LAW AMENDMENTS COMMITTEE

Red Chamber, Province House

Monday, April 8, 2019

11:00 a.m.

Bill 119 - Builder's Lien Act (amended)

11:00 a.m.	1.	Duncan Williams, President and CEO *Construction Association of Nova Scotia*
11:15 a.m.	2.	Heather Cruishanks, Mechanical Contractor
11:30 a.m.	3.	Durck deWinter *General Contractors Alliance of Canada*
11:45 a.m.	4.	Jordi Morgan, Vice President, Atlantic *Canadian Federation of Independent Business*
12:00 (noon)	5.	Steve Ness, President Bob Sloat, Director of Business Development *Surety Association of Canada*

Bill 121 - Nursing Act

12:15 p.m.	6.	Jason MacLean, President *NSGEU*
12:30 p.m.	7.	Dr. Mike Wadden *Doctors Nova Scotia*
12:45 p.m.	8.	Janet Hazelton, President *Nova Scotia Nurses' Union*
1:00 p.m.	9.	Sue Smith, CEO Transitional Executive Director *College of Registered Nurses of Nova Scotia* Charmaine McPherson, PhD RN President *College of Registered Nurses of Nova Scotia* Jason Reeves, LPN *College of Licensed Practical Nurses of Nova Scotia*

Bill 136 - Financial Measures (2019) Act

1:15 p.m.	10.	Gayle Collicutt
1:30 p.m.	11.	Wendy Lill, Chair *Community Homes Action Group*
1:45 p.m.	12.	Jodi Brown
2:00 p.m.	13.	Vince Calderhead
2:15 p.m.	14.	Alec Stratford, Executive Direcor/Registrar *Nova Scotia College of Social Workers*

Bill 121 - Nursing Act (continued)

2:30 p.m.	15.	Shawna Boudreau
2:45 p.m.	16.	Patricia MacDonald
3:00 p.m.	17.	Heather Totten Teri Crawford Marjorie Hickey *College of Registered Nurses Formation Team*

Bill 133 - Human Organ and Tissue Donation Act
No representation

Bill 135 - Nova Scotia Power Privatization Act (amended) and Nova Scotia Power Reorganization (1998) Act (amended)
No representation

Bill 139 - Income Tax Act (amended)
No representation

NSGEU

Notes for a Submission

By

Jason MacLean
President
Nova Scotia Government & General Employees Union

To the Law Amendments Committee
On Bill No. 121

Nursing Act
April 8, 2019

Introduction

Good afternoon.

Madame/Mr. Chairperson and members of the Committee - thank you for allowing me to speak to you today about Bill 1217 – the Nursing Act.

My name is Jason MacLean and I am President of NSGEU.

The Nova Scotia Government and General Employees Union (NSGEU) is the largest union in the province representing approximately 31,000 workers across the public sector in the provincial government, corrections, public schools, community colleges, universities, municipalities, community organizations and of course health care.

The NSGEU represents over 3,500 Licensed Practical Nurses, Nurse Practitioners and Registered Nurses. The care, support and professionalism of these dedicated people is crucial to the performance of the health care system.

On behalf of our members I would like to thank Government, the College of Licensed Practical Nurses and College of Registered Nurses for allowing us to provide input into this piece of legislation.

Sue Smith, as Transition Executive Director for both colleges deserves much credit for showing key leadership throughout this process.

I am pleased to note that most of the input and feedback we provided in the drafting of this legislation was incorporated in some fashion. It is our position that legislation greatly benefits from getting and incorporating input from those it will most impact.

It is a process that should be followed in all circumstances.

Meaningful consultation makes for better, more thoughtful, legislation.

As good as this legislation is in its intent, the current version before the legislature does leave room for improvements.

The NSGEU would suggest that the newly formed College should be able to take on systemic complaints about key issues, such as chronic nurse understaffing.

There is currently no mechanism for this and consequently it leaves individual nurses vulnerable or liable should something happen like providing a patient with the wrong medication.

We recently surveyed our nurses and 93 per cent said they believe patients are at risk due to nurse shortages.

Our nurses have provided a clear message – the system is in crisis.

Now I understand that there are some MLAs on this committee and in government who refuse to acknowledge the crisis exists. Those are the

ones right now preparing their talking points and key messages provided by their communications staff.

Those people wish to parse words and talk about challenges in the system and point to investments, good investments in infrastructure, that have zero impact to the senior who needs a long term care bed today.

Or the person who was sick enough to need an ambulance ride to the hospital only to be left in the hallway for up to 15 hours or more.

Or the nurse who tells us that it's only a matter of time before working short is going to result in an unnecessary death.

To cut through the political wordsmithing I looked up the definition of crisis. It is defined as – ***A time of intense difficulty or danger. A time when a difficult or important decision must be made.***

I can think of no better description of the current situation facing our health care workers, nurses and patients.

