

**The Nurse Practitioner Consultative
and Approvals Committee**

**ANNUAL PERFORMANCE REPORT
2007-2008**

Chairperson's Message

I am pleased to provide the 2007-2008 Activity Report for the Nurse Practitioner Consultative and Approvals Committee (NPCAC) in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity.

This Activity Report provides an overview of the NPCAC and identifies key activities accomplished during the 2007-2008 year. As a result of new legislation, *The Act Respecting Registered Nurses 2008*, this will be the last report under the previous *Act*. NPCAC continues to meet the *Transparency and Accountability Act* requirements until planning and reporting are no longer required.

As Acting Chairperson of the Nurse Practitioner Consultative and Approvals Committee, my signature below represents the entire Committee's accountability for the preparation of this report, the results contained herein and any variances between planned and actual activities in the 2007-2008 fiscal year.

Sincerely,



Anita Ludlow
Acting Chairperson

1.0 OVERVIEW

Nurse Practitioners (NPs) are registered nurses with additional educational preparation and experience who are licensed to practice as a nurse practitioner under the *Act Respecting Registered Nurses*. Under *The Act*, Nurse Practitioners have a more independent practice than registered nurses. Nurse Practitioners in Newfoundland and Labrador may be licensed as either NP Primary Health Care or NP Specialists.

Nurse Practitioners Primary Health Care work in collaboration with primary care physicians and other members of the collaborative team. NPs Primary Health Care provide health promotion, illness prevention and supportive, curative and rehabilitative care. They are generalists who manage health conditions that are within the NP scope of practice. In this Province, they work in community clinics, emergency departments, acute care programs, institutional long term care, mental health and other appropriate settings.

Nurse Practitioner Specialists practice health care management for a specific client population usually in a tertiary, acute care setting. The client population may be defined based on the medical diagnostic grouping, the client's age/development stage or the client's health problem. The parameters of their scope of practice are established in practice protocols as provided for in the *Registered Nurses Act* and *Nurse Practitioner Regulations*.

The Nurse Practitioner Consultative and Approvals Committee derives its authority from *The Registered Nurses Act* and is constituted for the purpose of advising the Minister of Health and Community Services, the Association of Registered Nurses of Newfoundland and Labrador and the province's Regional Health Authorities on issues pertaining to the nurse practitioner regulatory framework. The Committee is appointed by the Minister of Health and Community Services and serves a three year mandate.

Committee membership is defined in the legislation and consists of health care professionals and administrators including representation from the three principal professions: pharmacy, medicine and nursing. The first committee was appointed in 2003 and completed its term as of January 2006 (See Appendix B) and the current committee membership is provided below:

Committee Members	Committee Members
David Tucker LGRHA, Chair (Retired)	Donna Best MUN School of Nursing
Betty Lundrigan ARNNL	Jill Squires Bruneau NP-S
Margot Priddle, NLPh Board	Angela Pelley, NP-PHC
Dr. Barbara Grandy College of Physicians & Surgeons	Christine Bugden Public Representative, NP - PHC
Marcy Greene Centre for Nursing Studies	Heather McAllister Public Representative
Lydia Hatcher, Family Physician, NLMA	Anita Ludlow, DHCS (Acting Chair)

Contact Information for this Committee follows:

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Committee Processes

Two face to face meetings are held annually and supplemented with teleconference meetings as required. Standing and ad hoc subcommittees will be created to meet workload demands and deal with specific concerns as they arise. Decisions of the NPCAC are made by majority vote provided that the three principal parties named under the legislation vote in concert with the majority vote.

The NPCAC is not required to have an audited financial statement. Any travel or other costs incurred by members are covered by the organization that the individual represents. In 2007-2008, the NPCAC met twice in St. John's. The Committee did not incur any costs for these meetings.

2.0. Primary Client

The primary client of the current Nurse Practitioner Consultative and Approvals Committee (NPCAC) is the Minister responsible for the Department of Health and Community Services. The Committee advises the Minister of Health and Community Services, the Association of Registered Nurses of Newfoundland and Labrador, and the province's regional health boards on issues pertaining to the nurse practitioner regulations contained in *The Registered Nurses Act*.

3.0. Vision

The NPCAC supports the vision of the Department of Health and Community Services:

"The vision of the Department of Health and Community Services is for individuals, families and communities to have achieved health and well being."

4.0. Mandate

Under the Registered Nurses Act, the Nurse Practitioner Consultative and Approvals Committee (NPCAC) was established to advise the Minister of Health and Community Services, the ARNNL Council and the province's regional health boards on issues pertaining to the nurse practitioner regulations contained in *The Registered Nurses Act*.

5.0. Mission

The following NPCAC mission is from the 2007-2008 Transitional Activity Plan:

By March 31, 2011, the Nurse Practitioner Consultative and Approvals Committee (NPCAC) will have facilitated effective, safe nurse practitioner practice through the identification and management of appropriate issues pertaining to the nurse practitioner regulations contained in *The Registered Nurses Act*.

The 2008 year indicates an end point in this planning cycle. While the above mission did not have a goal, measure and indicators stated in the 2007-2008 Activity Plan, the NPCAC is pleased to report that the activities of the Committee enabled the introduction of new legislation that brought the responsibility for developing standards and ensuring practice competency directly to the body responsible for nursing practice in the province, the Association of Registered Nurses of Newfoundland and Labrador. The identification and management of issues was achieved through regular meetings and continuous effort of the Committee.

