

Guidelines on Prescriptive Authority for Nurses

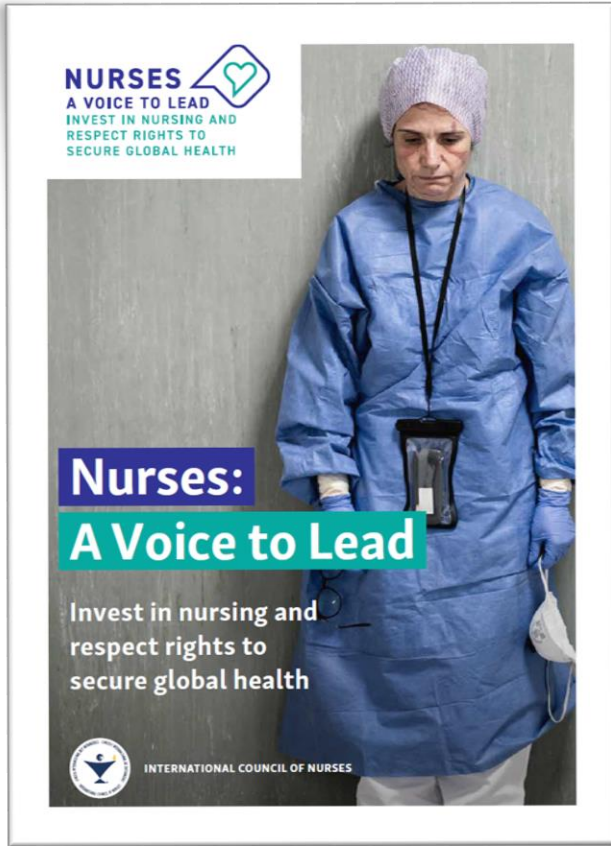


International Council of Nurses
The Global Voice of Nursing

David Stewart,
Associate Director,
Nursing and Health Policy



International Nurses Day 2022



IND2022 – Nursing a Voice to Lead
Invest in Nursing and respect rights to secure global health

- Invest in Nursing Education
- Invest in Nursing Jobs
- Invest in Nursing Leadership
- Invest in Nursing Service Delivery
- Invest in and prioritize the safety of nurses
- Invest in and care for the health and wellbeing of nurses



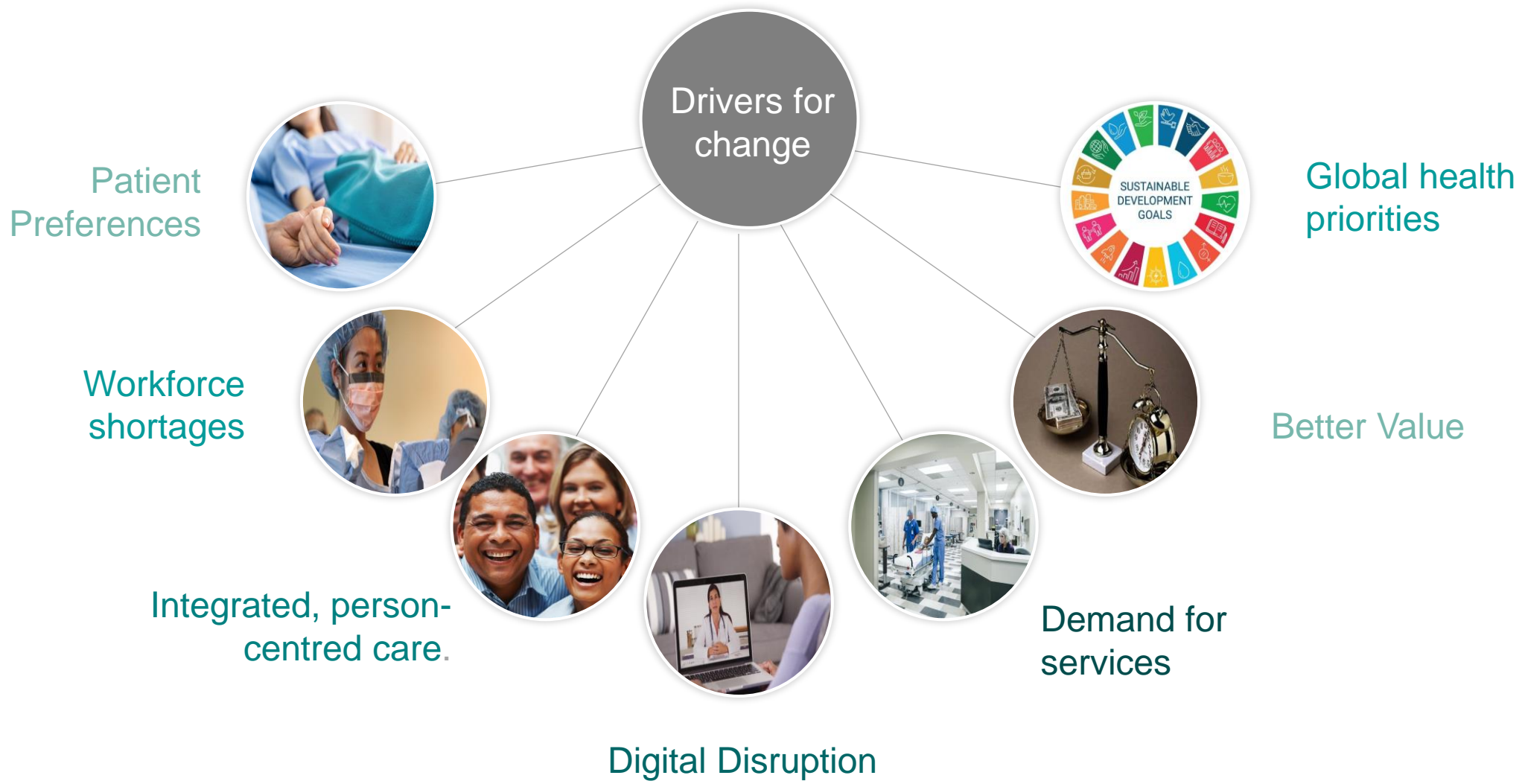
Not a moment to lose

“We are far from where we should be—and the pandemic has pushed us further off course. The indicators on poverty, hunger, education and jobs are all moving in the wrong direction.”

“... humanity faces a stark and urgent choice: a breakdown or a breakthrough.”

Deputy Secretary-General of the United Nations, Amina Mohammed

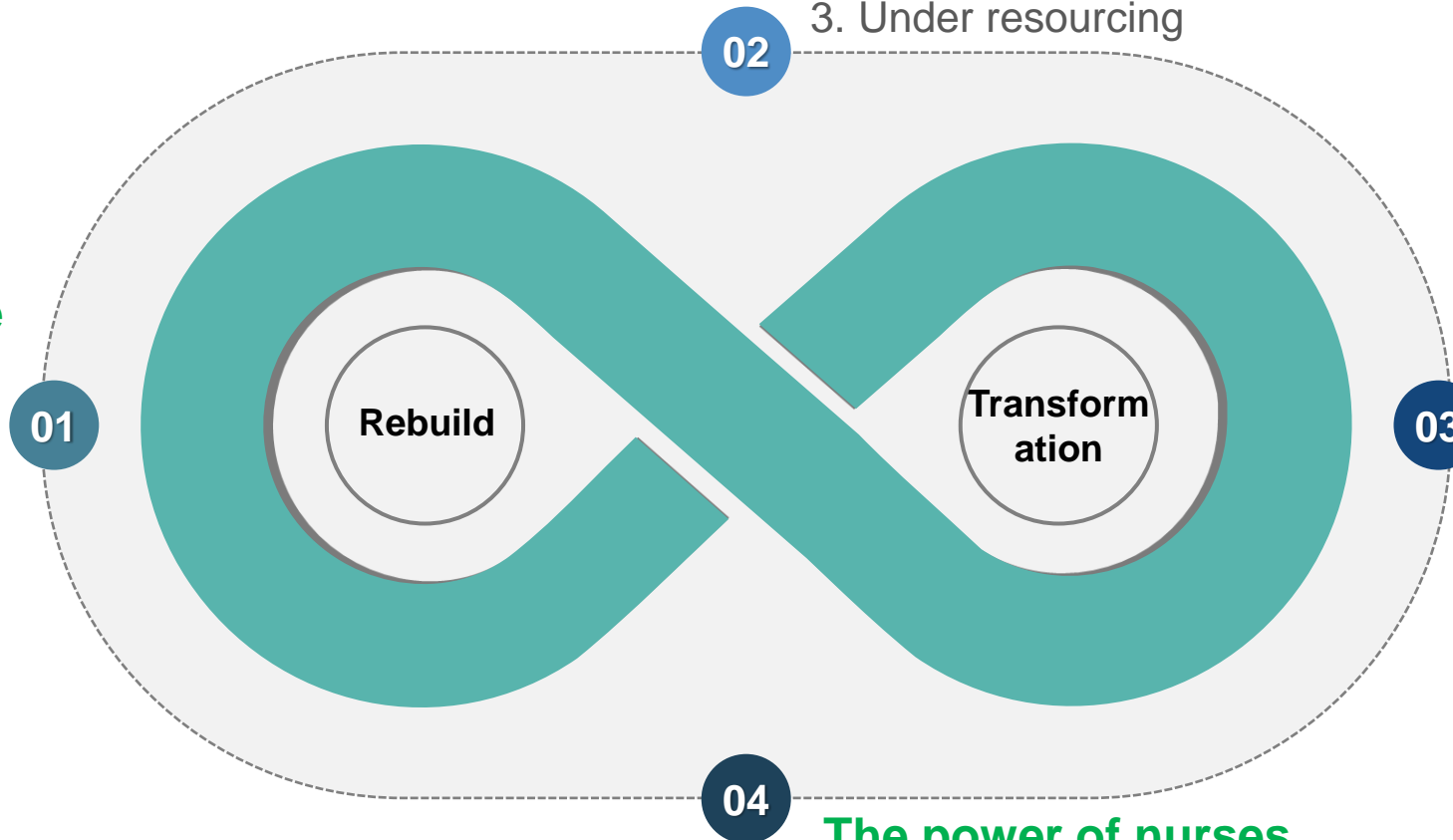
Time for transformation



Defining moment

Advances in healthcare

1. Rapid advancement in medical science
2. Explosion of digital technologies and data analytics
3. Informed and empowered consumers