Our nurses routinely report to us, shift after shift, day after day, week after week of the intense difficulty and danger they, their colleagues, and their patients face due to the lack of working nurses.

I use the term working nurses as government likes to quote numbers of licensed nurses in the province, that while a compelling number does not tell the true story.

Licensed nurses does not mean they are actively working in a unit or on a floor in a hospital currently experiencing a nurse shortage.
In fact, I would ask the NSHA or Department of Health to release the number of nurses actively working in the Halifax Infirmary Emergency Department.

I believe it would tell a different story from the talking points and would allow for honest debate and discussion on possible solutions.

The Nursing Act and the newly formed College has a responsibility to act on this crisis and advocate for its new members. Many nurses are fearful that the current situation is putting their license at-risk.

This new legislation empowers the College to:

- Serve and protect the public interest in the practice of the profession;
- Subject to public interest, preserve the integrity of the profession; and
- Maintain the public and registrants confidence in the ability of the College to regulate the profession.

The NSGEU will strongly advocate, on behalf of our nurses, that the newly formed College must take action as both the public and the practice of the nursing profession are at risk.

As this government continues to disrespect nurses and reinterprets what it means to work overtime it only serves to force nurses out of Nova Scotia.

Young nurses are already feeling burned out. The current system is built on overtime – in 2018 more than $19 – million dollars was spent on registered nurse overtime. That is $15 – million dollars more than budgeted.

That same year nearly $3 – million was spent on overtime for L-P-Ns, when only $500-thousand was budgeted.

This has been a consistent trend since 2016.

Now the government, who oversees the NSHA, has made a bad situation worse.

By definition, a crisis requires difficult decisions be made. It is time for this government to start making decisions that will have positive impacts today.

The Nursing Act is a positive piece of legislation. But it is not a solution to what nurses and patients are experiencing every day.

It's time to put the talking points away and start to address the crisis in health care.

On behalf of our 3500 nurses, we appreciate this opportunity to speak with you, and I welcome your questions or comments.

Law Amendments Committee
Bill 121 – Nursing Act

Janet Hazelton, President, Nova Scotia Nurses' Union
April 8th, 2019

The Nova Scotia Nurses' Union is a professional union representing 7,300 Licensed Practical Nurses, Registered Nurses and Nurse Practitioners in Nova Scotia's hospitals, long term care facilities, adult residential centers, VON branches, primary healthcare practices and Canadian Blood Services centres. On behalf of the NSNU, I would like to thank the committee for the opportunity to speak to this important legislation.

I would like to start by congratulating the Colleges of Registered Nurses and Licensed Practical Nurses who helped develop this important and necessary legislation. The Bill sets the framework for the two colleges to merge and work as one in the province. Working side-by-side could allow for improved mutual appreciation for the contribution of all nurses to our healthcare system.

Nursing is a highly technical and advanced profession. It is also a dynamic profession. Over the past 50 years we have witnessed tremendous changes to nurses' scope of practice including the introduction of Nurse Practitioners and advancements to their capabilities, greater authority and responsibility for Registered Nurses, and the growth of licensed practical nursing into a unique nursing designation with an independent scope. These changes have been positive, but they have also been very difficult, in part due to the legislation governing the nursing profession. We believe this new bill provides greater flexibility to recognize the dynamic scope of the nursing profession, while also ensuring safeguards are in place, such as standards for consultation.

Importantly, the new legislation also removes the requirement for Nurse Practitioners to sign a collaborative practice agreement with a physician. Let me be clear. This does not in any way change the

standard that requires all nurses to practice collaboratively, an explicit requirement in nurses' standards of practice which are publicly available on the college websites. Removing this language helps clarify confusions around what Nurse Practitioners can do. It recognizes the broad and independent scope of practice of Nurse Practitioners, a vital group of nurses who are integral to the evolution of acute care, long-term care, home care and primary healthcare in our province. Nurse Practitioners have always consulted with physicians and specialists when required. This had nothing to do with the former collaborative practice agreements, and this practice will not change going forward.

Lastly, on behalf of the Nurses' Union, I would like to thank the nursing colleges for engaging in meaningful consultation leading up to the introduction of this Bill. I have had several conversations with the Colleges over the past several months, and I believe our concerns were given sincere consideration, and very often they

were remedied by changes to the language. For example, the Bill now ensures the governing board will always have at least one Registered Nurse and one Licensed Practical Nurse; unions will continue to be able to fully represent members dealing with college complaints; and large potential changes, like the addition of a new nursing designation, will only be done after significant consultation with the public and stakeholders. We truly appreciate the meaningful dialogue and exchanges we had with the Colleges, and we thank them for listening.

I thank the Committee for the opportunity to speak to this important piece of legislation. On behalf of the nurses of the Nova Scotia Nurses' Union, I encourage all members to support it.

