RN Prescribing

Home Care Ontario & Ontario Community Support Association
Submission to the Health Professions
Regulatory Advisory Committee
February 2016

Introduction

The Ontario government has confirmed the intention to expand the Registered Nurse (RN) scope of practice to include prescribing of medications and has tasked the Health Professions Regulatory Advisory Committee (HPRAC) to consider three RN prescribing models:

1. **Independent prescribing:** where a nurse may prescribe medications, from a limited or pre-defined formulary, within a regulated scope of practice.
2. **Supplementary prescribing:** involves a patient-specific partnership between a physician and RN, where after initial diagnosis by the physician and with the patient's agreement, a nurse may prescribe medication from a limited formulary.
3. **Use of protocols:** multi-disciplinary teams develop written instructions, which allow RNs to supply and administer medications within the terms of the predetermined protocol.[1]

As a growing sector of health care in the province, it is vital that this new scope of practice for the RN be considered within the context of the home and community environment. The expanded RN scope offers the opportunity to increase access to care and to decrease the numerous periods of waiting within the current system. Home Care Ontario and the Ontario Community Support Association (OCSA), as informed by the Associations' joint Nursing Practice Council, support independent RN prescribing.[2] [3] This will require that all health care practitioners strengthen collaborative practice and continue to better integrate care plans.

The unique complexities of the community setting and the patients served, require careful consideration related to RN prescribing. Home care nurses operate within a fluid environment in the broad home and community care system and most times do not have ready access to other members of the health care team, detailed patient history or diagnoses, or lab work. Due to this system 'information vacuum', Home Care Ontario and OCSA strongly recommend that implementation of RN prescribing within the home care sector be thoughtfully introduced as other critical dependencies are addressed.

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[1] Health Professions Regulatory Advisory Council. (2015) Registered Nurse Prescribing Referral, A Preliminary Literature Review on Registered Nurse Prescribing. Retrieved from http://www.hprac.org/en/resources/PLR-on-Registered-Nurse-Prescribing-2015-12-07.pdf
[2] Additional information to provide clarity to the original submission by Home Care Ontario
[3] As defined by HPRAC

Specifically the Associations recommend that government, in collaboration with home care service provider organizations, address the following issues.

- Broader access to the patient history for members of the home care team.
- Streamlined patient care processes.
- Establishment of clearer accountabilities between funders of care and frontline Home Care Provider nurses.
- Improved collaboration across the entire health care team.
- Development of defined patient populations assigned to Home Care Providers so that expertise from regular exposure to a critical mass of patients and familiarity with medication needs can be developed.
- Additional funding for continuing education for home care nurses as a component of Home Care Provider reimbursement for services.
- Resourcing to enable a primary nursing model of service delivery.

Discussion

About Home Care

Home care is defined as an integrated "array of services, provided in the home and community setting, that encompass health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver".[4]

Services within home care include nursing, personal support/homemaker, therapy (including physiotherapy, occupational therapy, speech language pathology, social work, nutrition/dietetics), medical supplies and equipment in the home. Home Care Providers that meet high standards of excellence deliver home care in Ontario.

Home Care Providers are usually incorporated entities, and can be a non-profit organization, a private corporation, a municipal government or an aboriginal organization.

Home Care Providers work with community support services such as day programs, respite care facilities, volunteer services, meal deliveries and transportation services. Effectiveness and efficiency is achieved when all members of the health care team can collaborate and employ their expertise and experience *at the right time and right place.*

Home care is provided through government funding and private pay: out-of-pocket, or through insurance benefits. In 2014-15 over 713,500 individuals received home care services.[5] It is also estimated that 150,000 Ontarians privately retain 20 million visits/hours of home care services annually.[6]

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[4] Canadian Home Care Association

[5] Auditor General of Ontario. (2015) 2015 Annual Report of the Office of the Auditor General of Ontario, Ch 3, Section 3.01 p70-115 http://www.auditor.on.ca/en/reports_en/en15/3.01en15.pdf p 71

[6] Ontario Home Care Association. (2013) Private Home Care – A Vital Component of the Health Care System in Ontario. Retrieved from http://www.homecareontario.ca/docs/default-source/position-papers/position-papers/private-home-care---a-vital-component---oct-2013e81a79fdc99c68708e32ff0000f8dac8.pdf?sfvrsn=10

Patient Populations

Since 2010/11 most patients served by the Community Care Access Centre (CCAC) are defined as having "high care needs".[7] With increasing pressure to protect hospitals from inappropriate utilization and congestion, publicly funded home care services have been increasingly used to address the needs of post-acute care patients. Home care patient acuity has increased year over year. In 2013-14 the percentage of home care patients with "high care needs" was 64% - an increase from 37.4% in 2009-10.[8] Notwithstanding, the amount of nursing service has declined to 21% of total services since 2010/11 when it represented 25% of total services delivered through the publicly funded home care service.[9]

The majority of patients (74%) receiving publicly funded home care are 65 years and older.[10] While seniors, as a group, are healthier and more active today, the consequence of aging is the likelihood of developing chronic conditions. Older, frail adults typically have multiple comorbid conditions and a relatively minor health issue can become complex quickly.

