

Discussion Note – March 2021 Council

Modernizing Practice Standards

Contact for Questions

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Public Interest Rationale

CNO's purpose is to protect the public by promoting safe nursing practice. The standards of practice set the foundation for how CNO regulates; therefore, they are integral to achieving our purpose. Standards that align with our purpose will reflect:

- current evidence
- regulatory best practices
- current and evolving nursing practice / health system realities, and
- changing public expectations and societal values.

Modernizing standards of practice will support CNO's proactive approach to regulation, strengthening our position as a system partner in patient safety.


Introduction

The purpose of this item is to update Council on a new strategic initiative to modernize CNO's standards of practice. Staff is seeking input from Council.

Background

CNO's [standards of practice](#) are the benchmark for safe and ethical nursing practice. The standards inform nurses of their accountabilities. They also inform the public of what to expect from nurses. CNO's standards are complemented by practice guidelines and web-based practice resources (for example, webcasts, frequently asked questions), which address specific topics and help nurses make safe and ethical decisions. CNO's consultation services support nurses and other stakeholders in understanding and applying the standards of practice. Together, the standards, guidelines, web resources and practice support services promote safe nursing practice.

CNO monitors the environment to ensure standards, guidelines and practice resources remain current. Over time CNO has revised, retired and introduced new standards in response to changes in legislation, nursing practice, the health system, best practice in regulation and public expectations. In 2019, CNO introduced the [Code of Conduct](#) for the nursing profession. Informed by evidence, the Code tells the public and other stakeholders the behaviour they can



expect from nurses. The Code changed how CNO communicated standards - it became an overarching standard of practice and CNO's other standards now complement the Code by providing greater detail in certain practice areas.

Rationale for Modernizing

Despite changes to standards over the years, many remain dated and there has not been a review of all standards *and their relationship to each other*.¹ A review of the evidence suggests there is opportunity to learn from other regulators that have recently modernized. Given that standards are integral to CNO's public protection purpose, their modernization supports the achievement of ambitious goals set out in [Strategic Plan 2021-2024](#).

A comprehensive review to modernize standards, guidelines and practice resources will:

- reduce duplication
- address gaps in content
- promote a consistent format
- ensure alignment with the strategic plan
- ensure they are contemporary and relevant to complexities of practice, and
- provide an integrated framework to promote safe nursing practice.

Objectives

Informed by the evidence, the objectives of this initiative are to ensure standards, guidance and knowledge translation strategies are:

- accessible (for example, clear and easy-to-understand)
- defensible (for example, evidence-informed, measurable), and
- relevant (for example, reflect contemporary practice, meet the needs of stakeholders).


Modernizing the standards will support implementation of CNO's [Strategic Plan 2021-2024](#), including a proactive approach to regulation, stakeholder engagement, and strengthening CNO's position as a system partner in patient safety.

Together, the standards, guidance and knowledge translation strategies support the strategic outcome that *nurses' conduct will exemplify understanding and integration of CNO standards for safe practice*.

Findings to Date – Key Highlights

Attachments to this briefing note summarize evidence collected *to date* from the profession, other stakeholders, literature, and other regulators. Key findings are outlined below.

¹ This type of analysis is particularly relevant since the Code of Conduct created a new relationship among the various standards.

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- Regulators are accountable for articulating standards and supporting nurses to understand and integrate standards in their practice. The need to modernize applies to CNO's standards, guidance² and knowledge translation strategies.³
 - The evidence supports a risk-based approach to regulation. CNO will explore how to use standards, guidance and/or knowledge translation strategies to target risk and become key tools in proactive regulation.
 - To protect the public, stakeholders expect standards to be clear and easy-to-understand. There is an opportunity to clarify / simplify regulatory terminology (e.g., definitions), to streamline/merge content and reduce duplication.
 - Stakeholders expect regulators to regularly review standards to ensure they are current⁴ and relevant to the needs of society, the health system, and the profession.
 - Standards must align with the current legislative framework governing nursing regulation in Ontario (*Regulated Health Professions Act (RHPA) and Nursing Act*). Nursing practice is influenced by a complex array of other laws that extend beyond the RHPA and Nursing Act. Modernizing the standards will include exploring criteria for when and how CNO communicates these other laws to nurses.
 - There is an opportunity for CNO to innovate. A review of standards produced by other regulators, including those who have completed their own modernization, reveals a trend toward fewer standards, especially those that are topic-specific and clinically oriented.
 - In a recent survey, most nurses report that they are familiar with CNO standards and find the standards helpful. Opportunities for improvement identified by survey participants includes improving accessibility and relevance of standards.