For doctors. For health. For you.
Doctors Nova Scotia

April 4, 2019

TO: The Honorable Mark Furey
Chair, The Law Amendments Committee
Via the office of the Legislative Counsel, legc.office@novascotia.ca

RE: Bill 121: Nursing Act

Introduction

In September of 2018, representatives from Doctors Nova Scotia met with representatives of the College of Registered Nurses of Nova Scotia and the College of Licensed Practical Nurses of Nova Scotia to discuss a proposed new nursing act. We were advised that this act was intended to combine the regulatory efforts of both Colleges into one new nursing regulator for the province of Nova Scotia. We were educated on how this new legislation would impact the scope of practice of licensed practical nurses (LPNs), registered nurses (RNs), and nurse practitioners (NPs).

Doctors Nova Scotia was very appreciative of the opportunity to learn of the proposed changes arising from the re-write of the two existing statutes. We learned about the respective colleges' legislated accountability to the public and their priority to ensure that the interests of Nova Scotians were maintained as their top priority, as well as how the proposed new act would enable the new nursing regulator to remain current, relevant and nimble in the future as the needs of Nova Scotians evolve. Doctors Nova Scotia supports this initiative and applauds the nursing profession for organizing itself in this fashion. This is no small task and exemplifies the collaborative alignment that our health-care system so dearly needs.

The concerns we are bringing forward to the Law Amendments Committee are specific to removing from legislation the requirement that NPs collaborate with physicians to provide optimum patient care. We believe this change is unnecessary, that it devalues the importance of collaboration between providers and, most importantly, that it may negatively impact patient care.

Let us say up front that this is not about territorialism. Almost all physicians in Nova Scotia work very collaboratively with other health-care providers. Many work directly with NPs and can personally attest to the value NPs bring to the system. We firmly believe that there is an important place within our health-care system for all providers. We believe even more firmly that effective collaboration is essential. Our concerns with Bill 121 relate solely to the issue of enabling effective collaboration between providers.

Collaboration between Physicians and Nurse Practitioners

Primary care is the backbone of Nova Scotia's health-care system. It is the first place people go for health care or wellness advice and programs, the treatment of a health issue or injury, and diagnosis and management of a health condition.

Having access to primary care is an important way to improve the health of Nova Scotians and to create a more sustainable health-care system. Creating an environment where all Nova Scotians have access to primary care will require our health-care system to evolve. Primary care teams, with a variety of providers

working together to support community health needs, are a critical part of that evolution. Collaboration between physicians and nurse practitioners, and a variety of other health-care providers, is essential to the success of those teams to ensure optimal care for Nova Scotians.

There are several enablers to successful collaboration. Chief among them are formal established relationships between providers and the development of trust and confidence in one another's clinical skills. Bill 121 proposes to remove language from the current *Registered Nurses Act* that requires NPs to establish a relationship with a physician or group of physicians. It is the considered view of DNS that removing that requirement could undercut effective collaboration between physicians and NPs and negatively impact continuity of care

The current *Registered Nurses Act* contains a definition of "collaborative practice":

> 2 (d) "collaborative practice" means a relationship among a nurse practitioner, a physician or group of physicians, an employing organization and other health professionals who are relevant to the nurse practitioner's practice, that enables the health-care providers in this relationship to work together to use their separate and shared knowledge and skills to provide optimum client-centered care in accordance with standards of practice for nurse practitioners and the guidelines for collaborative practice teams and employers of nurse practitioners approved by the College;

It also defines the "practice of a nurse practitioner" as:

> 2 (ak) "practice of a nurse practitioner" means the application of advanced nursing knowledge, skills and judgment in addition to the practice of nursing in which a nurse practitioner in collaborative practice may, in accordance with standards for nurse practitioners, do one or more of the following: ...

Having pre-determined collaborative relationships between NPs and physicians facilitates optimal and efficient patient care. That established relationship means that a patient has a clear path to and from a physician and NP when either party reaches the top of their scope of practice and requires a hand-off or needs support. Without a formalized relationship, patient care may suffer. At the point when a provider hands off care of a patient to another provider, the trigger is often that the patient's condition is serious and beyond the scope of the first provider. Those hand offs should not cause delay or gaps in care; there should be a smooth, quick and predetermined relationship to support those very ill patients. The current *Registered Nurses Act* language necessitates and supports a formalized relationship. Bill 121 does not.

At Doctors Nova Scotia, we understand that establishing new – and strengthening existing – primary care teams is a key priority for the Nova Scotia government and the Nova Scotia Health Authority (NSHA). Doctors Nova Scotia has been advocating for several years for improved structures to support physicians in working collaboratively with health-care providers such as nurse practitioners and has developed a tool kit to support primary care physicians in transitioning to team-based primary care.

