes suggestions to detect and prevent health care serial killing.

One of the ways CNO has taken action has been by integrating findings from this literature review, along with findings from a second literature review on high harms and other sources of evidence to develop a [risk tool](#). The risk tool is now used as part of the preliminary investigation phase when a report is received in professional conduct. Read [A new way to assess risk](#) for a description.

The research is limited:

Serial killing is an event with a low base rate; yet, the findings are useful to understand more about these events including how to prevent them. The data suggests that patients with particular vulnerabilities are more likely to be targeted. These include:

- the elderly
- children before the power of speech develops, and
- those expected to die

Health care serial killers may target those expected to die to evade capture given that an autopsy is rarely performed if death is expected.



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Similarities in the crime:

- more likely to happen if the care provider is working alone, such as on a night shift
- more common in the hospital setting
- generally, involves lethal IV injections
- most often detected by an individual or system who notices increased cardiac events or deaths
- perpetrators often have a history of mental health disorders and they tend to make their colleagues anxious

Inquiry outcome:

A key finding in the inquiry report, is that Wettlaufer's offences "were the result of systemic failures in the long-term care system, not the failures of any individual or organization within it." and that the "system is stretched but not broken." The report makes 91 systemic recommendations to prevent, deter, and detect intentional wrongdoing by healthcare providers.

Topics for Future Discussion

As questions and topic areas are generated during meetings they may be used as future agenda items or to update CNO resources such as Ask Practice.

FAQ's can be found on the [Employer Resources web page](#).

The next meeting is scheduled for: **April 30, 2020 9:30am – 11:30am**