Workforce Challenges

1. Heavy load over a long period of time
2. Increasing complexity and demand of care
3. Under resourcing

Global challenges

1. Pandemic
2. Societal crises
3. Financial hardship

The power of nurses

1. Leading with innovative models of care
2. Scientific professionalism of nurses
3. Adapted to meet demand
4. Leaders

Invest in and prioritize the safety of nurses and healthcare workers



While health workers represent less than 3% of the global population, they represented around 14% of COVID-19 cases



Over 180,000 healthcare workers have died to COVID-19



According to the OECD, healthcare is now the most unsafe work environment in terms of occupational injury—nurses are injured at three times the rate of construction workers



Nurses and physicians are 16 times more likely to experience violence in the workplace as compared to other service workers



Attacks on healthcare facilities and healthcare providers is increasing












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A safe place to work

Risks
faced by
health
workers

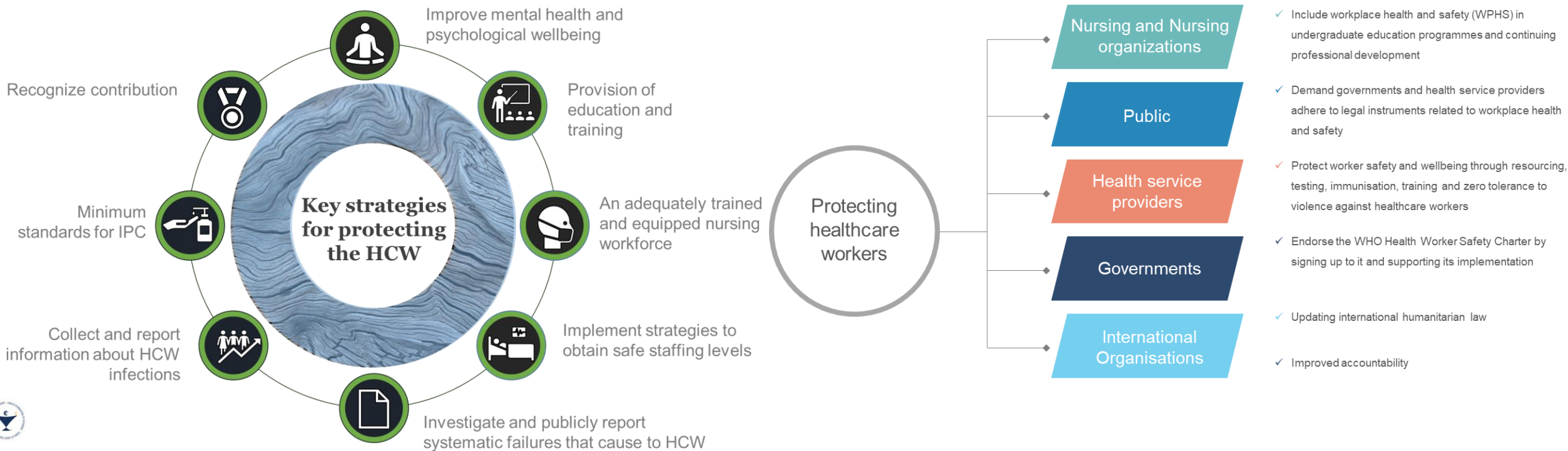
-  Long working hours
-  Psychological distress
-  Fatigue
-  Occupational Burnout
-  Stigma
-  Pathogen exposure
-  Physical and psychological violence



“...the world was not prepared for the coronavirus disease (COVID-19) pandemic... Frontline workers exposed themselves to risk and put their lives on the line for their fellow human beings.”

The Independent Panel for Pandemic Preparedness and Response

Multisectoral action required to address challenges





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Invest in and care for the health and wellbeing of nurses

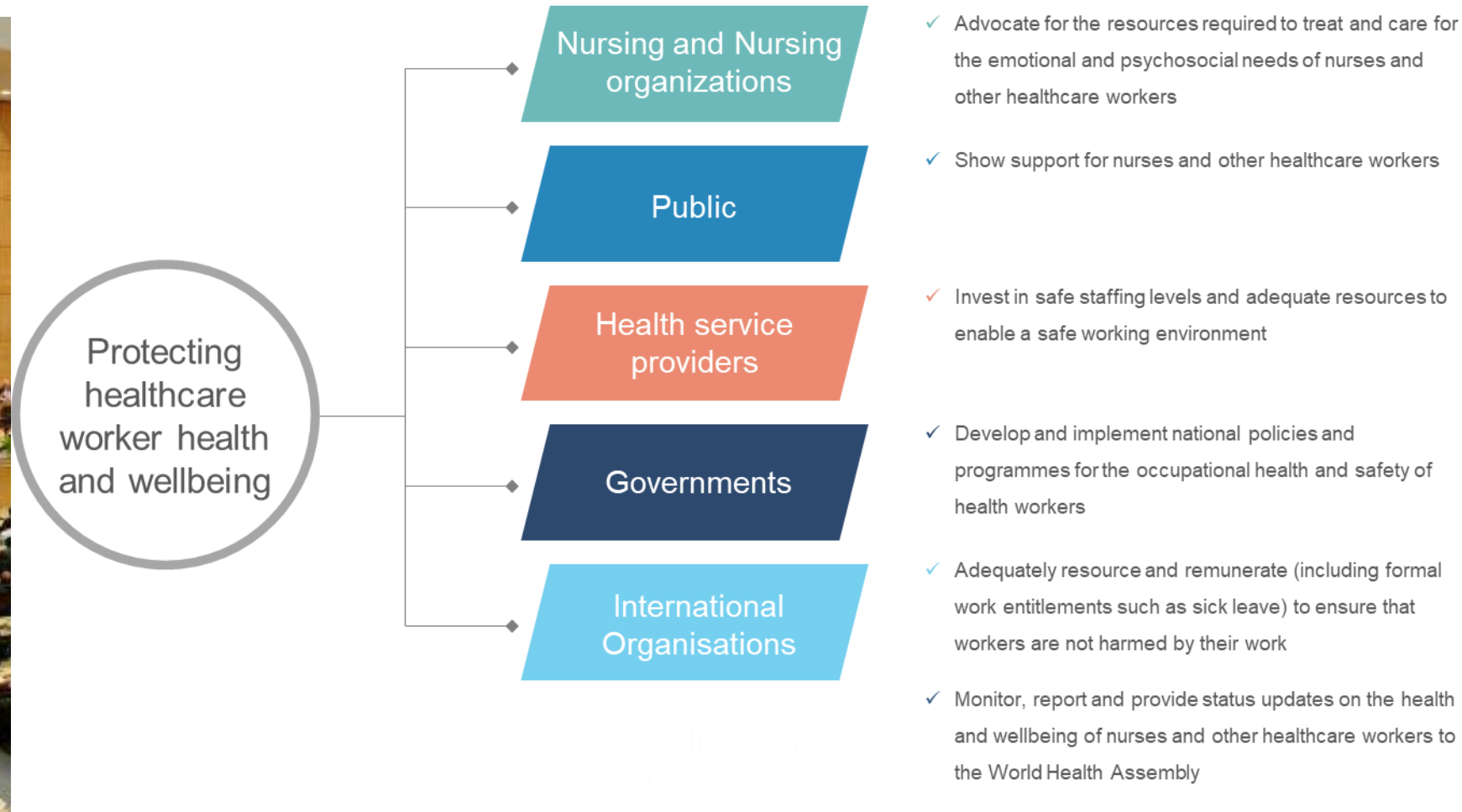
- Nurses experience symptoms of post-traumatic stress disorder (PTSD), depression and anxiety more frequently than the general population even before the pandemic
- Nurses are facing stigma and discrimination all over the world

49%

The global average prevalence of mental health problems for nurses.



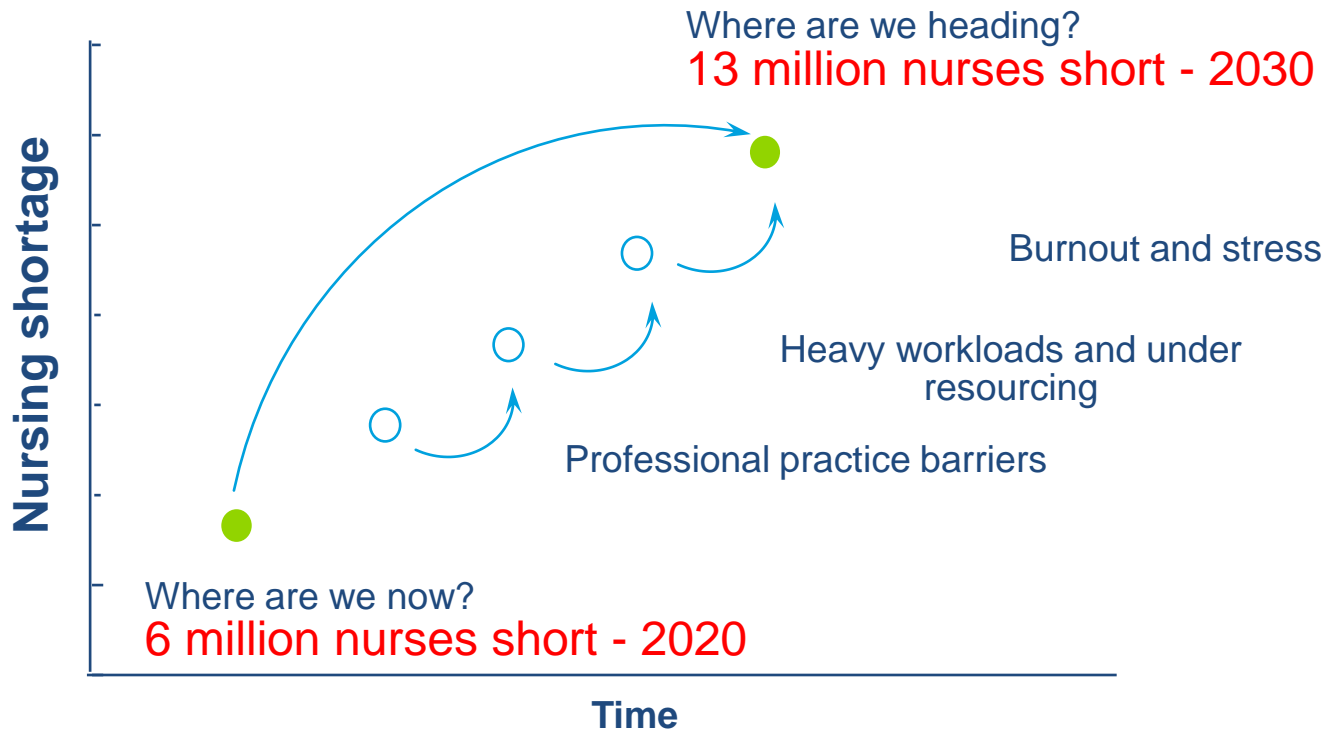
Multisectoral action required to address challenges