Progress related to achieving the Mission and the 2007-2008 annual objective is contained in the following section, **Activities of the Committee 2007-2008**.

6.0. Activities of the Committee 2007-2008

During the 2007-2008 year, the NPCAC achieved its planned objective and provided continuity in preparing for future changes through the following activities:

Objective: By the end of fiscal 2007/08, the Nurse Practitioner Consultative and Approvals Committee will have carried out the mandate of the Committee.

Measure: Facilitated effective, safe nurse practitioner practice through the identification and management of appropriate issues.

Planned Activity (Indicators)	Actual Activity
<p>Review regulations governing the scope of practice and standards for Nurse Practitioner practice</p>	<p>Regulations related to <i>The Registered Nurses Act</i> were reviewed in relation to scope of practice and standards for nurse practitioner practice. Recommendations were communicated to the Minister of Health and Community Services, the regional health boards and the Association of Registered Nurses of Newfoundland and Labrador.</p> <p>Other legislative reviews were as follows: Neither the <i>Highway Traffic Act</i> nor the <i>Workplace Health and Safety Act</i> allowed for the nurse practitioner to perform necessary assessments which are within the nurse practitioner scope of practice. Legislative amendments were needed to expand the definition of a health practitioner to include the nurse practitioner. Agreement in principle for the amendment was reached between the regulatory bodies of the three main health disciplines (pharmacy, medicine and nursing) and the government departments responsible for the statutes. On-going communication during 2007-2008 facilitated the appropriate changes.</p> <p>A <i>Framework for Nurse Practitioner Practice in NL</i>, which includes professional and practice standards, was also developed.</p>

<p>Advise Minister of Health and Community Services, ARNNL Council the province's regional health authorities on issues pertaining to the nurse practitioner regulations contained in the RN Act</p>	<p>In keeping with advice provided, new regulations were passed and came into effect May 2008 with <i>The Registered Nurses Act 2008</i>.</p>
<p>Review and approve nurse practitioner specialist protocols</p>	<p>Four Nurse Practitioner Specialist Protocols were approved in the following areas: Haematology, Cardiology, Vascular Surgery and Head and Neck Surgery.</p>

Discussion of results:

In 2007-2008, NPCAC contributed to improved accountability and stability in health and community services within available resources by facilitating effective, safe nurse practitioner practice. This was achieved through best practice and legislative reviews, the establishment of standards and approval of practice protocols. These changes broadened and defined the scope of practice, provided direction to regional health authorities, and supported more appropriate access to nurse practitioners throughout the Province.

Objective and Indicators 2008-2009

Due to new legislation receiving royal assent in 2008, the following objectives are written with the understanding that the 2008-2009 year will be a transition year for the NPCAC. Activity will focus on facilitating the transfer of responsibility to ARNNL and on continued support and development related to the professional practice of nurse practitioners within the Province. These objectives will support more appropriate accountability for nursing practice, increased citizen access to services and more effective use of resources in the health and community services system.

By March 31, 2009 the Nurse Practitioner Consultative and Approvals Committee will have completed the transfer of responsibility from the NPCPC as a government entity reporting to the Department of Health and Community Services to the ARNNL.

Measure

- Transfer process completed

Indicators

- Transition plan implemented
- Existing and new committee members introduced to the ARNNL and the future functioning of the Committee
- Shared processes will be developed between NPCAC and ARNNL for monitoring the implementation of the new legislation and the review of regulations governing the scope of practice and standards for nurse practitioner practice.
- Continued review and approval of nurse practitioner specialist standards and practice protocols.
- Produced annual reports on the status of regulations as per *Transparency and Accountability Act* and/or ARNNL legislative requirements.

7.0 Highlights and Accomplishments

The 2007-2008 year was a milestone year because of the following:

- Introduction of a new Act with regulations
- Members of the NP Consultative and Approvals Committee participated in the development of ***a Framework for Nurse Practitioner Practice in NL***, which includes professional and practice standards.

In future, the ARNNL Nursing Practice Standards Committee will continue to advance the practice of nurse practitioners within the Province of Newfoundland and Labrador.

8.0 Appendix A: Strategic Direction

1. **Strategic Direction Title:** Improved accountability and stability in the delivery of health and community services within available resources

Strategic Direction Statement: The health and community services system in Newfoundland and Labrador is moving towards a more integrated model of governance and service coordination with four Regional Health Authorities. Government and public bodies must be accountable to ensure wise and prudent use of public resources and demonstrate performance achievements. This requires quality information for both decision-making and reporting in the health and community services system. This requires a strategic focus by government to address stabilized human resources.

Clarifying Statement: The health and community services system consumes 46 per cent of all Government program expenditures. This has an important impact on the fiscal stability of the Province. In achieving a quality and equitable system, provincial policies, standards and guidelines are also needed. These will support citizens having comparable access to services. Best practice models for services management and delivery are also essential.

Focus Areas of the Strategic Direction	This Direction is/was		
	Not being implemented at this time (rationale included in the plan)	Addressed only in specific sub-areas (rationale included in the plan)	Addressed in the activities plan
Identification and utilization of information for evidence based planning in service delivery.			*