Next Steps

In June 2021, CNO will update Council on additional stakeholder engagement findings and seek input on an approach for modernizing key standards.

Attachments

Attachment 1 – [Survey Highlights](#)

Attachment 2 – [Stakeholder Perspective \(to date\)](#)

Attachment 3 – [Summary of Evidence](#)

² Guidance refers to information that supports nurses to understand and integrate the standards in their practice. Guidance illustrates how standards are met in specific situations.

³ Knowledge translation refers to how we support nurses to apply the standards and includes how we synthesize and disseminate information with this objective in mind.

⁴ In addition to the evidence summarized in attachment 3, the government's new College Performance Measurement Framework requires colleges to report on how their policies, standards and practice guidelines are based in evidence, reflect current best practice, are aligned with public expectations and where appropriate aligned with other colleges.

Attachment 1

Standards Modernization Survey

Introduction

A random sample of 15,000 nurses (RPNs, RNs and NPs) were emailed a link to participate in an online survey to help CNO better understand how nurses are using CNO’s practice standards. The response rate was approximately 7% (N=1089).¹ Survey findings are generalizable to the broader nursing profession.

This attachment provides key highlights, a [complete report](#) of survey data is available in BoardVantage.

Highlights

The table below provides an overview of survey respondents by category/class of registration.

Category / Class	N	Percent
RN	709	65.1%
RPN	328	30.1%
NP	50	4.6%
Dual (RN/RPN)	2	0.2%

Findings

Overview

Over 97% of respondents reported that they are “very” (48.9%) or “somewhat” (48.2%) familiar with CNO’s standards.² The vast majority (91.8%) of respondents said the information in the standards meet their needs. Qualitative themes indicate that standards helped meet nurses’ needs related to:

- advocacy
- understanding and knowledge (e.g., guiding practice, accountabilities)
- education and training, and
- Quality Assurance (e.g., self-reflection)

Accessibility and relevance were key qualitative themes throughout the survey, with diverse perspectives on each point.

- *Accessibility* - Many nurses said the standards are clear and easy-to-read, while others found them difficult-to-navigate, too wordy, vague, and ambiguous. Nurses also cited duplication and suggested some standards could be merged (e.g., Therapeutic Nurse Client Relationship and Code of Conduct).
- *Relevance* – Some nurses said the standards are relevant and applicable to their setting, while others found them outdated, not applicable and in need of regular revision to reflect changes in practice.

Topics of Interest

Within the past year, nurses were most likely to refer to Confidentiality and Privacy (64.7%), Documentation (61.9%) and the Code of Conduct (60.5%). On average, 75% of respondents said the standards were “very” or “somewhat” applicable to their practice:

- Confidentiality and Privacy (78.2%)
- Professional Standards (77.7%)
- Documentation (77.6%)
- Code of Conduct (76.8%)
- TNCR (75%)
- Medication (74%)
- Ethics (73.6%), and
- Decisions About Procedures and Authority (65.6%).

Qualitative themes suggest nurses are accessing CNO resources about:

- scope of practice / legal authority (e.g., delegation)
- nurse-patient relationship (e.g., communication)
- accountability
- leadership
- continuing competence, and
- knowledge application.

¹ Another 642 partially completed surveys were submitted.
² Comparable to a 2016 survey in which 55% said they were “very” familiar and 43% said “somewhat” familiar.

Reasons for Referring to Standards

The most common reasons for referring to CNO standards include to understand scope of practice (74.6%) and support / advocate for safe practice (65.4%). Nurses registered within the past five years are most likely to use the standards to understand their scope (83.6%), compared to 75.1% of nurses registered between 6-25 years, and 68.3% of nurses registered for more than 26 years.