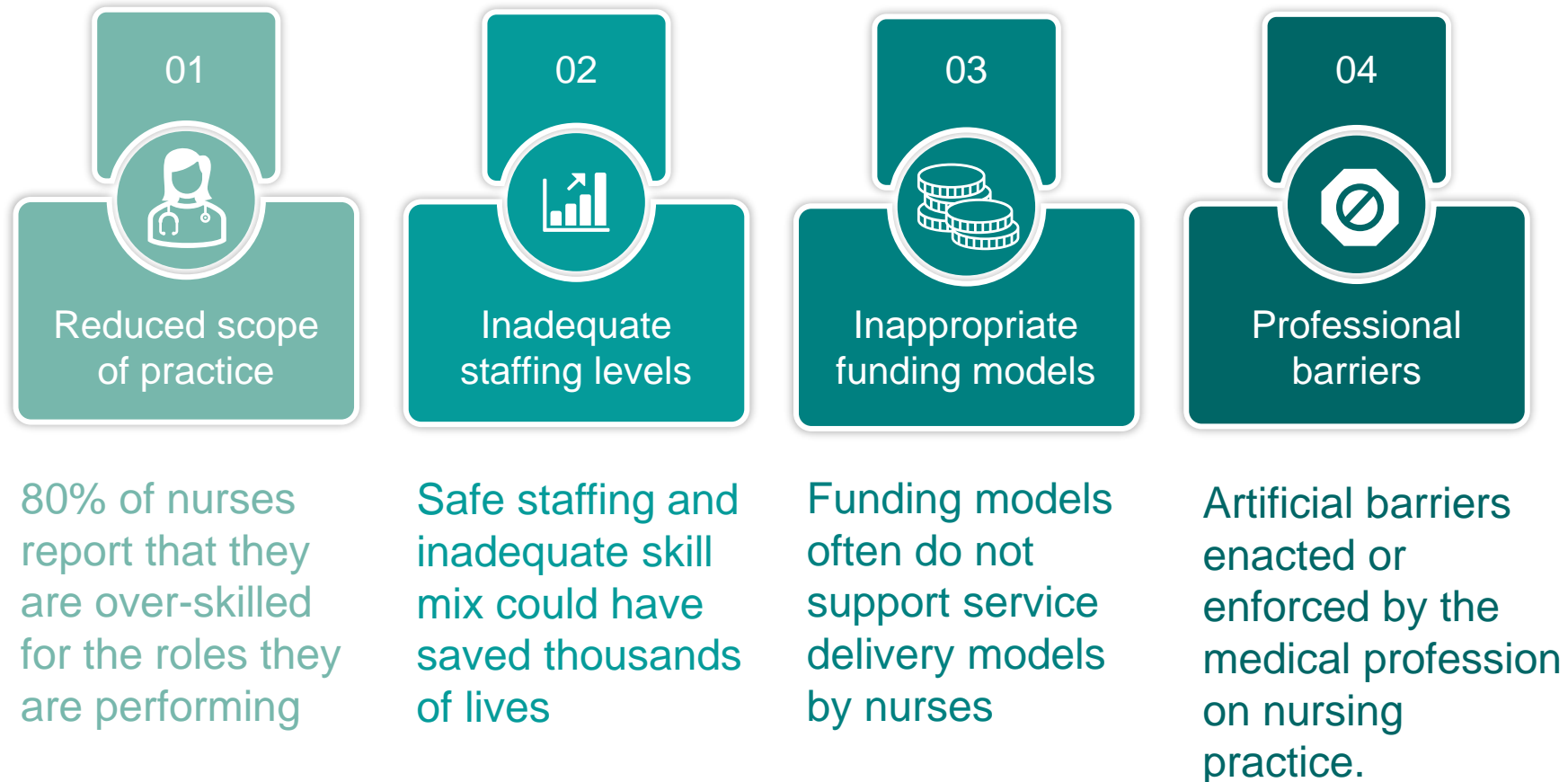
Global nursing shortage



Increased rate of nurses leaving the profession



A crisis point – 6 million short and counting



Under investment in nursing education





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Workforce

Increased domestic supply of nurses



Quality

Better health outcomes for patients



Benefits of investing in nursing education



Career progression

More likely to progress into Advanced Practice Nursing



Retention

Increased retention of nurses

Large scale strategies to address the nursing workforce crisis

Reframe

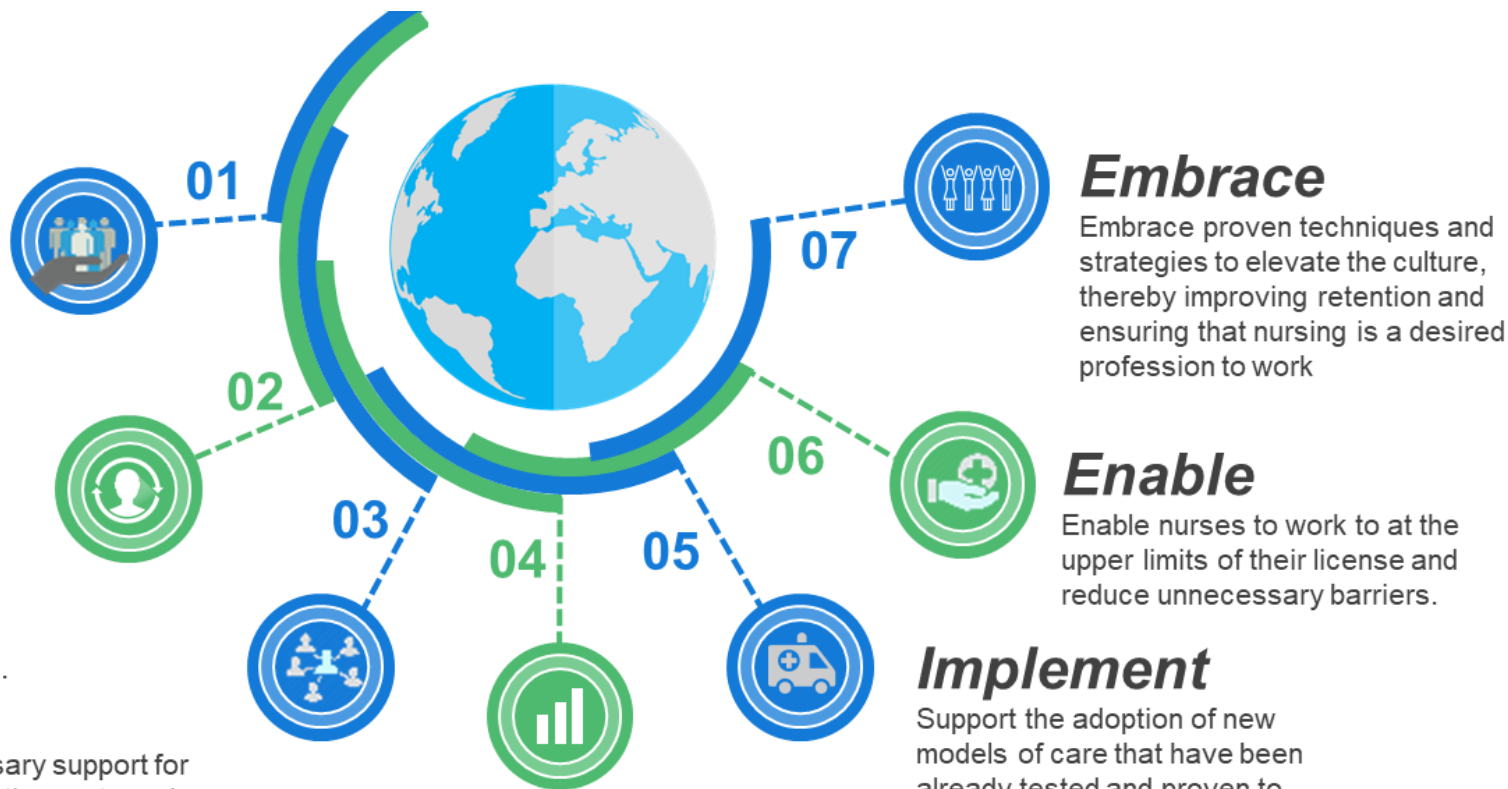
See resourcing the nursing workforce as an investment, growing productivity, health and national wealth creation.

Stimulate

Stimulate the supply of nurses through a host of measures aimed at the domestic education system.

