

MEMBERS' VOICES: April to August 2014
Speaking out for Nursing: Speaking out for Health

Independent Practice Nurses Interest Group - IPNIG

Submitted by

IPNIG Policy and Professional Practice - Ruth Volpato, RN Nurse, Case Manager
Clinical/Medical Coordination MVA and Catastrophic Injuries

IPNIG Communication Leader Jill King RN, B.Sc. (N), COHN(C), COHN-S, Intl. ASA
Occupational and Environmental Safety Specialist

1. RNAO END Goal: Engage with registered nurses and nursing students to stimulate membership and promote the value of belonging to their professional organization.

IPNIG is exploring the development of a Nursing Standards Guideline Tool Kit for Independent Practice Nurses to use.

The goal, create a nursing practice tool kit based on evidence based research utilizing our *Four C's* criteria to enable independent practice nurses to validate their specialized nursing health care practice delivered using Primary Health Care delivery model.

1. CREDIBILITY – code of ethics, nursing pledge to uphold nursing fundamentals and standards, assurance deliver of highest quality professional nursing care
2. COMPETENCY – identified scope of practice, analysis and validation competency of nurse expertise to practice nursing care in independent practice
3. CONTINUITY – proven knowledge contributing to continuous care expectations e.g., BPG, "gold standard" treatments, benchmark data confirming correct health care
4. CONSISTENCY – measured outcome for client care, steadfast business acumen e.g., ROI, data to prove uniformity of health care for client/community/organization

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2. RNAO END Goal: RNAO advances the role and image of nurses as members of a vital, knowledge-driven, caring profession, and as significant contributors to health.

IPNIG received an invitation from a local News Publication to write articles to highlight Independent Practice Nurses during the National Nursing Week Celebration **May 2014**. The lead article was titled "Nurses: A Force for Change - A Vital Resource for Health!"

Go to our IPNIG website to read the news articles reflecting registered nurses working in a modernized health care system "*Nursing into the Future - A Visionary Look into the future of House Calls*" ... [click here](#)

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IPNIG has for the past 2 years investigated what nursing care independent practice nurses performed and what do people know about the nursing services they deliver. IPNIG identified that close to 40% of the Registered Nurses in Ontario deliver a huge diversity of skilled nursing services as independent private practice nurses in communities "where people live, work and play" see diversity of work [... click here](#)

3. RNAO END Goal: RNAO speaks out on emerging issues that impact on nurses and the nursing profession, health and health care.

During the summer months IPNIG executive reviewed our research and devised "ways and means" to address our question posed in our last members' voice report. This will be on agenda for the November 29th IPNIG AGM.

"How do the 40% of Ontario Registered Nurses working as skilled professional Independent Practice Registered Nurses, delivering the 80% of health care services that fall outside of Medicare e.g. disabled, chronic disease, long term care, continuous attention, senior care etc. get recognized by the current health care system?"

The Expert Commission [June 2012] determined Registered Nurses need recognition by government in "new" health care system planning? (Expert Commission CNA - June 2012)

- Only 10% of the nursing care capabilities in Canada are utilized, as opposed to 80% registered nursing care utilization in other countries
- That 75% of health care costs are paid outside the current health care system.

4. RNAO END: RNAO influences healthy public policy to positively impact the determinants of health, supporting Medicare and strengthening a publicly funded, not-for-profit healthcare system.

The National Expert Commission authorized by the Canadian Nurses Association, released its final report [June 2012] entitled "**A Nursing Call to Action: The health of our nation, the future of our health system**".

The report indicates the need to modernize our health care system and calls for a fundamental shift in how health and health care is funded, managed and delivered in Canada.

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IPNIG members concur with CNA's action plan: Generating better health for all.

- Primary Health Care model of health care services delivery for everyone
- Utilization of registered nurses full nursing capabilities
- Incorporating expanded nursing capabilities in the new technology driven society

Policy and Practice - Ruth Volpato

Nurses Required at the Center of Primary Health Care Delivery.

As we have pointed out in our communications regarding Independent Practice Nurses there is a critical need for nursing centered primary health care situated in communities to provide nursing assessments based on the primary health care delivery model.

The nursing centered primary health care model will provide regulated professionals with a full scope of nursing health care services "where the public live, work and play." The services will be provided in a neighborhood nursing treatment center dedicated to specific healthcare needs. All clients assessed by a nurse with specialty skills are ensured a proper nursing diagnosis, recommendations for treatments and referrals to appropriate dedicated community health care professional services. The nursing assessment encompasses the **whole person** to ensure all the patients' needs are being met.

The community nursing health centers will provide referrals to medical/surgical professionals, mental health services, EAP services as well as for psychological trauma, family counseling, social services, baby wellbeing and assistance with government-funded agencies.

Currently the government healthcare system funds Family Health Team Networks, Urgent Care Centers, Walk in Clinics, Emergency Care Departments etc. which are founded on the emergency care or reactive care when medical care is necessary i.e. primary care led by physicians.

The goal, nursing centered Primary Health Care utilizing all nursing capabilities to provide greater coverage and appropriate direction for all individuals' health care needs, thereby decreasing the burden on the physician led clinics, hospitals, and long-term care facilities.