Almost half of respondents indicated that they refer to CNO's standards to inform their learning plan (44.8%), evaluate themselves (46.6%) or to help them make patient care decisions (49.8%). The least common reasons included giving feedback to other nurses (35.4%), preparing educational material (28.7%), developing organizational policies (21.9%) and evaluating other nurses / performance management (18.6%). Of the nurses who said "other", additional reasons for referring to standards included:

- education (e.g., student in a nursing program, faculty member or educator)
- employer – labour considerations (e.g., workload complaints), and
- career (e.g., advancement).

Attachment 2

Stakeholder Perspectives

Stakeholder engagement is key to the success of this modernization initiative. Stakeholder input will help to shape CNO's standards, guidance and knowledge translation strategies. A key objective is that the outcome will meet the needs of stakeholders who use the standards.

Multiple strategies will be used over the course of the initiative to engage key audiences who use the standards, including:

- nurses
- public
- academia, and
- employers.

Highlights from stakeholder engagement to date with Employer Reference Groups, academic stakeholders, and Council's public advisory group (the [Citizen Advisory Group](#)) are outlined below. All groups responded positively to the initiative, recognizing a need to modernize standards.

- Employers and academics discussed concepts of diversity, equity and inclusion.
 - Health equity was a theme with employers citing risks to patients arising from systemic racism (anti-black, anti-Indigenous, refugees and new immigrants) and other biases (e.g., socioeconomic) in the health system and nursing care.
 - Academics highlighted the importance of CNO's guidance being accessible in both official languages.
- Generally, employers said they use the standards to develop policies and support performance management discussions with nurses. Employers suggested CNO do more to proactively promote awareness among nurses of the standards and what it means to be regulated.
- Council's public advisory group discussed the importance that standards be accessible (e.g., clear, easy-to-understand) and relevant (e.g., kept up to date). Beyond the standards, an important aspect of accessibility is that patients and caregivers *know* that the college exists, that nurses are regulated and held accountable to standards.
- Reflecting on their experiences as patients or caregivers, the public advisory group said they use the standards to:
 - educate themselves
 - feel "empowered"
 - evaluate care they are receiving
 - hold nurses accountable when they have concerns
 - provide a "roadmap" if there is a negative outcome
 - promote their own confidence / provide "peace of mind" with respect to their care
 - promote realistic expectations, and
 - clarify roles and determine who is the "right" health care provider.
- The public advisory group was asked to reflect on areas of risk in nursing care; that is, where gaps in care have the potential to create harm. The following topics were discussed, listed in order of priority to the group:

- communication with patients, caregivers and among members of the health care team
 - treating patients with respect and dignity (e.g., personal biases interfere with care, making assumptions, racism and issues of equity)
 - providing medication to patients
 - transitions in care (e.g., patients being forgotten when discharged from one setting to another, lack of accountability)
 - boundaries, and
 - privacy.
- Communication was its own theme, but also a key concern that intersected with / contributed to many other patient safety risks. For example, gaps in communication lead patients and caregivers to experience nursing care as unsafe, disrespectful and lacking empathy.
 - The group expressed concern about the risk of conflict between a nurse's professional standards and workplace demands. They emphasized nurses' duty to advocate for patients and to supporting patients in navigating / accessing other health services, especially given their vantage point in the system.

Attachment 3

Summary of Evidence Modernizing Standards of Practice

Introduction

CNO's purpose is to protect the public by promoting safe nursing practice. The standards of practice are integral to meeting our purpose.

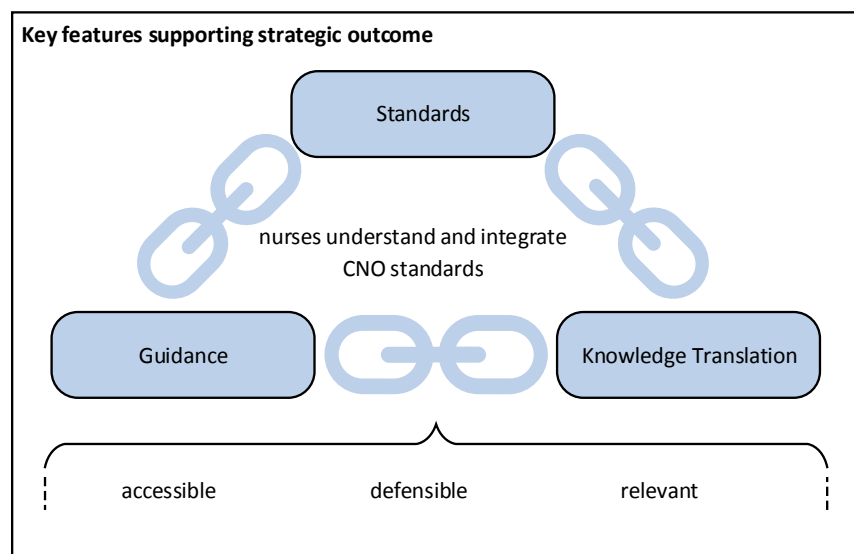
This summary assembles evidence from multiple sources, including CNO's strategic plan, CNO's legislative framework, focussed literature review (grey, academic) and an environmental scan of other regulators.

