

**Nurse Practitioner  
Consultative and Approvals  
Committee\***

**Annual Performance Report  
April – May 2008**

*\* As of June 1, 2008, responsibility for the Nurse Practitioner Consultative and Approvals Committee transferred from the Department of Health and Community Services to the Association of Registered Nurses of Newfoundland and Labrador and the Committee became the Nurse Practitioner Standards Committee.*

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## Chairperson's Message

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I am pleased to provide the 2008-2009 Performance Report for the months April – May 2008 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. As the *Registered Nurses Act 2008* received royal assent in June 2008, the NPCAC operated as a public body under the *Transparency and Accountability Act* for 2 months (April and May 2008).

The NPCAC tabled a 2008-2011 Activity Plan and is fulfilling legislative responsibilities with this report. In developing this report careful consideration was given to the strategic directions of government, as communicated by the responsible Minister (See Appendix A). Progress on the 2008-2009 objective identified in the 2008-2011 plan is the focus of this report. This report also provides the public with notice of the new legislation and associated changes in the reporting of this Committee which will be the responsibility of the Association of Registered Nurses of Newfoundland and Labrador (ARNNL).

The ARNNL was established in 1954 as the provincial regulatory body for nursing in this Province. Its objectives are to advance and promote the ethical and professional standards of the nursing profession, to promote proficiency and competency in the nursing profession, and to encourage its members to participate in activities promoting the health and well-being of the public. The ARNNL is governed by a volunteer Council of 10 registered nurses, who are elected by the membership, and four public members, who are appointed by the Minister of Health and Community Services. The goals and policies established by the Council, in accordance with the legislation, provide direction to the Association's executive director and staff. (For more information, please visit [www.arnnl.nf.ca](http://www.arnnl.nf.ca).)

Due to the transitional nature of this Committee and the October 2008 retirement of the ARNNL Co-Chair, Ms. Betty Lundrigan, the signature below is that of the current Chairperson of the ARNNL Nurse Practitioner Standards Committee. As such, the signature below represents the Committee's accountability for the preparation of this report, the results contained herein and any variances between planned and actual activities in April and May of the 2008-2009 fiscal year. Future reporting requirements will be in accordance with *The Registered Nurses Act 2008* as established by the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) for the Nurse Practitioner Standards Committee



Beverley McIsaac, RN NP MN (ANP)  
Chairperson, ARNNL Nurse Practitioner Standards Committee

## 1.0 Overview

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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 broader scope of practice than registered nurses.

Nurse Practitioners Primary Health Care work in collaboration with physicians and other members of the health care team. NPs-PHC 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 (NP-S) 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 2008* and Nurse Practitioner Regulations (last amended 2005).

The Nurse Practitioner Regulations 1998 are currently in effect and Nurse Practitioner Regulations 2009 await final approval.

The Nurse Practitioner Consultative and Approvals Committee derives its authority from *The Registered Nurses Act 1990* 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 was appointed by the Minister of Health and Community Services (DHCS) for the 2 months pertaining to this report but as of June 2008 is appointed by the ARNNL to the Nurse Practitioner Standards Committee and serves a three year mandate. The Committee membership is defined in the legislation and consists of health care professionals and administrators including representation from the three principle professions: pharmacy, medicine and nursing. A listing of the respective Committee members is provided in Appendix B. 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 are being 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.

## **Financial Statement**

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. Between April and May 2008, the NPCAC met twice in St. John's. The ARNNL absorbed the costs for these meetings.

## **2.0 Mandate**

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Under the Registered Nurses Act 1990, 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.

Under the new *Registered Nurses Act 2008*, the NPCAC becomes the Nurse Practitioner Standards Committee (Section 37) of The Association of Registered Nurses of Newfoundland and Labrador (ARNNL). The primary purpose of the Committee remains as facilitating effective, safe nurse practitioner practice through the establishment of Nurse Practitioner Standards and approval of practice protocols for Nurse Practitioner Specialist.

## 3.0 Values

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In April and May, 2008, The NPCAC upheld the Department of Health and Community services' values, which include:

***Collaboration***

Each person engages actively with partners.

***Fairness***

Each person uses a balance of evidence for equity in decision making.

***Privacy***

Each person manages and protects information related to persons/families/organizations/communities and the department appropriately.

***Respect***

Each person provides opportunities for others to express their opinions in an open and safe environment.

***Transparency in decision making***

Each person is forthcoming with all information related to decision making except where prohibited by legislation.

***Excellence***

Each person performs to the best of their ability, and within available resources.

