

Discussion Note – June 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. Standards 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.

CNO is modernizing nursing practice standards to support a more proactive and agile approach to regulation and strengthen our position as a system partner in patient safety.

Introduction

We are seeking Council's input on a [framework](#) for modernizing CNO's practice standards.

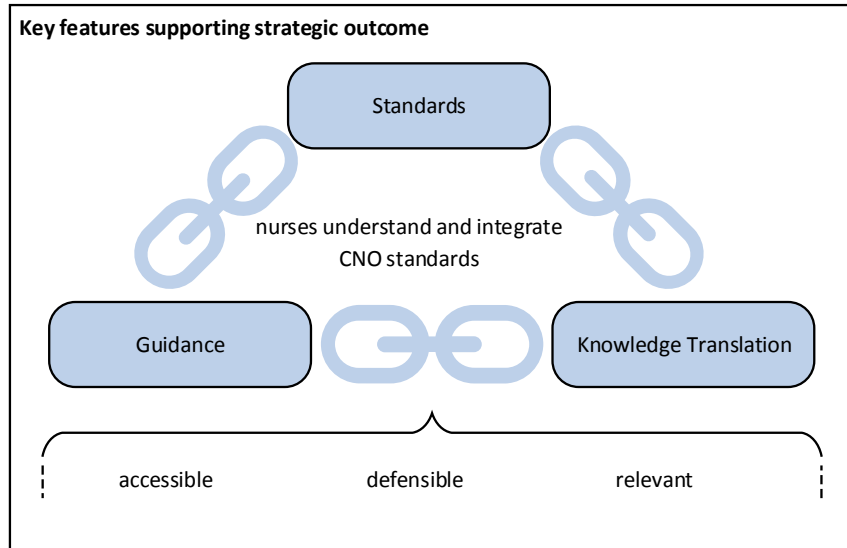
Strategic Outcome

Modernizing standards will support the implementation of CNO's [Strategic Plan 2021-2024](#).

Informed by 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, informed by stakeholders, and meet the needs of stakeholders).

Modernized standards, guidance, and knowledge translation work together as a vehicle for advancing CNO's strategic outcome that *nurses' conduct will exemplify understanding and integration of CNO standards for safe practice*.



Background

CNO's [standards](#) are the benchmark for safe nursing practice. The standards inform nurses of their accountabilities. They also inform the public of what to expect from nurses.

Setting standards for safe nursing practice is one of CNO's regulatory requirements. The standards play a key role in how CNO enacts its other regulatory requirements, including:

- setting requirements for becoming a nurse in Ontario
- promoting continuing competence through the Quality Assurance program, and
- responding to concerns about nurses.


In 2019, CNO introduced a [Code of Conduct](#) (the Code) for the nursing profession. Informed by evidence, the Code tells the public and other stakeholders the behaviour they can expect from nurses. The Code has become CNO's overarching practice standard; and other [practice standards](#) (for example, *Professional Standards*, *Documentation*) provide greater detail in specific areas.

[In March](#), Council reviewed the:

- summary of evidence
- rationale for modernizing
- goal and objectives of modernizing, and
- link with CNO's strategic plan.

Evidence and best practice in regulation include:

- targeting risk
- moving away from "topic-specific", detailed, clinical, or process-oriented standards, and
- moving towards principle-based and outcome-oriented standards.



CNO has been moving in the direction of this evidence over the past few years, including:

- retiring practice standards clinical in nature or because other system partners were in a better position to provide resources to the profession (for example, retiring the *Restraints* practice standard),
- implementing principle-based standards (for example, the Code of Conduct and Medication practice standards), and
- embracing risk-based regulation (for example, using evidence to inform strategies to prevent sexual abuse).

Draft Framework

Attachment 1 describes an evidence-informed¹ [framework](#) to guide CNO's standards modernization. It includes:

- the goal, objectives, and principles
- key terminology, and
- an overview of the draft framework.

Under the proposed framework, the Code remains the overarching practice standard upheld by all nurses. Key changes resulting from the draft framework are described below.