The presenting symptoms of the elderly are less predictable than the general population. The older and frailer an individual is, the less likely there will be a textbook presentation of any illness.[11] Furthermore, seniors are particularly susceptible to the effect of drugs and the response of the frail elderly to medication is unpredictable.[12]

When we write prescriptions for the fragile elderly, we need a different kind of science from the kind practiced in drug studies.[13]

Home Care Nursing

Nursing is an important component of home care programs. Home health nursing is a specialized area of nursing practice in which the nurse provides care in the patient's home, school or workplace or other community settings such as ambulatory clinics. It is a unique field of nursing practice that focuses on the provision of nursing care to acute, chronically ill and well patients of all ages while integrating community health nursing principles that focus on health promotion, environmental, psychosocial, economic, cultural and personal health factors affecting an individual's and family's health status.[14]

The current requirement to become a registered nurse, including a registered nurse that will work in home care, is a Bachelor of Science in Nursing. Nurse Practitioners, Registered Nurses in the Extended Class licensed to order and interpret diagnostic tests, communicate diagnoses, prescribe pharmaceuticals and perform specific procedures, practice to a limited extent within home care as well.

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[7] How We Care 2012 -2013 CCAC Quality Report - http://oaccac.com/Quality/Documents1/2012-2013-CCAC-Quality-Report-EN.pdf

[8] Ibid

[9] Home Care Ontario. Facts & Figures. Retrieved from: http://www.homecareontario.ca/home-care-services/facts-figures/publiclyfundedhomecare

[10] Ministry of Health and Long-Term Care Health Data Branch Web Portal. Comparative Reports 2014/2015YE

[11] Sloan, J. (2009) A Bitter Pill, How the Medical System is Failing the Elderly. p33

[12] Hogan, D, Maxwell, CJ, Fung, TS, Ebly, EM "Prevalence and potential consequences of benzodiazepine use in senior citizens: Results for the Canadian Study of Health and Aging" *Canadian Journal of Clinical Pharmacology* Vol 10 No 2 Summer 2003

[13] Sloan, J. (2009) A Bitter Pill, How the Medical System is Failing the Elderly. p32

[14] Humphrey, C., and P. Milone-Nuzzo. 1996. *Orientation to home care nursing*. United States: Aspen Publishers Inc.

The home care nurse role requires advanced assessment and evaluation skills, effective communication skills, sound judgement, effective documentation skills, flexibility, critical /creative thinking and self-direction. Home care nursing practice is complex, requiring independent decision-making and a diverse knowledge base. The nurse needs to work with and rely on the other members of the health care team.

The Home Care Team

An efficient and effective home care system appropriately utilizes and integrates all members of the team to achieve value and to assist Ontarians who wish to receive care at home. Providing the full array of home care services, including access to physicians, nursing, therapies, community pharmacists and personal support is essential to support good health outcomes. Each interdisciplinary member has a unique body of knowledge and scope of practice, which must be respected and leveraged in order to maximize their effectiveness for patient care.

Within the current government-funded system, the CCAC care coordinator determines access to service and monitors the Home Care Provider performance within a plan of care. The Home Care Provider is accountable for direct clinical care at the frontline and for clinical expertise and evidence-based practice, risk, performance and quality management and patient outcome. However, currently, the CCAC care coordinator is often the primary point of contact between other members of the health care team, which leaves the home care nurse reliant on second hand information.

The blurring of roles between CCAC care coordinators and the RN in the home delivering care has been a growing concern for the Associations. In an effort to operate within funding limitations and service criteria, CCACs have increasingly challenged front line RNs to the limits of their authority and comfort level related to patient care. For example, a CCAC care coordinator may direct a nurse to secure an order from the physician for specific wound or palliative care treatment without the clinical evidence or expertise to warrant this direction. This poses a difficult professional dilemma for the frontline nurse and brings into relief the inherent problem of how the funding authorization process can affect care and practice. The system cannot excel when roles between the authorizer of funds and direct front line care are blurred.

Implications for RN prescribing in home care

Members of Home Care Ontario and the Ontario Community Support Association, as informed by the Associations' joint Nursing Practice Council, support independent RN prescribing.[15] The value to patients, improved access to treatment and decreased waiting, are the key drivers for this expanded authority. RN Prescribing recognizes the value and ability of the registered nurse in home care. Staff satisfaction is increased through enhanced collaboration and recognition of the value and ability of each member of the health care team. Finally, the introduction of RN prescribing is another means of enhancing the effectiveness and efficiency of the health care system.

However, home care nurses do not work with a consistent and stable patient population. Also, nurses work days, nights and weekends in the broader home and community care system without access to a detailed patient diagnoses, patient history, lab work or other members of the health care team. Due to the nature of the setting and the challenging demands of the workplace, the

[15] Additional information to provide clarity to the original submission by Home Care Ontario

Associations advise that independent RN prescribing be thoughtfully introduced and implemented so that system dependencies can be addressed.