Promote

Provide the necessary support for individuals to be active partners in their care and take greater responsibility for their own health and wellbeing particularly in the management of their long-term conditions.



Embrace

Embrace proven techniques and strategies to elevate the culture, thereby improving retention and ensuring that nursing is a desired profession to work

Enable

Enable nurses to work to at the upper limits of their license and reduce unnecessary barriers.

Implement

Support the adoption of new models of care that have been already tested and proven to improve productivity and capacity to care.

Equip

Equip nurses with the resources and technology to increase care time and productivity.

Benefits of investing in nursing



- 01 Improved access to highly qualified healthcare professionals and healthcare
- 02 Making the best use of nurses' skills and qualifications
- 03 Cost-effective and efficient health services
- 04 High levels of patient satisfaction and improved health outcomes
- 05 Improved access to healthcare and making greater use of innovative health service delivery models
- 06 Improved satisfaction and morale of nurses leading to improved public attraction to the profession, recruitment and retention

Prioritize health as an investment

\$12.5 Tr



Cost (USD)

The estimated global cost of COVID-19

40%



Reduction

Reduction in the global burden of disease by using known interventions

\$12 Tr



Benefits (USD)

Benefits to the economy by investing in health.

The evolving workforce: an agile workforce that is valued, supported and optimised



~60%

of countries surveyed report that nurses have been asked to undertake activities that are outside of their normal duties

~60%

Of countries surveyed report that there have been positive changes to nursing's scope of practice

~40%

Of countries surveyed reported that there has been as increased interest by health systems to develop APN

ICN Guidelines on Prescriptive Authority

Purpose

- To facilitate a common understanding of nurse prescribing
- Promote a safe approach

Emphasis

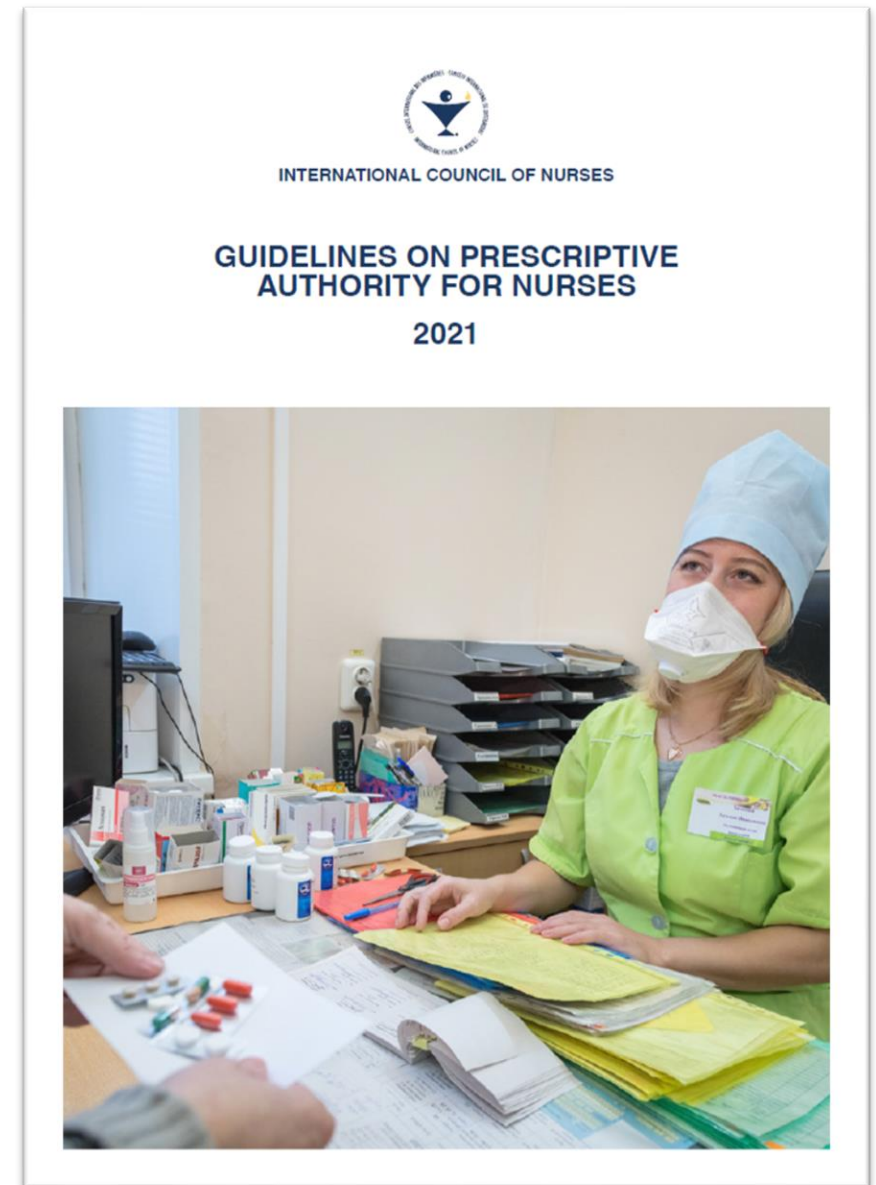
- The common principles and best practice

Differences

- Due to healthcare systems, maturity of nursing, regulatory environment

Evolution

- Prescriptive authority for nurses is an ongoing process





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Prescriptive Authority Described

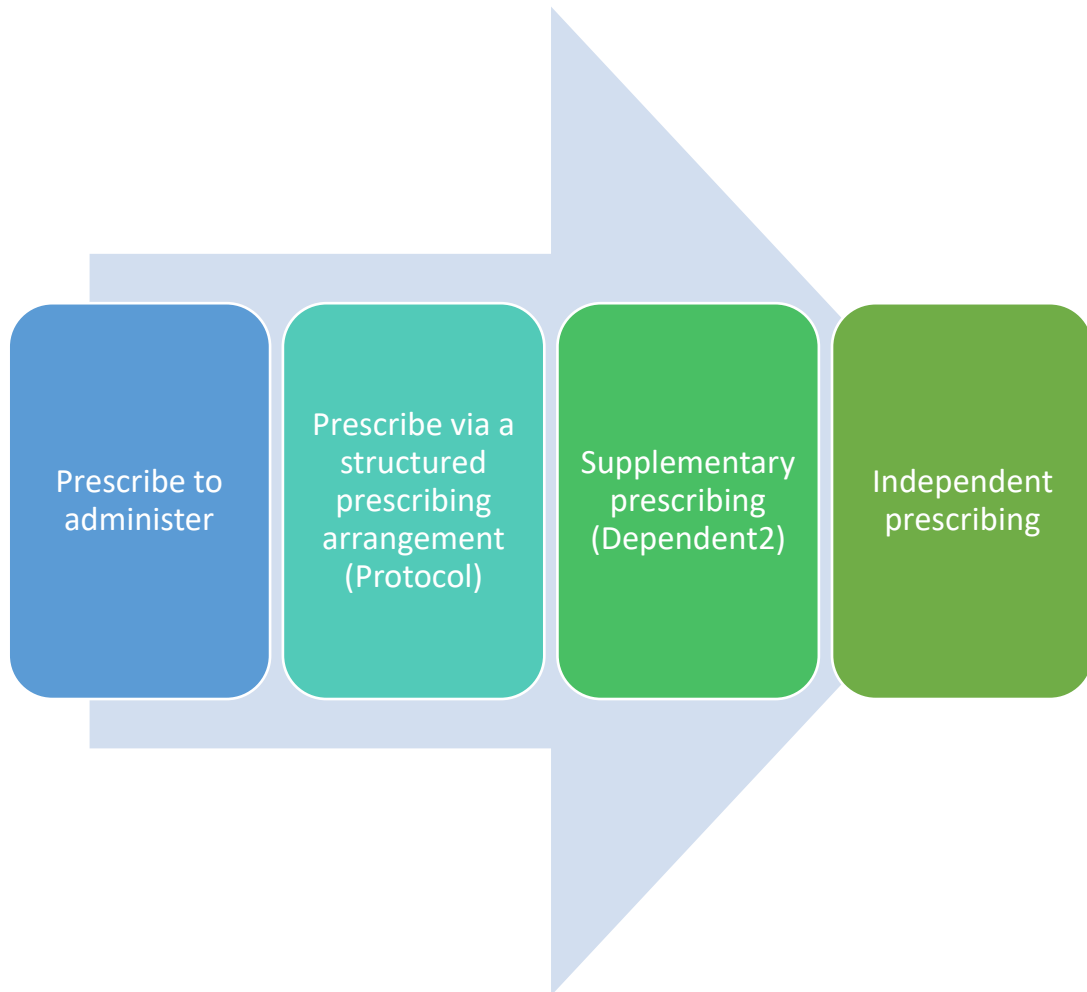
An iterative process involving the steps of information gathering, clinical decision-making, communication and evaluation which results in the initiation, continuation or cessation of a medication

Prescribing is clearly distinct from the 'supply' and / or medication or its 'administration' to patients