- Practice standards would be streamlined to focus on professional accountabilities and legal requirements. Educational content would be removed and, where relevant, CNO would continue to provide that education in guidance.
- Duplication across documents would be reduced.
- The Code would be accompanied by practice standards informing nurses about scope of practice and legal requirements under the *Regulated Health Professions Act, 1991* and the *Nursing Act, 1991*. For example, legal requirements related to initiating or delegating controlled acts.² These “scope of practice” standards would be addenda to the Code.
- The Code would be updated to ensure relevance to current nursing practice, health system realities, changing public expectations and societal values.
- This update to the Code would include shifting content from practice standards into the Code, as appropriate. This would result in an overall reduction in the number of practice standards. In some cases, content from practice standards may be more appropriate for guidance (for example, case studies), or may be retired (for example, if it is outdated).
- CNO would establish transparent processes for determining when an issue warrants guidance to the profession. CNO would assess current guidance to determine relevance to current nursing practice.
- CNO would establish regular and transparent processes for review and maintenance of practice standards and guidance.

The introduction and implementation of the framework, including the above changes, would be accompanied by change management strategies, including stakeholder engagement, communication, education, and knowledge translation to support stakeholders in the transition.

¹ Literature (academic, grey), environmental scan, legislative analysis, and preliminary stakeholder perspectives. Refer to the March 2021 briefing note for more information.

² Currently, these requirements are communicated through *Decisions About Procedures and Authority* and *Nurse Practitioner* practice standards, and the *Authorizing Mechanisms* practice guideline.



Questions for Council

1. Please share your feedback. What considerations would you like staff to keep in mind moving forward?

Next Steps

Practice standards are integral to CNO's public protection purpose. They are used by nurses, patients, and other system stakeholders. Stakeholder engagement will play a critical role in successfully modernizing CNO's standards, guidance, and knowledge translation. Timing of stakeholder engagement is not yet determined.

Attachment 1

MODERN STANDARDS: DRAFT FRAMEWORK

INTRODUCTION

This attachment describes an evidence-informed¹ framework to guide the approach to modernizing CNO's standards. It includes:

- the goal, objectives, and principles
- key terminology, and
- an overview of the draft framework.

GOAL, PRINCIPLES AND OBJECTIVES

Goal CNO's standards promote safe nursing practice.

Practice standards, guidance, and knowledge translation strategies are:

Principles	Objectives ²
Accessible	<ol style="list-style-type: none">1. Are clear and easy-to-understand.2. Leverage current technology and media.
Defensible	<ol style="list-style-type: none">3. Target areas of actual or potential harm to patients.4. Reflect the professional judgement and accountability expected of a nurse.5. Are consistent with legislative requirements.6. Are evidence informed.7. Are measurable.
Relevant	<ol style="list-style-type: none">8. Incorporate insights from, and meet the needs of, external and internal stakeholders.9. Reflect current and evolving nursing practice, health system environment and societal values.10. Are broadly applicable.

¹ Literature (academic, grey), environmental scan, legislative analysis.

² Objectives are evidence-based, informed by literature and stakeholder perspectives.