These dependencies include:

- **Improved access to the patient history**.

Currently, home care nursing is primarily condition and task specific. Little information about the patient's long-term history is provided to the Home Care Provider, which can compromise the nurse's ability to prescribe the correct medication. Improved access will be achieved when full electronic integration of patient records between the family physician and the Home Care Provider is in place.

- **Streamlined patient care processes**.

Nursing services within home care are limited. As has been stated, despite increasing patient complexity, the amount of nursing service provided through the government funded home care program as a percentage of the total service has declined. RN visits are not typically authorized unless there is a task specific to nursing. Any services, supplies or equipment that the nurse needs to order for the patient requires CCAC approval. The potential expectation to seek funding approval for each diagnostic test and medication will generate greater wait times, confusion and bureaucracy. Streamlined patient care whereby the nurse has independent authority over nursing care for the patient is essential. The Home Care Provider will be positioned to be fully accountable for the nature and number of visits and the tests, supplies and equipment used by nurses to achieve the clinical and system related outcomes. The role of the frontline home care nurse will become more autonomous and streamlined. The patient will be better served. And, Home Care Providers will be better able to innovate and build on best-evidence in order to improve patient outcomes.

- **Establishment of clearer accountabilities between funders of care and frontline home care nurses**.

RN prescribing will be successful when nurses are included at care conferences and invited to directly and independently consult with members of the team.

As stated above, the micromanagement of RN clinical decision-making that has crept into the current system needs to be addressed.

Home care nurses must also be allowed the autonomy to reflect on their competence (knowledge, skills, experience and judgment) and, if necessary, decline the authority to prescribe (or perform other tasks outside their self-assessed competence) without fear of professional reprisal, either personally or on behalf of their employer.

- **Improved collaboration across the health care team.**

Too little time is spent by healthcare providers understanding the scope of practice that each discipline brings to the decision-making process. It is vital that all health care practitioners recognize where practice boundaries overlap and work collaboratively to establish patterns of work that respond to the needs of the patient population.

- **Assigning defined patient populations to Home Care Providers so that expertise from regular exposure to a critical mass of patients can be developed**.

Home care nurses are generalists and as a rule, provide care to people of all ages with a wide range of medical and surgical conditions. Often, home care RNs will meet a patient for the first, and perhaps, the only time. The examples in the literature of the implementation of RN-prescribing cite stable, predictable settings such as primary care, specialty clinics and long-term care facilities. These settings are quite different from the unique world of home care and provide the opportunity for the nurse to develop a specific body of knowledge, about a specific group of patients. Home care managed clinics, e.g., wound care clinics, would be a potential setting in which RN prescribing could be initially introduced, once improved access to patient history and members of the team have been achieved.

- **Increased funding for continuing education**.

The government funding allocations for home care do not include additional resources for nursing education and research. The Registered Nurses Association of Ontario (RNAO) has proposed that registered nurses undertake 300 hours (8 weeks) of training at the university level in order to be adequately prepared for prescribing.[16] Currently within home care, there is insufficient funding to afford staff education and to backfill nurses participating in continuing education for any length of time and this funding issue must be addressed.

- **Resourcing to enable a primary nursing model of service delivery**.

RN prescribing is strengthened when the nurse has established a therapeutic relationship with a patient and their family for the episode of care. This is challenging in the current home care climate where Home Care Providers are funded based on each unit of service, and where the RN nursing service is task specific. The professional practice of nursing in home care must be strengthened, supported and funded appropriately in order to successfully introduce RN prescribing.

Conclusion

Home care nursing practice is complex requiring independent decision making, and a diverse knowledge base in order to manage the care of patients with a broad array of diagnoses across the lifespan and the health-illness continuum. Home care nurses will continue to make important contributions to the health care team and are prepared to assume additional responsibilities, including prescribing. However, the implementation of this practice change must be aligned with the home care context and the capacity of the teams within the community. Graduated implementation will provide the opportunity for building on success and will allow the sector to address the complementary issues that currently challenge implementation.

[16] RNAO. (2012). Primary solutions for primary care: Maximizing and expanding the role of the primary care nurse. Retrieved from: http://rnao.ca/sites/rnao- ca/files/Primary__Care_Report_2012_0.pdf

Home Care Ontario

Home Care Ontario, *the voice of home care in Ontario™*, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. Home Care Ontario members include those engaged in and/or supportive of home-based health care. In Ontario, home care providers are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 58 million hours of publicly and privately purchased home care service is provided annually across the province.

Ontario Community Support Association

Across the province each year, over one million people receive home care and community support services – and the need is growing. The Ontario Community Support Association (OCSA) champions a strong, sustainable home and community support sector for all Ontarians. Our not-for-profit, community-based member organizations provide a wide variety of clinical and non-clinical services which help seniors and people with disabilities remain independent in their own homes and communities. These compassionate and cost-effective services improve quality of life and prevent unnecessary hospitalizations, emergency room visits and premature institutionalization.

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