ONTARIO NURSES' ASSOCIATION

SUBMISSION

ON

Proposed amendments to O. Reg. 275/94 (General) made under the Nursing Act, 1991, to authorize registered practical nurses (RPNs) to initiate certain procedures independently, without the need for an order.

TO

Health Workforce Regulatory Oversight Branch
(Ministry of Health)

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Introduction

The Ontario Nurses Association (ONA) is the union representing 68,000 registered nurses (RNs) and health-care professionals, and more than 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, industry, and clinics.

ONA has significant concerns regarding the proposed amendments to the Nursing Act, 1991 as it relates to O. Reg. 275/94, to authorize registered practical nurses (RPNs) to independently initiate four controlled acts that are currently reserved for the Registered Nurse (RN) scope of practice.

As proposed by The College of Nurses of Ontario (CNO), in addition to the existing procedures that RPNs may initiate, RPNs would also be able to perform the following procedures without an order:

- Irrigating, probing, debriding and packing of a wound below the dermis or below a mucous membrane
- Venipuncture in order to establish peripheral intravenous access and maintain patency, in certain circumstances
- Putting an instrument, hand or finger beyond the individual's labia majora for the purpose of assessing or assisting with health management activities
- Putting an instrument or finger beyond an artificial opening into the client's body for the purpose of assessing or assisting with health management activities

The CNO's three-factor framework clearly states that although "RNs and RPNs study from the same body of nursing knowledge, RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, decision-making, critical thinking, leadership, research utilization and resource management." There is a significant difference in the educational component of entry to practice programs for RNs and an RPNs. RNs since 2005 require a baccalaureate degree obtained through a four-year university nursing program or through a collaborative College/University nursing program. In contrast, RPNs require a diploma in practical nursing through a two-year College program. Initiation of controlled acts require the broader and deeper foundational knowledge base that RNs possess upon completion of a baccalaureate education.

Areas of Concerns

ONA's significant concerns regarding the proposed amendments to the regulation focus on the impact of these changes to public safety and whether it is in the best interest of Ontarians. Our concerns include the following:

1. **Initiation of acts such as advanced wound care (i.e., debridement), venipuncture, and putting an instrument/hand/finger beyond the two**

cavities when assisting/assessing with health management activities implies a sense of urgency and a complex client situation.

CNO's three-factor framework indicates the importance of considering the three factors – the client, the nurse, and the environment – to support nurses in making decisions related to their responsibilities when providing client care. When the environmental factors are less stable and the client factors are more complex and unpredictable, there is a greater requirement for the RN to provide care.

Wound care management can involve a complex biomechanical process that requires detailed assessments and an established plan of care. Wound examination and thorough clinical assessments, which may include probing and irrigating of the wound, are instrumental in deciding the course of action. The appropriate nurse will need to determine the type of treatment required such as debriding, packing the wound or applying negative pressure wound therapy. Additional critical thinking and decision-making skills are required when assessing key considerations for complex and less predictable client factors, such as an increased potential for tunnelling or fistulas or the presence of underlying vascular issues.

The need to initiate venipuncture to establish peripheral intravenous access when a client requires medical attention and, critically, where delay is likely to be harmful implies an emergency. In reference to the three-factor framework, the more complex client factors, and more dynamic the environmental factors, such as in an emergency situation, would indicate a need for RN practice or the need to consult with an RN.

Assisting individuals with health management activities is also subject to increased risks and potential for negative patient outcomes. It raises the question of when an RPN would be required to put an instrument or finger beyond an artificial opening into the client's body without the ability to consult with an RN, Nurse Practitioner (NP) or Physician. To promote the best possible outcomes for clients in all practice areas, RNs and RPNs work in collaboration along with other health-care providers. For this reason, there would not be a need for an RPN to initiate these 4 intrusive controlled acts.

2. **The expectation for RPNs to self-identify competence without additional education or training required by CNO to initiate such intrusive procedures poses significant risks and potential for negative outcomes for clients.**

As previously identified, RNs study for a longer period of time, thus allowing RNs to achieve a greater breadth and depth of knowledge in their clinical practice. As per CNO's Professional Standards, which provides the framework for nursing

practice in Ontario, all nurses add to their basic education and foundational knowledge through ongoing learning. It is of great concern that CNO is not requiring specific education for RPNs to initiate these four controlled acts.