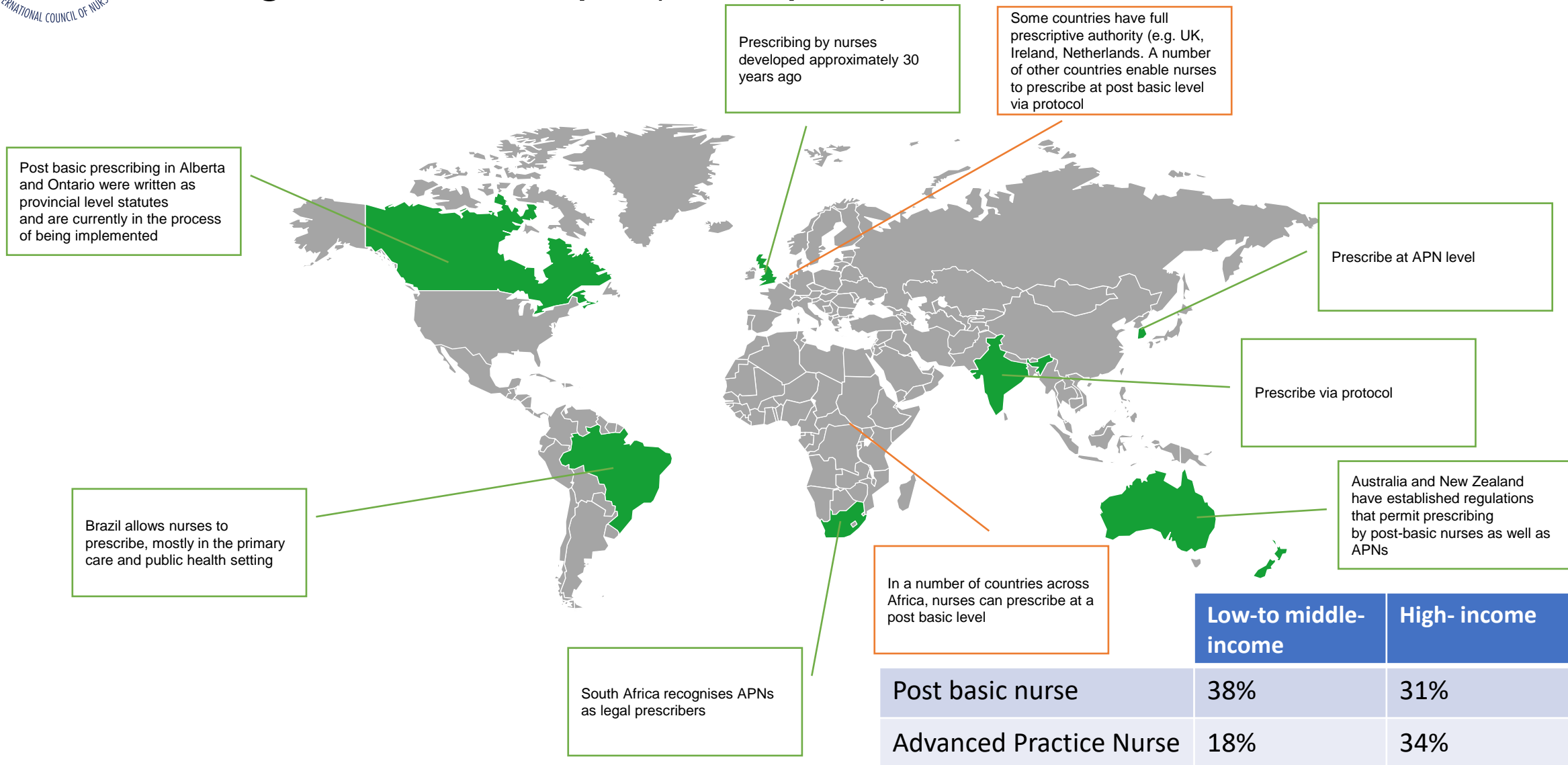
Models of Prescriptive authority



	Prescribe to administer	Protocol	Supplementary / Dependent	Independent
Prescribing restrictions	Prescribe for <u>immediate</u> administration only	Prescribe by protocol or limited formulary	Prescribe following referral from or collaborative agreement with an independent prescriber	Independently diagnose condition (rather than symptoms)
	Very limited formulary of emergency medicines or agreed list	Prescribes after a diagnosis is made. A protocol prescriber has the capacity to initiate, alter or change the medication or therapeutic according to protocol.	Once a diagnosis has been established or a treatment plan prepared for an individual patient, the responsibility for clinical management may be transferred from the assessing clinician (an independent prescriber) to another health professional. Dependent prescriber is not responsible for the initial assessment or diagnosis, which rests with the assessing clinician.	Makes initial diagnosis and decision to treat. The act of prescribing for a patient presenting for the first time in an episode of care
	Prescribe against protocol for symptoms	Therapy limited to formulary or selection by protocol.	Initial diagnostic decision has been made and treatment initiated.	Therapy is selected according to defined scope of practice.
	Therapy selection by protocol	Limited pre-approved formulary	Prescribing according to patient specific management plan or collaborative agreement	Prescribe/manage <u>ongoing</u> therapy without pre-defined protocol
		Continuing, discontinuing and stat therapy according to pre-approved protocol	Formulary limited to scope of practice or collaborative agreement	Formulary based on scope of practice
Example Education requirements	Undergraduate degree	Undergraduate degree	<ul style="list-style-type: none"> Undergraduate degree +/- Post graduate study 	<ul style="list-style-type: none"> Undergraduate degree Master's degree or higher
Example Registration requirements	Regulated health professional	<ul style="list-style-type: none"> Regulated health professional Credentialed 	<ul style="list-style-type: none"> Regulated health professional Credentialed 	<ul style="list-style-type: none"> Regulated health professional Credentialed
Example competencies	<ul style="list-style-type: none"> Signs & Symptom recognition in acute care History taking Follow <u>protocol</u> Drug administration 	<ul style="list-style-type: none"> Signs & Symptom recognition History taking Follow <u>protocols</u> Drug administration Basic requirements for prescription (following protocol) 	<ul style="list-style-type: none"> Management of knowledge to patients condition according to care <u>plan</u> Full prescribing competencies in collaboration with an independent prescriber. 	<ul style="list-style-type: none"> Diagnostic skills relevant to scope of practice and/or specialty area of practice Diagnostic test ordering Full prescribing competencies

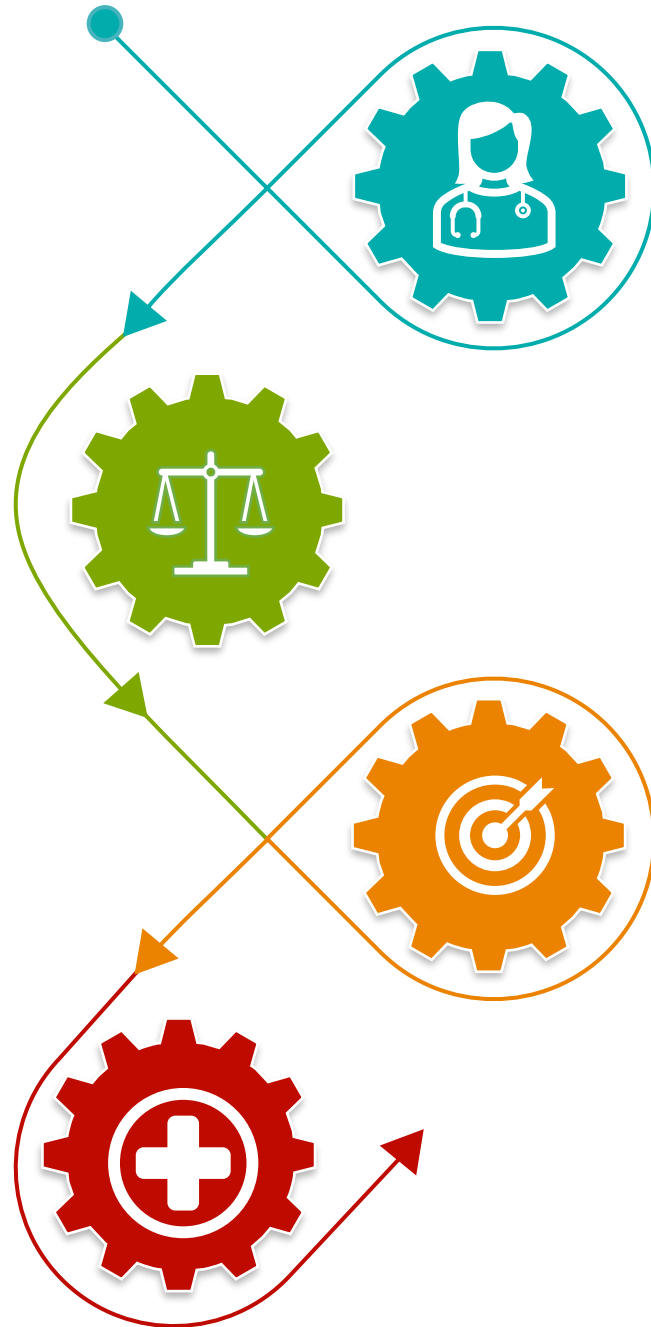


The global landscape (examples)



	Low-to middle-income	High- income
Post basic nurse	38%	31%
Advanced Practice Nurse	18%	34%

Rationale for developing prescriptive authority for nurses



Optimize

Utilising the optimal potential of the skills and expertise of health professionals in order to provide complete episodes of care.

Protect

Support legal protection for the prescriber and others with delegated responsibilities.

Quality

Improving patient outcomes without compromising patient safety

Access

Enhancing patient access to treatment

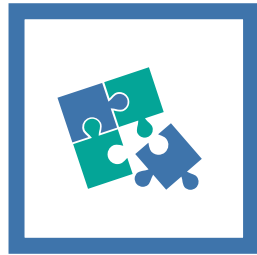
Motivation for nurses to seek prescriptive authority



Greater professional autonomy



Higher professional status



Greater work satisfaction



Higher remuneration

Potential risks



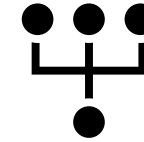
Greater legal responsibility



Inadequate preparation



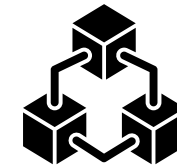
Reduced time for patient care



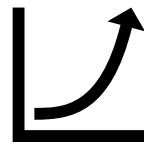
Conflicts in the therapeutic team



No additional remuneration



Lack of substantive organisational and collegial support



Increased workload



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UHC

Access to acceptable, available and affordable quality medicines is part of the United Nations Sustainable Development Goals (SDGs 3.8).



Medication safety

Unsafe medication practices and medication errors are a leading cause of "injury and avoidable harm in healthcare across the world.

