NURSE PRACTITIONERS' ASSOCIATION OF ONTARIO

Guidelines for the Successful Integration of Hospital-Based Nurse Practitioners for Chief Nursing Executive (CNE) & Senior Leadership Team

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1. INTRODUCTION

Nurse Practitioners (NPs) are increasingly being utilized within specialty departments across Ontario hospitals to provide high-quality cost-effective care as a value-added service to patients and families. Over the last decade, changes in legislation and NP regulation have further expanded the role, scope, and responsibility of NPs in Ontario. As these changes continue to take effect, Ontario hospitals that employ NPs, will need to review and update their existing structures for optimal integration and utilization to reflect expanding practice.

The purpose of this guideline is to build upon previously published tools and resources [1,2] with a specific focus on Chief Nurse Executives (CNEs) and Senior Leadership. It will provide them with key recommendations for maximizing the scope of hospital employed NPs to ensure effective and efficient utilization in key areas across hospital settings. These recommendations are founded on current Ontario legislation, organizational and NP role evidence, and meet the practice criteria established by the College of Nurses of Ontario (CNO). [10,12]
The recommendations are divided into four primary categories:

a. Roles, Responsibilities, and Reporting structures

b. NP Representation on Committees

c. Optimization and Sustainability of New NP Roles

d. Hospital Policies

2. BACKGROUND

Nurse Practitioners (NPs) are regulated and registered independent health professionals who have a professional and ethical accountability for their own practice and the care they provide to patients and families. NPs work both independently and collaboratively to provide a full spectrum of healthcare services including assessment, diagnosis, management and health promotion to patients and families. Current research supports that hospital based NPs are employed in diverse practice environments, ranging from out-patient care to highly sub-specialized in patient programs.[7,8] While care needs vary across different populations, a *standardized* and robust approach to NP integration has shown to improve role clarity, role expectations and provides an evidence-informed platform for performance growth across hospital programs[7,8]. Furthermore, successful integration leads to outcomes of improved job satisfaction, greater organizational commitment and a more confident, knowledgeable and engaged staff members.[8,9]

Under the *Public Hospital Act (1990)*,), NPs working in Ontario hospitals have been granted specific responsibilities under the *Hospital Management Regulation 965* that are unique to NPs, physicians, dentists, and midwives.[4] The responsibilities differentiate this group of providers from other members of the inter-professional care team and increase the responsibilities and accountabilities of NPs under Ontario law. Examples of responsibilities unique to NPs include the ability to obtain hospital privileges for primary based NPs not employed by hospitals, the authority to admit, treat and discharge hospital patients, the ability to register patients under their name as most responsible provider (MRP), and the ability to write orders for medications, treatments and diagnostic procedures required for the care of hospital patients. As a result, NPs have a heightened ethical and professional responsibility in hospitals to ensure they can be engaged and uphold certain standards of care.

a. NP Scope of Practice

The scope of practice of all regulated healthcare professionals, including NPs, is determined by four key areas which govern their ability to practice: legislation, professional college standards, hospital policies and the individual's own knowledge, skill, and competency. It is important to note that NPs are independently accountable for their own decisions and actions when working within inter-professional teams. NPs consult and collaborate with physicians and other healthcare providers to optimize patient care and when issues are beyond scope, or individual knowledge or skill. [12] The use of medical directives for ordering diagnostic tests or preforming procedures are only required when care requirements are outside of the legislative scope of practice of NPs. [13] It is the responsibility of individual hospitals and the NPs within that organization, to ensure that any policy specific to NP scope of practice, role definition and responsibilities exist. This will facilitate optimal integration and support of the role across the organization, in addition to ensuring the safety of patients and families across our Ontario hospitals. The College of Nurses of Ontario (CNO) Professional standards for both Registered Nurses, and NPs in addition to recently revised Entry Level Competencies for NPs [10] should form the basis for this critical hospital policy. [10, 11,12]

b. Models of Care

Traditionally in hospital settings, NPs have worked collaboratively with physicians providing patient and family centered care while the physician assumes primary responsibility as the most responsible provider (MRP). Since 2011, NPs have been authorized to admit, treat and discharge hospital patients offering hospitals the opportunity to increase access to care, reduce wait times and improve the delivery of patient and family centered care. [4] As a result, CNEs can now utilize NPs in two distinct models of care across hospital programs to best suit the demands and complexity of the evolving health care landscape.