## 4.0 Vision

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In April and May, 2008 The Nurse Practitioner Consultative and Approvals Committee supported the vision of the Department of Health and Community Services and the vision of the ARNNL.

*“The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being.”*

*“The vision of ARNNL is excellence in nursing and in pursuit of this vision; ARNNL exists to promote public protection, quality health care and healthy public policy.”* Nursing” includes the four domains of practice, administration, research and education.

The NPCAC contributed to these visions by making it possible for registered nurses to advance their practice as nurse practitioners in an independent and collaborative manner that maximized available resources to meet the health care needs of citizens and communities in NL.

## 5.0 Report on Performance 2008-2009

As the focus of this report is a 2 month period in the 2008-2009 fiscal year, to the extent possible in this time frame, the Committee contributed to the achievement of the following Mission and 2008- 2009 objective achievement. The 2011 goal as stated in the Mission for 2008-2011 is applicable to the 2008-2009 reporting period and is not restated.

### Mission

The 2008-2011 NPCAC activity plan supports the Department's strategic direction of improved accountability and stability within health and community services by providing accountability for nursing practice, increased citizen access to health services through the introduction of nurse practitioners in new practice areas, and more effective use of resources in the health and community services system.

By March 31, 2011, the Nurse Practitioner Consultative and Approvals Committee (NPCAC) will have facilitated effective, safe nurse practitioner practice through the establishment of standards and practice protocols as prescribed in *The Registered Nurses Act 2008*

**Measure:** Facilitated safe effective nurse practitioner practice

<b>2008-2009 Progress Towards The Mission 2008-2011</b>	
<b>Planned Indicators</b>	<b>Progress on Indicator 2008-2009</b>
Supported the introduction of new legislation for registered nurses, that is inclusive of nurse practitioners	The transfer of responsibility for nurse practitioner practice was based on shared leadership, co-operation and a common objective. This was supported by establishing a NP Standards Committee to develop a Terms of Reference and an approval process with the ARNNL Council. The record of the April 2, 2009 meeting dealt with on-going agenda items and ARNNL assuming responsibility for Chairing and continuing the work started by the previous NPCAC as the NP Standards Committee.



Facilitated the transfer of approvals for and the development of specialty nurse practitioner standards and practice protocols to the ARNNL	There was agreement and a planned approach to the discontinuance of the NPCAC and the introduction the Nurse Practitioner Standards Committee. The processes for developing new initiatives and standards continued with final approval resting with the ARNNL Council.
Responsibility for NPCAC rests with the ARNNL	The transfer of responsibility from the Department of Health and Community Service was achieved with the introduction of <i>The Registered Nurses Act 2008</i>

**2008-2009 ISSUE: Transition of NPCAC from the Department of Health and Community Services to the Association of Registered Nurses of Newfoundland and Labrador as Nurse Practitioner Standards Committee**

Consistent with the reporting time frame, the following focuses on progress in the two months of the 2008-2009 fiscal year.

<b>OBJECTIVES 2008-2009</b>	
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.	
<b>Measure:</b> Transfer process completed	
<b>PLANNED INDICATOR</b>	<b>PROGRESS ON INDICATOR</b>
Transition plan implemented	The transition plan was successfully implemented and resulted in continuity in the work of the Committee.
Existing and new committee members introduced to the ARNNL and the future functioning of the Committee	The continuity in membership is evidenced in the Overview section of this report; 8 of 12 (66%) members transferred from the previous NPCAC to the ARNNL Nurse Practitioner Standards Committee. Four (4) new positions were added and introduced to the work of the Committee though discussions and distribution of information prior to the first meeting.
Shared processes will be developed between NPCAC and ARNNL for	Shared processes for planning, decision-making and approvals were in place prior

<p>monitoring the implementation of the new legislation and the review of regulations governing the scope of practice and standards for nurse practitioner practice</p>	<p>to the transfer and inform ARNNL's revisions and continued monitoring of the implementation of the new legislation and continued development of the regulations, until they are finalized and approved.</p> <p>Regular reports on the status of the legislation were provided. Follow through occurred on action items relating to the <i>Highway Traffic Act</i> and the <i>Workplace Health and Safety Act</i>. Suggested improvements were implemented where possible.</p>
<p>Continued review and approval of nurse practitioner specialist standards and practice protocols.</p>	<p>Areas of revision for the Nurse Practitioner Specialist Practice Protocol Neonatology were identified and actioned at the April 2008 meeting. This was a continuation of previous work.</p> <p>The March 2008 (Draft) of the Regulatory Framework for Nurse Practitioner Practice in Newfoundland and Labrador was approved by members present and recommended and approved by ARNNL Council April 2008.</p>
<p>Produced annual reports on the status of regulations as per <i>Transparency and Accountability Act</i> and/or ARNNL legislative requirements.</p>	<p>The submission of the 2007-2008 NPCAC Annual Performance Report and regular reporting to the ARNNL Council support this indicator.</p>