The global cost of errors \$42B



Case for action



Person-centered care

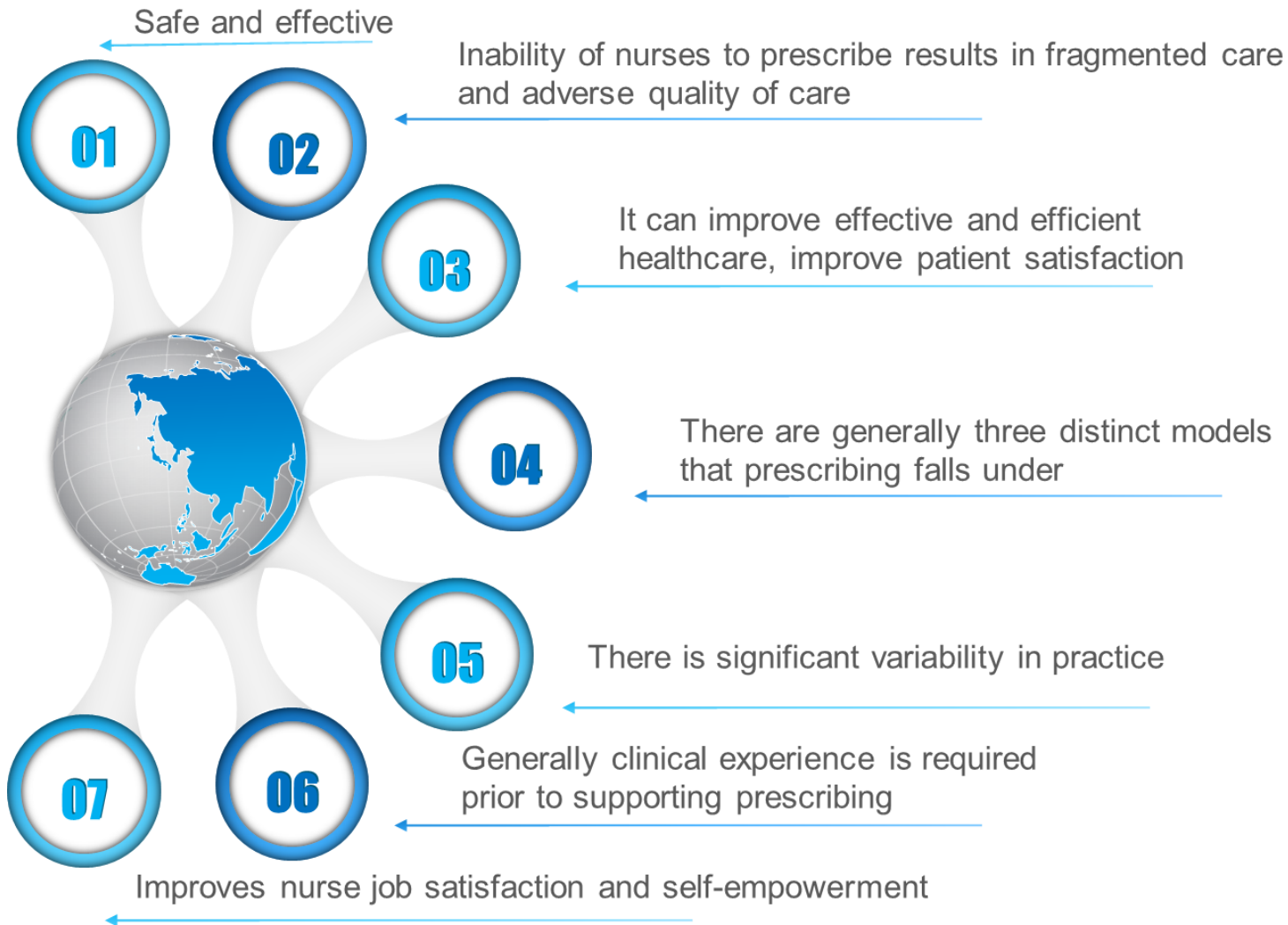
Improvement in patient care without compromising the quality of service provided



Efficiency

Improved efficiency of the healthcare system as nurses are able to provide complete episodes of care, and reduce the number of encounters with multiple healthcare providers

The evidence





What can nurses prescribe?

Medications
and
electrolytes

01

Therapies
and
Treatments

02

Durable
Medical
Equipment

03

Appliances
and certain
dressings

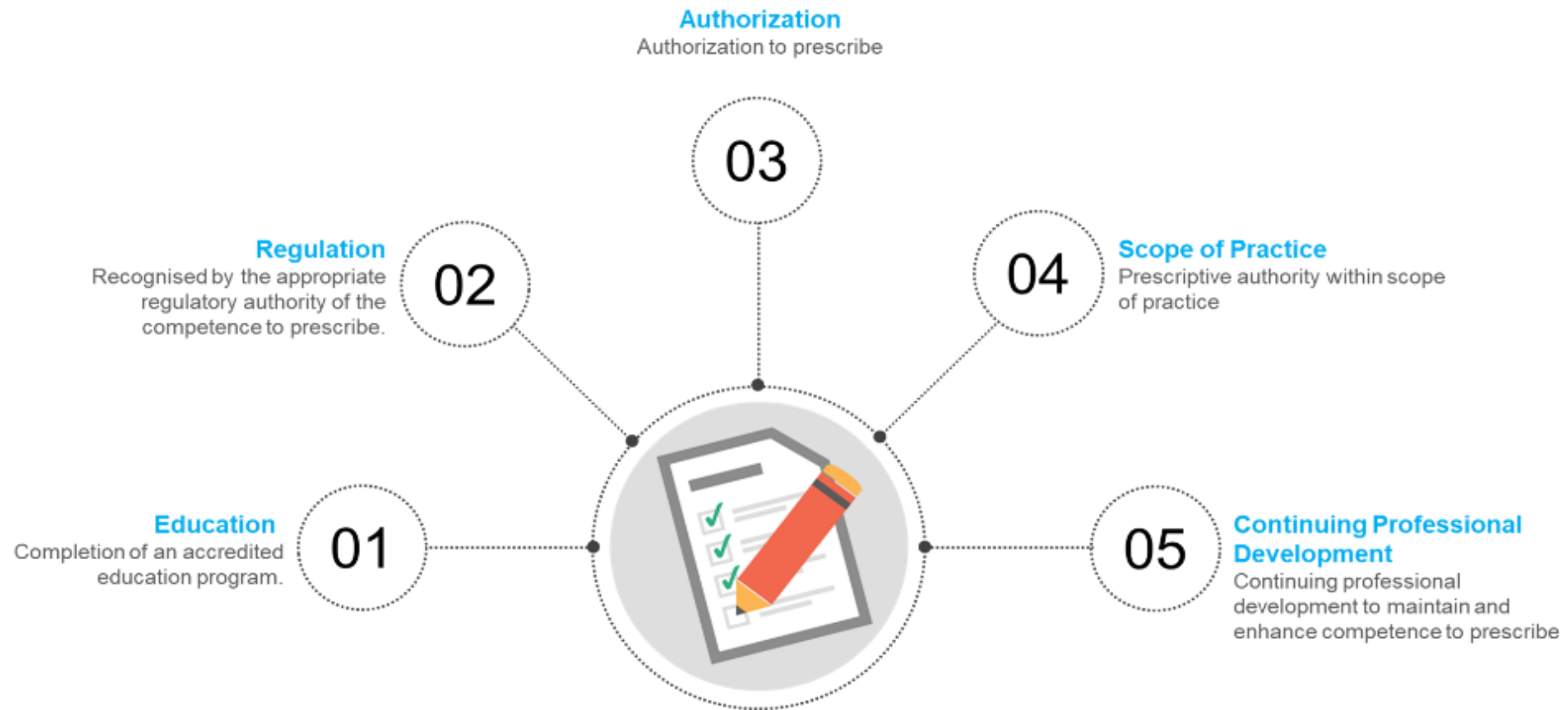
04

Foods designated for
specific therapeutic
purposes

05



Framework to develop safe and competent prescribing for the nursing profession





Education competencies

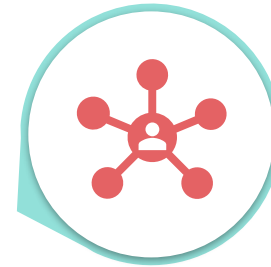
Monitors and reviews the person's
response to treatment



Practices professionally



Communication and
Collaboration



Evidenced based and informed
practice



People centeredness in
care



Pharmacological Essentials



Prescriptive Authority within scope of practice





Continuing professional development





Recognised by the appropriate regulatory authority of the competence to prescribe

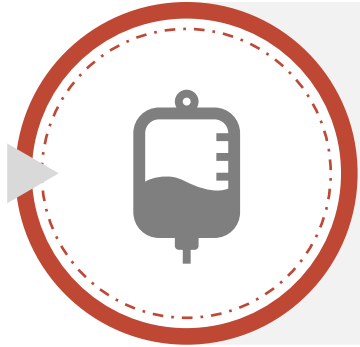
The regulatory authority has two main functions:

1. Set the standards for competence to prescribe; and
2. Recognition of the achievement of competence by the health professional to prescribe medicines consistent within their scope of practice.

To support nurse prescribing, it is important that the regulatory authority is able to identify nurses who are authorised to prescribe. This will ensure:

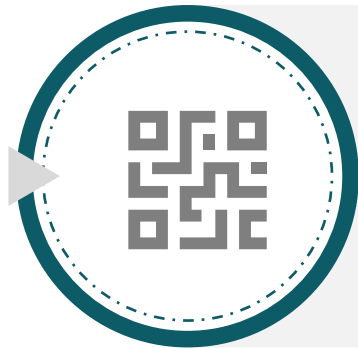
- Employers can validate the competence of the employee;
- Ongoing validation of the quality of care provided;
- Research and development in prescriptive authority for nurses

Inappropriate prescribing and deprescribing



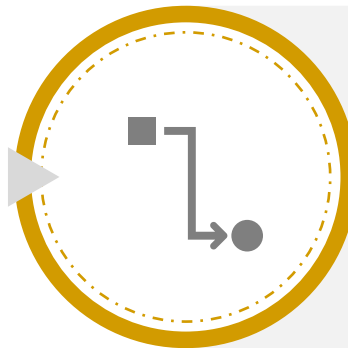
Misprescribing

prescribing that involves incorrect dose, frequency, modality of administration or duration of treatment.