Alignment with Strategic Plan 2021-2024

Modernizing the standards will support implementation of CNO's new and aspirational [Strategic Plan 2021-2024](#), including our proactive approach to regulation and strengthening our position as a system partner in patient safety. CNO aims to establish standards, guidance¹ and knowledge translation² strategies that are:

- accessible (for example, clear and easy-to-understand)
- defensible (for example, evidence-informed, measurable), and
- relevant (for example, reflect contemporary practice, meet the needs of stakeholders).

Together, the standards, guidance and knowledge translation strategies support the strategic outcome *that nurses' conduct will exemplify understanding and integration of CNO standards for safe practice* (figure below).



¹ Guidance refers to information that supports nurses to understand and integrate the standards in their practice. Guidance illustrates how standards are met in specific situations.

² Knowledge translation refers to how we support nurses to apply the standards and includes how we synthesize and disseminate information with this objective in mind.

The evidence supports a risk-based approach to regulation^{i ii iii} and CNO's strategic plan describes proactivity as a function of risk-based regulation. The goal is to upstream our interventions to prevent harms from occurring. CNO is building organizational capacity, including, data and analytics ("insights engine") to improve proactivity.

CNO's standards, guidance and knowledge translation can be key tools in proactive regulation. A modern approach to standards will include exploring ways to target risk. While work is underway to build data/analytic capacity, we will focus on evidence currently available about known areas of risk in nursing practice (for example, failing to understand scope of practice and authority, gaps in communication, medication practices).

Literature

CNO completed a focussed review of literature (grey, academic) related to standards of practice, with a focus on principles, definitions and criteria for evaluating standards.

Standards

Standards reflect the values and norms of the profession,^{iv} they are "authoritative"^v and set out the "generally accepted consensus of right-thinking members of the profession".^{vi} Standards distinguish the nature and identity" of a profession for its members and stakeholders.^{vii viii}

Standards describe the performance or behaviour expected of a professional, against which actual performance can be measured. They convey the rules, requirements, responsibilities and conditions that describe the expected level of performance to provide safe, high quality services.^{ix}

Standards are the rules or definition of what it means to provide competent care.^x They are tools for nurses to self-evaluate^{xi} and for regulatory oversight.^{xii} To be defensible, standards accurately reflect, and do not go beyond, the "generally accepted practice" of the profession. An exception is that standards prescribed in legislation are legally binding.^{xiii xiv} Good regulation requires regulators to maintain up-to-date standards that prioritize patient centred care and safety.^{xv}

Ideally, standards identify outcomes that must be achieved, rather than processes for how they are achieved. A principle-based approach has the potential to support innovation and a more agile approach to regulation that focusses on patient safety / patient-centred care outcomes and encourages professional judgement.^{xvi xvii xviii} Principle-based regulation is more likely to succeed when outcomes are clearly articulated, enforcement is consistent and there exists trust between the profession and its regulator.^{xix}

Other best practices include standards that:

- align with a risk-based approach^{xx xxi xxii xxiii}
- are relevant to the environment, society and nursing practice^{xxiv}
- provide clarity on roles, authority, leadership, accountability and scope of practice,^{xxv} and
- provide a clear benchmark.^{xxvi}

Other Relevant Terms

CNO describes practice guidelines as helping nurses "understand their responsibilities and legal obligations to enable them to make safe and ethical decisions."^{xxvii xxviii xxix} Steinecke refers to guidelines as "merely suggestions" used to educate and support professionals to reflect on their practice and change behaviour. ^{xxx} However, the Professional Standards Authority's - *Standards*

of *Good Regulation*, describes the regulator's accountability to provide "guidance to help registrants apply the standards and ensures this guidance is up-to-date, addresses emerging areas of risk, prioritizes patient-centred care and safety".^{xxxii}