1. NPS WITHIN A COLLABORATIVE PRACTICE MODEL [2]

In this model of care, NPs are collaborative members embedded within a larger inter-professional care team, which is led and overseen by a physician as MRP. While there may be some overlap in the scope of practice of team members, each discipline brings distinct knowledge and expertise.[3] When working collaboratively, NPs make independent decisions, however, the care provided is ultimately overseen by the MRP. An example illustrating this model includes the MRP/NP partnership on an Acute Care of the Elderly unit where care is shared and provided by both members, but the MRP is ultimately responsible for final decisions and conducts the admitting and discharging of the patient. It is important to note that all providers involved are still accountable for their own decisions and thus clarification around roles and shared responsibilities is cornerstone to making this model work effectively. Team communication ultimately builds trusting professional partnerships and focuses the work on the needs of the patient and family.

2. NPS AS MRPS WITHIN A COLLABORATIVE PRACTICE MODEL [2]

In this model of care, NPs are assigned as the MRP in the outpatient setting (e.g. heart function clinic) or for patients admitted to hospital. In each setting, the NP continues to work within a larger inter-professional team. Like the MRP physician, the NP holds the primary responsibility and accountability for all aspects of patient care during the clinic or hospital experience. NPs may consult physicians and other members of the health care team as required.

In the outpatient hospital setting where the NP is MRP, the patient should be recognized as such and not be registered to a physician to ensure patient safety standards are maintained regarding accountability.

3. RECOMMENDATIONS

This section will outline the critical mobilizers for successful implementation of hospital employed NPs such as role, scope, responsibilities and reporting structure. A discussion should always happen with the NP to determine clinical versus other non-clinical/academic activities.

a. Roles, Responsibilities, and Reporting Structures

It is recommended that:

- A Scope of Practice Policy is developed that clearly articulates the role, responsibilities and scope of practice of the NPs employed by the hospital, including admitting as MRP, treating and discharging patients.
- A formal NP role description is established and recognized throughout the hospital that articulates the NP scope of practice reflective of the CNO Practice Standards and Entry to Practice Competencies for NPs. [12,10]
- A Lead NP is appointed to represent the hospital's NPs and reports to the CNE or Leadership Team (or equivalent). Multi-site hospitals should consider site-specific leads.
- NPs should report directly to senior nursing leadership, either the Chief Nurse Executive (CNE) or a Senior Director and should have a dual reporting relationship to a Lead NP.
- A formalized process should exist that informs the organization about scope of practice changes and communication processes regarding NP practice and legislative changes as they occur.
- In addition to the hospital performance appraisal, when NP numbers permit, a clinical evaluation process be established and conducted by peer NPs on at least a yearly basis which reflect the CNO Practice Standards and Entry to Practice Competencies for NPs. . [12,10]
- In keeping with NP core competencies outlined by the CNO and CNA all NP roles should include both clinical and academic work elements. A suggested model is 80% clinical work and 20% academic work. Academic work may refer to, but is not exclusive to, conducting clinical or NP related research, practice initiatives, hospital or program specific quality improvement initiatives, hospital or professional leadership activities, maintaining academic appointments, self-improvement or continuing education activities.
- Hospital based NPs practice autonomously and can determine their own patient care assignments within their collaborative teams to ensure safe, quality patient care. Flexible working hours and appropriate program coverage by the organization, will best support the various NP practice models.
- For unionized NP positions, the Collective Agreement enable and support the full scope of NP practice and allows for the fulfilment of the CNO Entry to Practice Competencies[10] in addition to specialized skills, necessary to safely and effectively provide patient and family centered care. The Collective Agreement should also enable the key recommendations as outlined in this guideline.

b. NP Representation on Committees

This section will focus on the importance of positioning NPs on hospital committees (where numbers allow) to leverage role impact and to ensure safe practices and quality of care. When NP numbers are limited discussion should always occur with the respective NP to determine strategic positioning on those committees that would best meet organizational, patient and family needs.