**DISCUSSION OF RESULTS:**

Activity in 2008-2009 was undertaken with the understanding that the 2008-2009 year was a transition year for the NPCAC. The focus was on facilitating the transfer of responsibility to ARNNL, which was achieved. Aligning responsibility for a specialized area of nursing practice directly with the governing body for the entire profession assured effective and safe nursing practice through professional regulation, protocol development and an on-going co-operative working relationship with government and regulatory bodies. This supported more appropriate accountability for nursing practice, increased citizen access to services and more effective use of resources in the health and community services system in keeping with the strategic directions of government.

The annual objective for the 2009-2010 and 2010-2011 year are provided below as stated in the NPCAC 2008-2011 activity plan. No further development of indicators will occur under the *Transparency and Accountability Act* as future activity is the responsibility of the ARNNL.

**Objective 2009-2010**

By March 31, 2010, NPCAC will have evaluated the transition plan for the effective transfer of responsibility from NPCAC to the ARNNL

**Objective 2010-2011**

By March 31, 2011, the NPCAC will have fully integrated NPCAC functions into the Nurse Practitioner Standards Committee of ARNNL.

## 6.0 Appendix A: Strategic Direction

**Strategic Direction Title:** Improved accountability and stability of health and community services

**Outcome:** Improved sustainability of health and community services

**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 the wise and prudent use of public resources and demonstrate performance achievements. This requires quality information, including best practice models for service management and delivery, for both decision-making and reporting in the health and community services system.

Nurses are key service providers and managers in the health care system. Innovative practices and initiatives, such as nurse practitioners, are required to meet increasing service delivery and population health needs. This requires legislative, administrative, financial and organizational support. The 2008-2011 NPCAC activity plan 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.

Focus Areas of the Strategic Direction	This Direction is/was
	In the entity's activity plan
Stabilize human resources	X

Note: For a complete version of the Department's strategic directions, contact the Department of Health and Community Services Tel: 709-729-4984 or email: [healthinfo@gov.nl.ca](mailto:healthinfo@gov.nl.ca) or visit <http://www.health.gov.nl.ca/health/>

## Appendix B: Committee Membership

<b>Nurse Practitioner Consultative and Approvals Committee</b>	<b>ARNNL Nurse Practitioner Standards Committee</b>
Members April and May 2008 ( N=12)	Members June 2008-March 2011 (N=16)
Co-Chairs: Anita Ludlow, Office of the Chief Nurse, Department of Health and Community Services Betty Lundrigan, ARNNL	Betty Lundrigan, Chairperson , ARNNL (retired October 2008) Beverley McIsaac, Nurse Consultant, ARNNL (Effective November 2008)
	Anita Ludlow, Office of the Chief Nurse, DHCS
Dr. Barbara Grandy, College of Physicians & Surgeons of NL	Dr. Cathy Vardy, MD. College of Physicians & Surgeons of NL
Donna Best, Nurse Practitioner Program, School of Nursing, Memorial University	Donna Best, Nurse Practitioner Program, School of Nursing, Memorial University
Marcy Greene, Nurse Practitioner Program, Centre for Nursing Studies	Marcy (Greene) Feder, Nurse Practitioner Program, Centre for Nursing Studies
Margot Priddle, NL Pharmacy Network, NL Pharmacy Association	Margot Priddle, NL Pharmacy Association
Dr. Lydia Hatcher, MD, Newfoundland and Labrador Medical Association	Dr. Lydia Hatcher, MD, Newfoundland and Labrador Medical Association
Christine Bugden, Nurse Practitioner, Eastern Health	Christine Bugden, Nurse Practitioner, Eastern Health
Jill Squires Bruneau, Nurse Practitioner Specialists, Eastern Health	Carolann Riggs, Nurse Practitioner Eastern Health
Angela Pelley, Nurse Practitioner , Central Health	Kimberley Efford, Nurse Practitioner Specialists, Eastern Health
Heather McAllister, Public representative	Kelly Barron, Nurse Practitioner Specialist Eastern Health
David Tucker Past Chairperson Elect (Retired)	Heather Brown, Vice President, Rural Health, Central Health
	Irene Doyle Barry, Nurse Practitioner
	Karen Oldford, Nurse Practitioner, NLNPSIG

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