The concept of "professionalism" is not well defined^{xxxiii} and is informed by multiple constructs, including values, societal expectations, culture and norms.^{xxxiii} A scoping review completed in 2019 found an inherent link between professionalism and regulation. To "be professional" means nurses are applying and demonstrating requirements of their regulators professional practice framework, which includes requirements related to entry and practice.^{xxxiv}

The Modern Health System

The McMaster Health Forum's recent report entitled *Modernizing the oversight of the health workforce in Ontario* identifies several examples of the current legislative framework failing to keep pace with the needs of today's health system, including:^{xxxv}

- technology
- adopting a risk-based approach
- the personalized care ("soft skills") required by all health professionals
- the system's shift to chronic and community-based care
- interprofessional / team-based models of care, and
- emphasizing controlled acts and scopes of practice, rather than a competency-based model.

A recent report on the Vision for the Future of Nursing in Canada discusses the necessity of modernizing the profession so that it can support health system transformation. Trends in health system transformation include:^{xxxvi}

- shifting care from institutions into home and community settings
- interprofessional collaboration
- focus on quality improvement
- enhancing use of technology, and
- partnering with patients and families.

A key part of modernizing involves fostering a systems perspective with "shared responsibility and accountability among the four regulated nursing groups".³ From a regulatory perspective, the vision report calls for:^{xxxvii}

- a common set of entry-level competencies for each category, including common format, structure and terminology
- a single code of ethics and common approach to professional conduct review processes
- harmonized standards of practice, including common format structure and terminology
- a risk-based approach, and
- common regulatory requirements within each nursing category and across categories as appropriate.

A key finding from the evidence is that our system of health professional regulation is fragmented and does not reflect the level of integration needed for today's health system. This applies to the regulation of all health professionals within Ontario,^{xxxviii} and nursing professionals across multiple jurisdictions.^{xxxix}

³ The four regulated nursing groups are licensed practical nurses, registered nurses, registered psychiatric nurses and nurse practitioners.

This fragmentation is especially evident in our inconsistent and confusing terminology. To protect the public, regulators are accountable for setting expectations for practice. Within the context of health professional regulation⁴ there is considerable variation in how we label and communicate those expectations.^{xi} Regulators use terms such as code,⁵ policy, standard,⁶ guideline, practice guide, competency,⁷ indicator, advisory statement, knowledge/attribute/activity/skill.

Environmental Scan

In recent years, due to legislative requirements associated with labour mobility, nursing regulators in Canada have made progress harmonizing entry-to-practice competencies. Although there's consistency across jurisdictions, we have not yet adopted common format, structure and terminology for the different types of nurses regulated in Canada (registered psychiatric nurses, licensed practical nurses, RPNs, RNs and NPs).^{xli} Despite some progress related to standards for entering the profession, we have not harmonized standards of practice of the profession.

CNO launched the [Code of Conduct](#) in 2019. The Code is an innovation and a model for what modern standards might look like: it meets the principles of accessibility, defensibility and relevance. Our use of the Code as an overarching standard of practice is consistent with nursing regulators in other jurisdictions, including U.K., Australia and New Zealand.

CNO's Code of Conduct is unique in Canada. The table below highlights the structure used by other Canadian regulators compared to the structure of CNO's Code.

Major concepts captured by overarching standards of practice	
CNO's Code of Conduct	Overarching Standards of Practice
Overarching standard of practice. Accompanied by a variety of other practice standards (including "professional standards") and / or guidance on a range of topics.	Overarching standard of practice may be referred to as "professional standards". Accompanied by a code of ethics, ⁸ other practice standards, scope of practice standards, and / or guidance on a range of topics
Principles: <ul style="list-style-type: none"> • Nurses respect the dignity of patients and treat them as individuals • Nurses work together to promote patient well-being 	Common categories/principles: <ul style="list-style-type: none"> • professional responsibility and accountability / responsibility to profession • knowledge-based practice (competency-based practice)

⁴ Both within the nursing profession (in Ontario and elsewhere) and other health professions.