Overprescribing

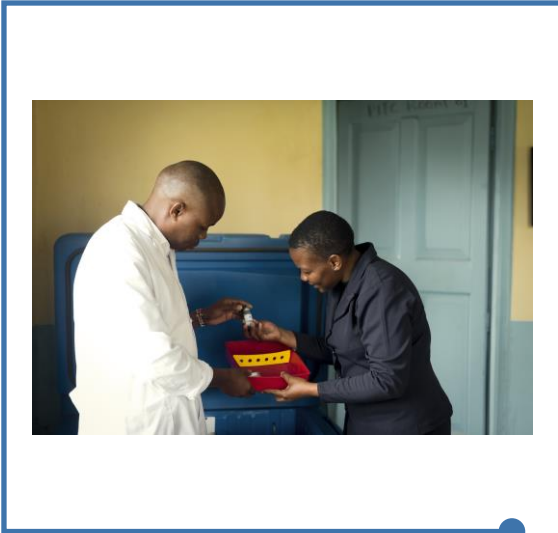
the prescription of medications for which no clear clinical indication exists.



Underprescribing

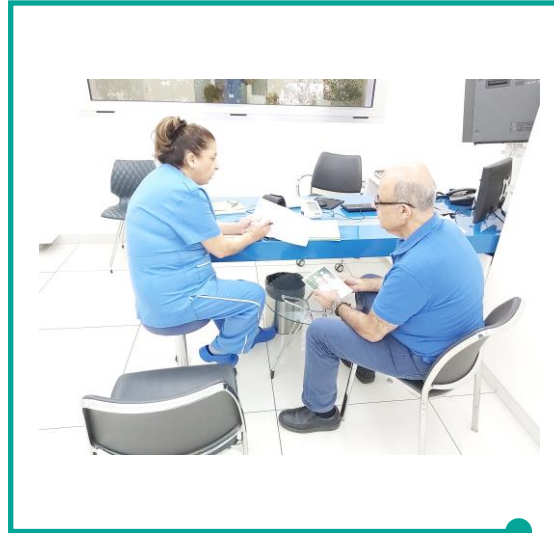
The omission of potentially beneficial medications that are clinically indicated for treatment or prevention of a disease.

Immunization



Physician

Some countries, immunization comes under the sole control of the physician.



Nurse

Countries like UK & Ireland, it falls under the responsibility of nurses, particularly those working in general practice or community settings.



Physician, Nurse Pharmacist

Many countries have a wide variety of health professionals who can manage immunization programs.

Formularies – “*to do or not to do, that is the question*”

1. The original purpose of formularies was to identify and designate drugs and therapeutics of choice to guide more rational prescribing.
2. Used to assess, teach and guide prescribing towards the most appropriate choices for effective, safe and cost-effective therapies.
3. It can also mitigate the risks posed by conflict of interest where the prescriber may be influenced by industry.

1. Often used to limit practice
2. Create artificial barriers and complexities to prescribers.
3. Many countries are trying to remove them.

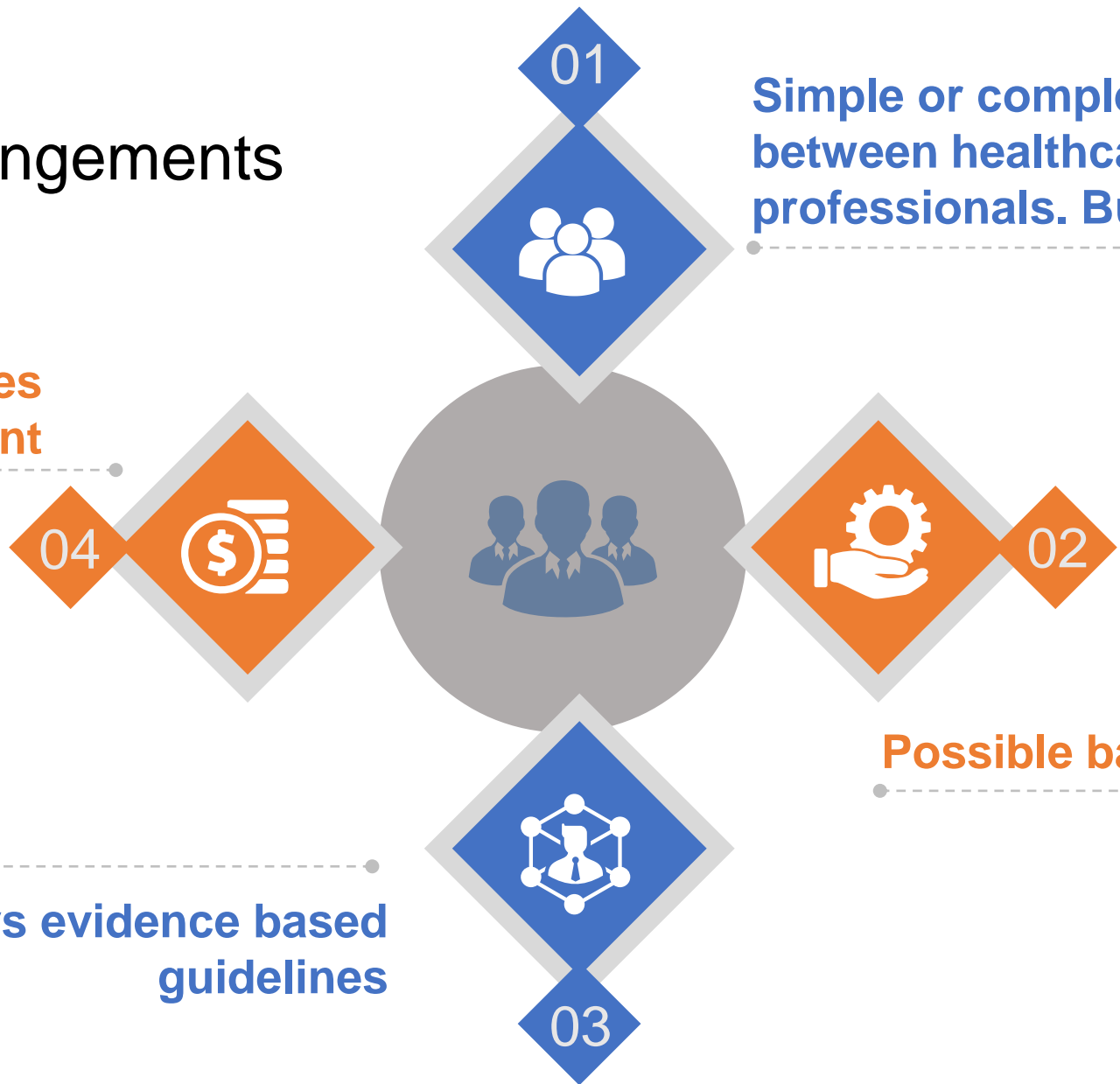
Collaborative arrangements

Potentially makes services inefficient

Simple or complex agreements between healthcare professionals. Built on trust.