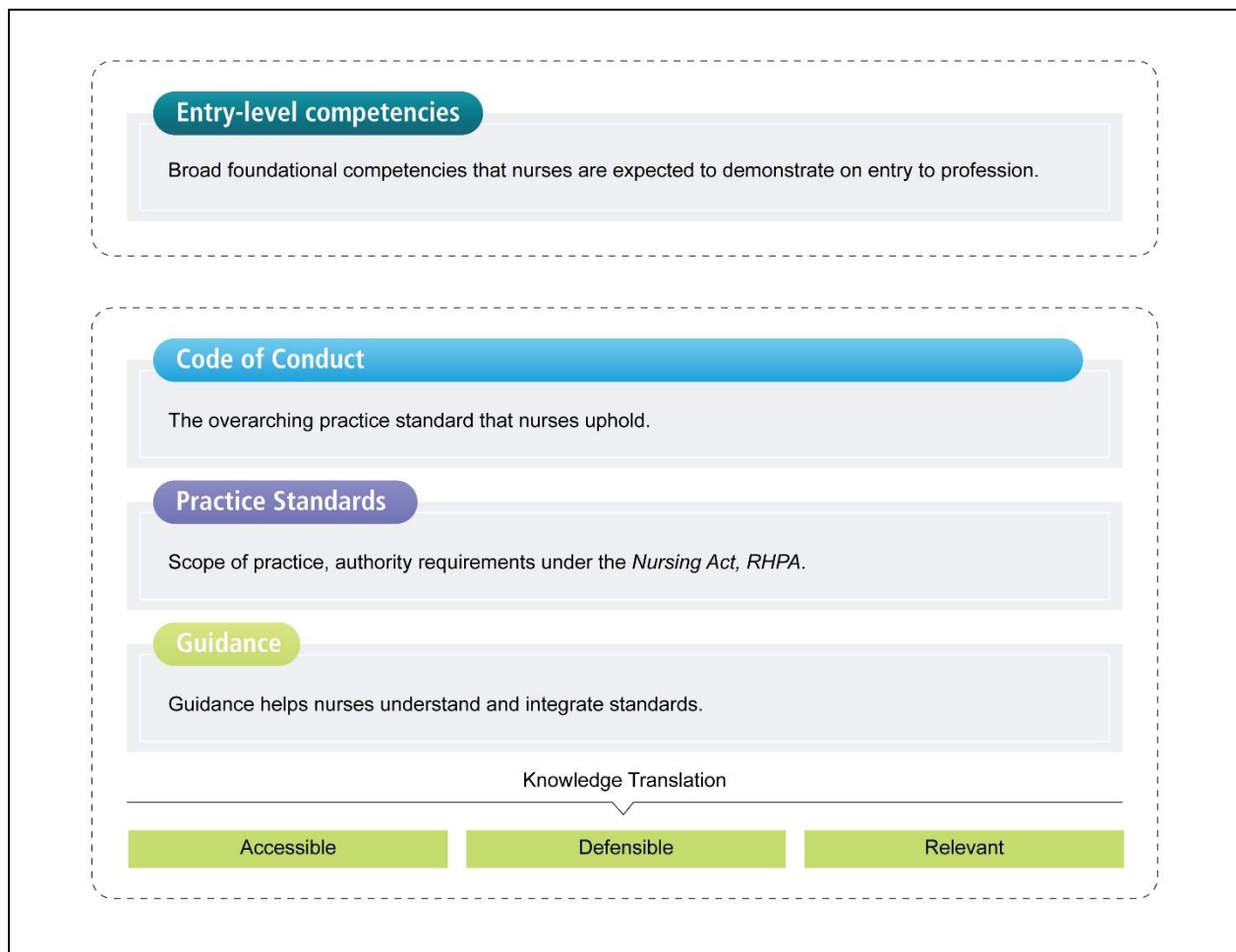
KEY TERMS

CNO’s [practice standards](#) are the benchmark for safe and ethical nursing practice. “Standards” describe the behaviour expected from nurses. Standards inform nurses of their accountabilities. They also inform the public of what to expect from nurses.

“Guidance” refers to information CNO provides to help nurses understand and integrate standards in their practice. Guidance focuses on specific topics and communicated in a variety of formats (for example, documents, webcasts, frequently-asked-questions).

“Knowledge translation” refers to how CNO supports nurses to apply standards and guidance. It includes how information is synthesized and disseminated with this objective in mind.

DRAFT FRAMEWORK



Key features of the framework are described below.

- Every nurse enters the profession having met broad, foundational entry-level competencies.
- The *Code of Conduct* (Code) remains the overarching practice standard that nurses uphold; it applies to nurses in any role and in any practice setting.
- The Code reflects accountabilities foundational to the profession. Under the proposed framework, the Code would be updated to ensure relevance to current nursing practice, health system realities, changing public expectations and societal values. This update would include shifting content from practice standards, into the Code, as appropriate.
- The Code would be accompanied by scope of practice standards for RPNs, RNs and NPs. These standards outline legal requirements under the *Regulated Health Professions Act, 1991* and *Nursing Act, 1991*.
- In keeping with best practice in regulation, other practice standards would be reduced. The content in these practice standards would be:
 - moved to the Code
 - converted to guidance, or
 - retired.
- There would be a cyclical process for reviewing and maintaining CNO's standards and guidance to ensure ongoing relevance to changes in nursing practice, the health system, and societal values.
- Guidance plays a key role in the framework. CNO would provide guidance, as needed, to help nurses understand and integrate the standards in their practice. Guidance would continue to be topic specific.
- The following considerations would apply in informing decisions about what topics warrant guidance to the profession.
 - Describe the issue. Is there a change in legislation, nursing practice or societal norms?
 - Describe the impact of the issue on the public/patients, the profession, system partners (for example, employers).
 - If the issue relates to legislation, what organization is accountable for administering / enforcing the law?
 - What is the risk of harm to patients? How would CNO's guidance prevent or reduce the risk of harm?
 - Determine if there is another way to respond to this issue/change? (For example, should it be monitored, or communicated to a system partner?)
 - Are stakeholders looking to CNO for information?
 - Does CNO have the expertise to respond to the issue/change effectively? Is another organization better equipped to respond?
 - Does CNO already provide relevant guidance?