⁵ Common among regulators in Ontario and nurse regulators in several other jurisdictions. Most often code of "conduct" or "ethics".

⁶ Common among regulators in Ontario and nurse regulators in several other jurisdictions. Often referred to as "standard of practice", "practice standard", "scope of practice standard", "standard of proof". Nurse Midwifery Council in the U.K. also publishes "proficiency standards", which inform entry to the profession.

⁷ Common among regulators in Ontario and nurse regulators in Canada. In nursing, they most often inform entry to the profession; however, occasionally inform regulation of registrants. There is variation among other professions in Ontario as they may be referred to as "core", "essential", "entry" depending on their use.

⁸ Some regulators adopt the Canadian Nurses' Association's Code of Ethics, whereas others include "ethics" in their professional standards.

<ul style="list-style-type: none"> • Nurses maintain patients' trust by providing safe and competent care • Nurses work respectfully with colleagues to best meet patients' needs • Nurses act with integrity to maintain patients' trust • Nurses maintain public confidence in the nursing profession 	<ul style="list-style-type: none"> • service to the public (client-focused services, client-centred relationship, client-centred practice, responsibility to public/clients) • self-regulation • ethics • professional relationship and leadership (collaborative care, responsibility to colleagues)
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Legislative Framework

Legislation

Requirements under the *Regulated Health Professions Act, 1991* (RHPA) and *Nursing Act, 1991* set out CNO's oversight of the profession.

Under the RHPA, CNO is accountable for developing, establishing and maintaining standards of:^{xlii}

- qualification for entry to the profession
- practice to assure the quality of the practice of the profession
- knowledge and skill to promote continuing evaluation, competence and improvement
- knowledge, skill and judgement relating to performance of controlled acts (together with other colleges whose registrants are authorized to perform the same controlled acts)
- professional ethics, and
- registrants' abilities to respond to changes in practice environments, advances in technology and other emerging issues.

Altogether, the RHPA objects form the professional practice framework for nursing regulation in Ontario, which CNO enacts through a variety of regulatory mechanisms, including:

- regulations
- by-laws
- standards of practice (code, practice standards)
- guidelines and online practice resources
- ETP competencies, and
- reference documents.

Several standards of practice for nurses are prescribed in regulation under the *Nursing Act, 1991*. O. Reg. 275/94 includes standards of practice related to:

- title use
- initiating certain controlled acts
- participating in the Quality Assurance program
- reporting
- professional liability protection, and
- delegating controlled acts.

O. Reg. 799/93 outlines acts of professional misconduct.

Nursing practice is influenced by a complex array of laws, which extend beyond the RHPA and *Nursing Act* (for example, Personal Health Information Protection Act).

Constraints

Despite various updates over the years there is increasing criticism that Ontario's legislative framework for health professional oversight does not meet the needs of today's health system. Among the concerns is an emphasis on scope of practice and controlled acts over a competency-based model of oversight.^{xliii}

Antiquated legislation also constrains CNO's ability to universally adopt best practice in regulation. Principle-based regulation has the potential to support innovation and a more agile approach to regulation that focusses on outcomes and encourages professional judgement.^{xliv xlv} The transparency principle of right-touch regulation discusses the importance of keeping regulation simple and user-friendly.^{xlvi} Both concepts are consistent with CNO's shift away from detail-oriented standards⁹ in recent years; however, legislation will continue to oblige us to communicate prescriptive legal requirements for performing clinical controlled act procedures, such as wound care, medication practices and delegation.^{xlvii}

Another example of fragmented health professional regulation stems from a lack of harmonization. Team-based models of care are increasingly the norm.^{xlviii xlix} The system requires health professionals to collaborate - both within the nursing profession and among different professions. Ontario's health professions are governed by common laws, work on the same teams, provide care to the same patients; however, they do not share the same standards for conduct, ethics or communication. Within nursing, this fragmentation exists across jurisdictions and in regulatory approaches towards the different types of nurses regulated.

⁹ For example, removing clinical detail from the Medication practice standard, retiring the Infection Prevention and Control practice standard.

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- ⁱ McMaster Health Forum (2017) Modernizing the Oversight of the Health Workforce in Ontario. Retrieved from: <https://www.mcmasterforum.org/find-evidence/products/project/modernizing-the-oversight-of-the-ontario-health-workforce>.
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