Possible barriers to practice

Protocols vs evidence based guidelines

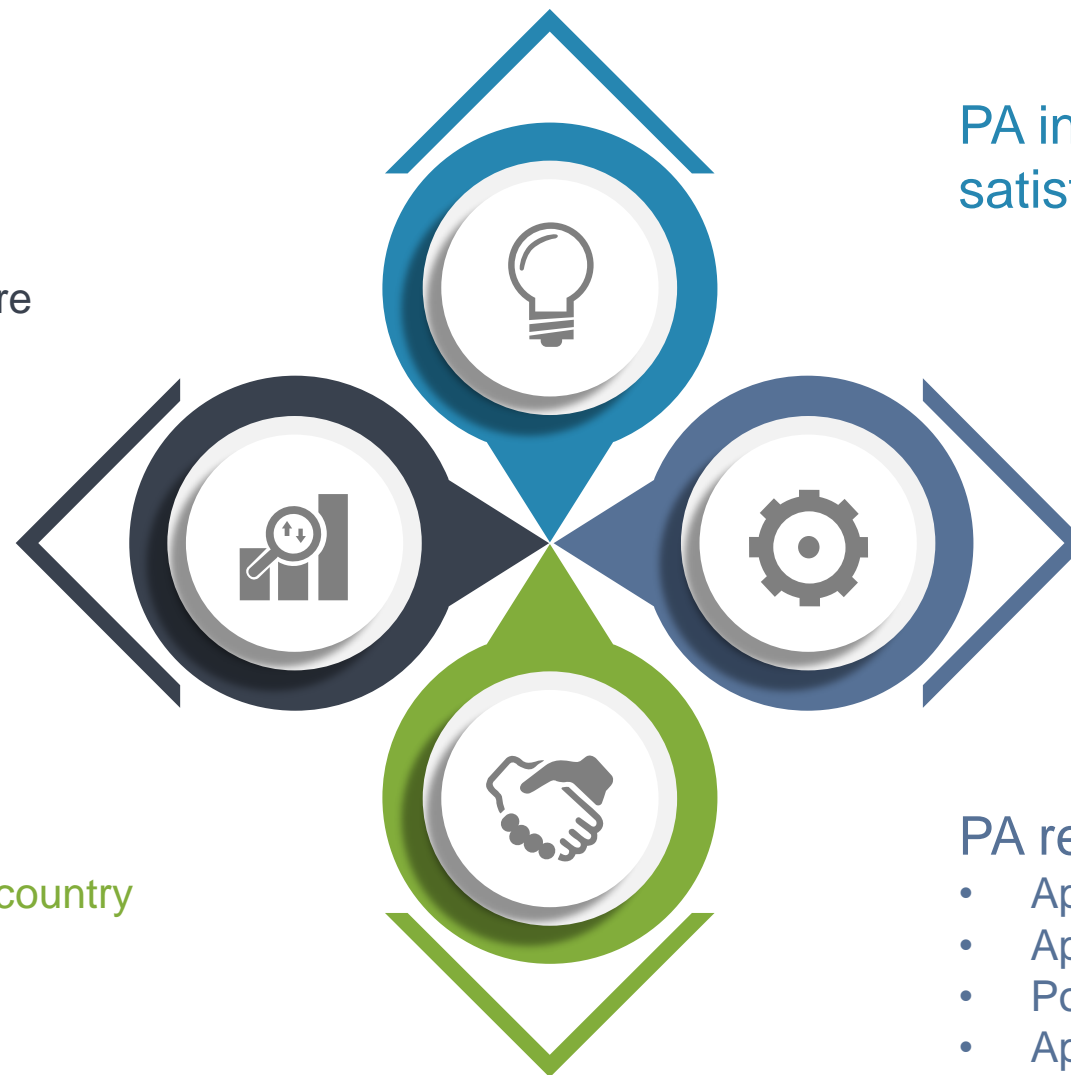


ICN Position on Prescriptive authority

PA can improve healthcare outcomes:

- Safe
- Promotes integrated patient care

PA increases professional satisfaction



Different approaches to PA

- Multiple models dependent on country context

PA requires

- Appropriate regulations and policies
- Appropriate governance structures
- Positive organizational culture
- Appropriate education and professional development



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A panoramic view of the Edinburgh skyline at sunset. The city is bathed in a warm, golden light. The Edinburgh Castle sits atop a hill in the center, with the Belfrage clock tower to its right. The Spire of St. Giles is visible on the far right. The sky is a mix of soft pinks, oranges, and blues.

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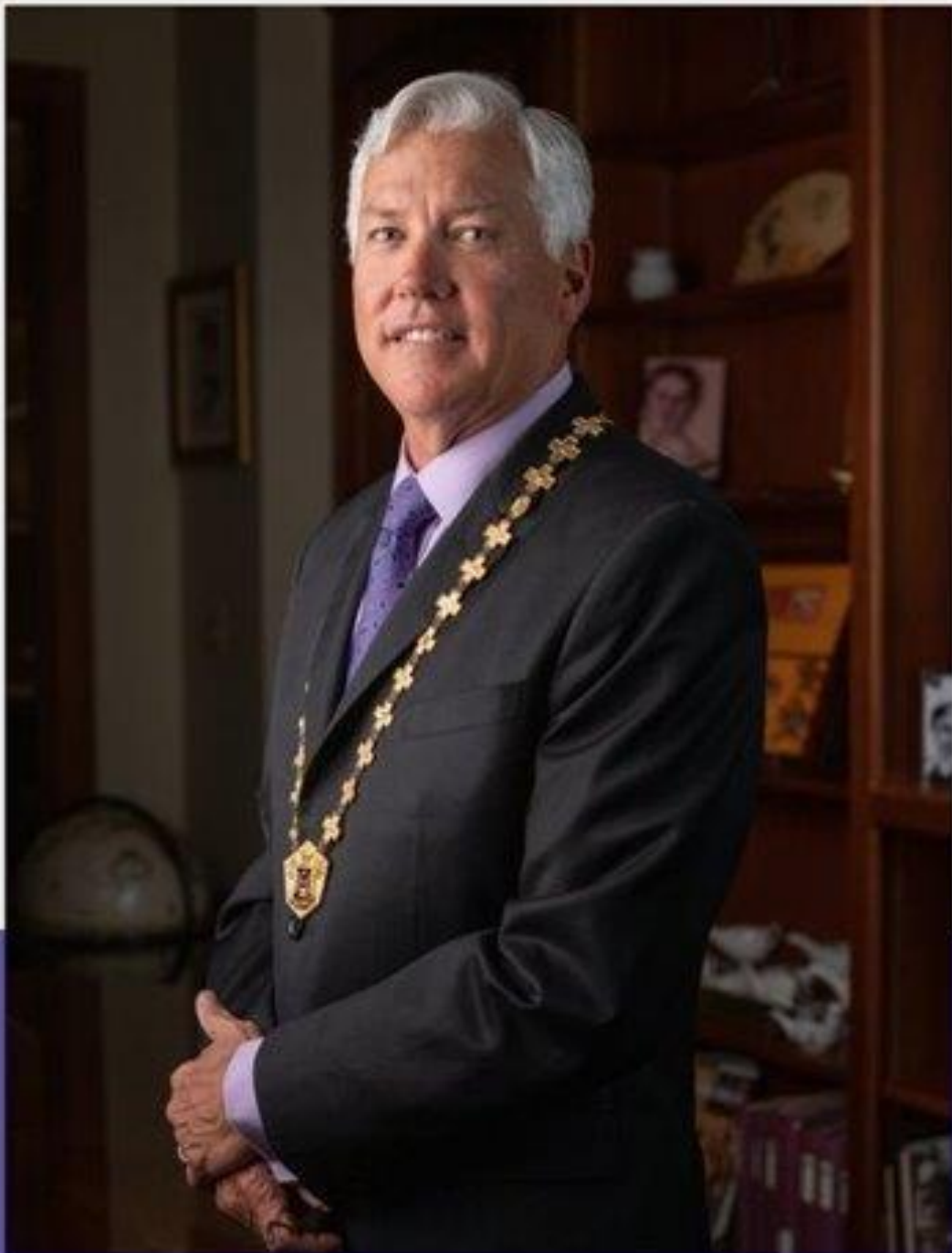
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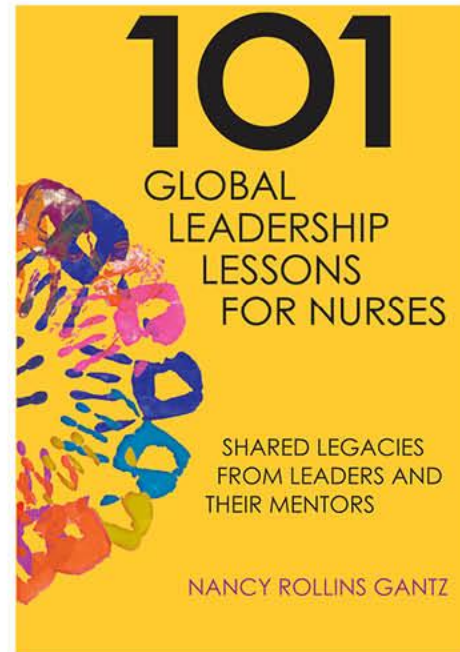
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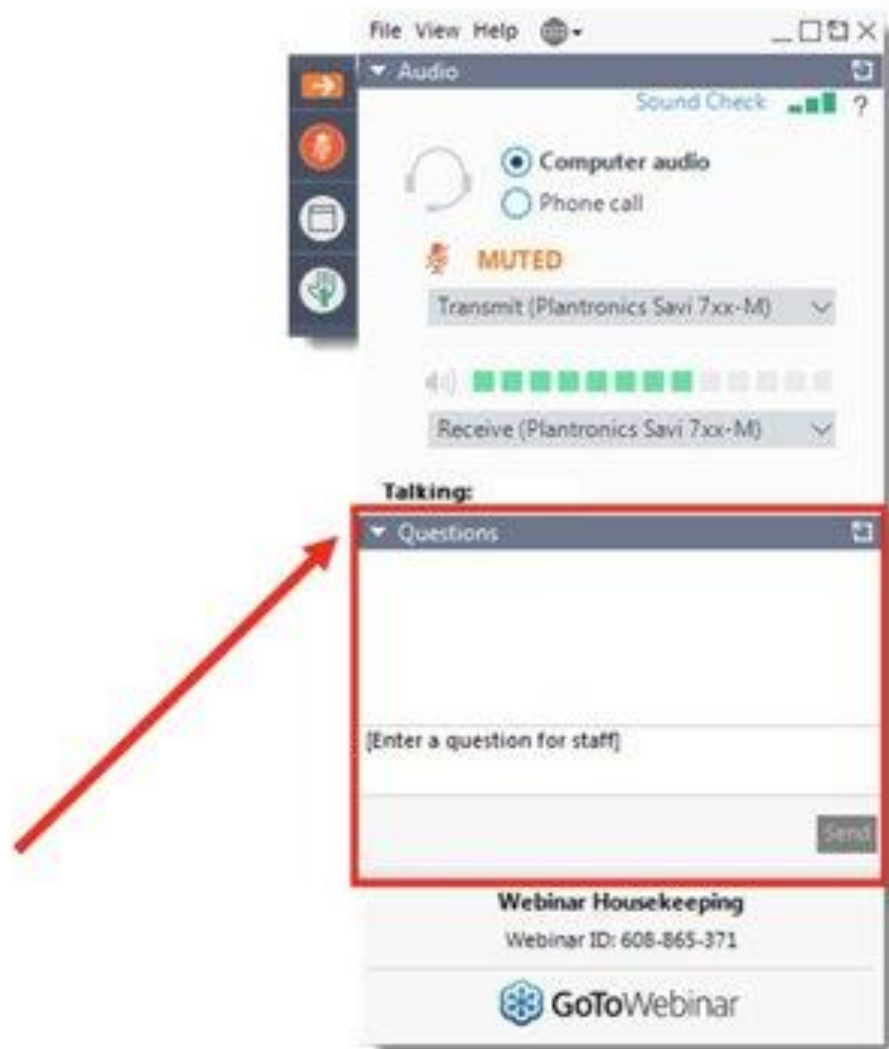
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