As per CNO's practice guideline: Authorizing Mechanisms, controlled acts are activities "that could cause harm if performed by those who do not have the knowledge, skill and judgement to perform them." All nurses are accountable for maintaining competence and are expected to continually enhance their knowledge to ensure client safety and well-being". And while nurses can become experts in an area of practice within their own nursing category; enhanced competence through continuing education and experience does not mean that an RPN will acquire the same foundational competencies as an RN. This can only occur through the formal education and credentialing process. CNO's regulatory oversight includes a responsibility to establish competencies, approve education, set and enforce standards, and provide practice support. Educational standards and practice-related competencies must be established by the CNO and not be left to employers.

It is irresponsible to propose RPNs initiate these four controlled acts without ensuring that they have the capacity to make sound and evidence-informed judgments. Leaving the responsibility to RPNs to self-identify competence and expecting employers to provide the education required to initiate these acts poses significant risks to public safety and has a potential for negative outcomes for clients.

3. **Lack of strong evidence to demonstrate a requirement or clear public need to expand the RPN practice**

Previous communication from ONA identified that the evidence does not exist to demonstrate or support that it is in the best interest of Ontarians to expand the scope of RPN practice. Enhancing the RPN scope by enabling RPNs to initiate additional acts will not achieve the government's purported goal of improving access for minor and routine care in the community. The proposed changes have the potential for negative patient outcomes for the public and nurses within the profession.

While there is a clear need to improve access for Ontarians in the community, especially rural areas, this cannot be accomplished through the proposed regulation changes. For rural and remote clients to have equitable access to care, a range of health care providers must be made available to them by increasing access to all nursing roles – NPs, RNs and RPNs. A review conducted by the Canadian Association for Rural and Remote Nursing (CARRN) established that nurses in rural and remote settings would benefit from enhanced

communication and online tools to improve collaboration and consultation among the nurses in different roles. In doing so, it will increase the ability of RPNs to consult and if required, obtain an order, rendering regulation changes to the controlled acts unnecessary.

Enhancing the scope of practice to enable RPNs to initiate these four controlled acts will also increase the burden and responsibility for RNs who are already experiencing increased workloads and burn out. As per CNO's three-factor framework, efficient consultation between RPNs and RNs require additional time and resources to consult as often as necessary to meet client needs. As the client factors become more complex and care requirements increase, such as when controlled acts may need to be initiated, there is a greater need for consultation with RNs. Enabling RPNs to initiate intrusive procedures will require an increased need for consultation.

The position of other jurisdictions in Canada share ONA's views. For example, licensed practical nurses (LPNs) in British Columbia are required to have an order from an authorized health professional to carry out certain restricted activities, which are similar to the controlled acts in Ontario. Where the LPNs have an increased autonomous scope of practice, such as advanced wound care, they are required by their regulatory body to successfully complete additional education.

Conclusion

It is ONA's position that the potential risks associated with the proposed changes to the controlled acts are significant and government must not approve these changes. As reported by RNAO in *Mind the Safety Gap: Reclaiming the role of the RN*, 70 years of research into RN effectiveness indicates the category of nurse supporting and providing care to patients has a direct correlation on patients' overall outcomes. CNO's Practice Guideline: RN and RPN practice: The Client, The Nurse and The Environment notes the need to determine the appropriate care provider, RN or RPN, based on client care needs. Appropriate RPN clients must be stable, predictable, and have an established plan of care. Initiation of the four controlled acts mentioned in the proposed regulation change would indicate a client who is more complex, less predictable and do not have an established plan of care, thus the need for RN intervention or the need to consult with an RN would be required.

The lack of established educational standards and practice-related competencies prior to enabling RPNs to initiate the four controlled acts is alarming. This poses significant risks to public safety and increases the burden to RNs already experiencing burnout related to the vital shortage of 25,000 RN positions throughout the province of Ontario. There is a need to ensure high-quality and safe patient care while mitigating risks and we believe the proposed amendments will hinder the RNs' abilities to do so.

It is for the reasons noted above, not all inclusive, that ONA strongly opposes the proposed regulatory amendments to expand the scope of practice for RPNs. As stated in the Excellent Care for All Act, 2010: the government must "recognize that a high-quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focused, and safe."

The government must fulfill its commitment to ensuring public safety and not approve the proposed regulatory changes. It is ONA's position that the RPN scope of practice expansion is not appropriate or necessary based on the evidence and it is not in the best interest of public safety for Ontarians. There is a role and a place for RNs and RPNs in the healthcare system, and working within each practitioner's scope of practice is essential to ensure safe, quality patient care.