It is recommended that:

- A NP who is either employed by the hospital or has hospital privileges, is a member of the Medical Advisory Committee (MAC) in order to provide advice regarding the NP role and NP practice.
- The Nursing Advisory Committee has an NP representative. Multi-site organizations may require site-specific NP representatives.
- The Lead NP develop a formal committee under the Nursing Advisory Committee to oversee the practice of hospital employed NPs.
- All hospital committees that pertain to the medical management, diagnosis, treatment and evaluation of patients have a designated position on the committee for an NP.
- A mechanism is established to ensure that NPs receive communication of the outcomes from committees that may impact their clinical practice.

c. Optimization and Sustainability of New NP Roles

This section will reinforce the importance of ensuring role optimization and sustainability of current NPs as well as organizing adequate orientation for new NP roles.
This will promote NP retention and in successful recruitment.

It is recommended that:

- NPs are allocated a minimum of at least 5 days of protected paid educational opportunities per year
- A formal process is developed for informing internal and external stakeholders of NP scope of practice, role and legislative changes as they arise.
- An impact analysis is conducted prior to implementing a new NP role to determine what additional resources, equipment, space, administrative supports, and privileges are required.
- A plan for training newly hired NPs is developed prior to hiring to ensure optimal integration.
- A Lead NP (or experienced NP) is part of the interviewing and onboarding process for all NP positions.
- An orientation check list is established to ensure that necessary resources, log-ins, and access to required services has been arranged prior to start date. See Appendix A for NP Orientation Checklist. Template.
- A mentorship program is established to support professional practice development.

d. Hospital Policies

This section will focus on addressing hospital policy specific changes that are necessary in order to successfully support full integration of the NP role.

It is recommended that:

- Policies that are corporate and cross all departments are updated to include the NPs ability to: a) prescribe and dispense medications, b) order diagnostic tests and investigations, c) function as MRP to be able to admit, treat and discharge hospital patients (including patients in out-patient clinics), d) file a copy of the medical certificate of death according to the Vital Statistics Act under certain circumstances and, e) make referrals to specialists and f) perform MAID
- The NP specific policies are developed which outline any hospital restrictions or limitations that go beyond NP legislative scope of practice.
- A streamlined process is established for NPs to obtain medical directives (if necessary, for their practice).
- NPs are actively involved in the creation or revision of any hospital policies that may impact their scope of practice, role and responsibilities across the hospital.
- Policies are routinely reviewed and updated to reflect any legislative or regulatory changes to scope of practice

4. CONSIDERATIONS FOR PRIVILEGING NURSE PRACTITIONERS

This section will briefly highlight the necessary requirements for CNEs to consider should NPs external to the hospital setting apply for hospital privileges. There may be an increased need in rural areas or those with limited hospital providers or in areas which have NP led clinics (NPLCs).

It is recommended that in collaboration with the hospital lawyer that:

- A process is established in the hospital By-laws for NPs to obtain hospital privileges.
- The language within Hospital By-laws are updated to reflect current Ontario legislation and the similar scope, duties, and responsibilities NPs share with physicians, dentists, and mid-wives within the hospital.
- A process is established in the hospital By-laws and policies for NPs to obtain MRP status to be able to admit, treat and discharge patients.
- The MAC has a process for evaluating the practice of NPs who have been granted hospital privileges.

5. SUMMARY

Nurse Practitioners are registered and autonomous health professionals who are utilized within speciality departments across Ontario hospitals providing high quality, cost-effective and safe care. In order to continue to utilize these roles to their fullest potential, CNEs should strive to achieve optimal practice environments through the utilization of this concise guideline, which focuses on our 4 key strategic recommendations for success.

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www.npao.org
email us at: info@npao.org
or call: 437.980.4566