We believe that this is the time to reinforce messages that support all health-care practitioners in collaborating with one another, rather than changing that obligation or removing it altogether in legislation, as Bill 121 proposes. The current Act requires a mutual commitment by all collaborating partners to one another and to their collective patients. This could be enhanced or strengthened, but at the very least it should be maintained. Removal of this requirement is contradictory to the strategies of the Nova Scotia Health Authority and the directions of other allied health professions, including physicians.

It is worth noting, that the rules governing physicians in Nova Scotia have recently enhanced and strengthened the

importance of collaboration with other health professionals, including nurse practitioners. The governance structures that regulate physicians and nurse practitioners are different, so there isn't an exact physician equivalent to the proposed nursing legislation. However, the College of Physicians and Surgeons of Nova Scotia is legislated to regulate physicians and adopt a Code of Ethics to govern physicians. To be clear, this code is above a standard, practice or policy. In fact, the College of Physician and Surgeon's s references the code as a foundational justification for their authority. To physicians, The Code of Ethics, as adopted by the College of Physicians and Surgeons, holds the weight of law. This code was updated in 2018 and expanded to a Code of Ethics and Professionalism. Aside from a minor revision in 2004, this was the first major revision since 1996. This revision enhanced and strengthened the importance of collaboration. It is worrisome to see the proposed legislation governing nurses is moving in the opposite direction away from physicians and allied health professionals in general.

Response from the Colleges

It is our understanding, as the Colleges shared with us at our briefing last fall, that they believe administrative barriers existed in their processes that delayed a nurse practitioner from being licensed and from being able to care for patients. The Colleges explained to us that removal of the legislated "collaborative practice relationship" requirement will help to remove barriers to full scope of practice for nurse practitioners. We disagree. We support NPs working to full scope, but we do not believe the current legislated requirement that NPs work within a "collaborative practice relationship" is a barrier to full-scope practice or to professional autonomy. We are not advocating for physician oversight. We are advocating for collaboration that enhances the ability of both parties to maximize the potential of their full scope of practice for the benefit of patients.

The justification provided by the Colleges for such a major change was that removal of this requirement and language from the proposed legislation was to address what was referred to as "administrative barriers to NPs practicing" (which we understand are related to challenges the College has with NPs' compliance with the College's protocols relating to 'confirmation' of a collaborative working relationship). If the genesis of this change relates to administrative challenges, we would argue that there must surely be solutions and streamlining opportunity within the administrative processes themselves, rather than removing a legislative requirement that exists to ensure NPs and physicians have pre-existing relationships in place to avoid any gaps in patient care.

A recent report on health workforce oversight in Ontario* discusses how each health profession is regulated separately by a college and often by separate legislation which can lead to an uncoordinated and siloed approach to managing regulated health professions at a time when we are trying to build collaborative health-care teams. This report also notes that this siloed approach is a risk to collaboration and can lead to role confusion and a competitive environment among providers with overlapping scopes of practice.

Doctors Nova Scotia acknowledges the College's position that the expectation that NPs collaborate will remain unchanged as it is still articulated in the Nurse Practitioners Standards of Practice. However, our review of the NP Standards of Practice does not align with that assertion. While the current *Act* specifically outlines the expectation that nurse practitioners will work in collaboration with physicians and other relevant health professionals to provide optimum patient care, the Standards of Practice are far less specific (they include only a broad and generic expectation about "establishing collaborative relationships" but do not require a formal relationship with a physician). Furthermore, while amendment to a statutory requirement to collaborate requires an act of the legislature, Standards of Practice can, and do change over time. To illustrate our point, we note that the NP Standards of Practice, originally penned in 2002, has been revised six (6) times.In our view, an issue as important as the need for effective collaboration should remain in legislation, rather than being eligible for further dilution

to Standards of Practice that may ultimately remove the requirement for collaboration all together.

Conclusion

Doctors Nova Scotia does not object to combining the regulatory efforts of the College of Registered Nurses of Nova Scotia and the College of Licensed Practical Nurses of Nova Scotia into one new nursing regulator for the province of Nova Scotia. Nor do we object to nurse practitioners practicing autonomously within their full scope of practice, without oversight by physicians.

We do, however, have concerns that the proposed legislative change regarding collaboration will send an unintended message to other practitioners, such as doctors, social workers, mental health professionals and other providers, that nurse practitioners no longer need or value collaboration. By association, it may also send the message that the Nova Scotia government and the NSHA feel the same way, at a time both have expressed commitment to and value in the establishment of collaborative practice teams to better serve Nova Scotians. Most importantly, we fear that the removal of legislated formal collaboration could have a negative impact on continuity of care. Formal collaboration ensures all providers have made a pre-determined, planned, and mutual commitment to one another, and to their collective patients. It ensures if and when shared care, consultation or transition of care is needed, that there is a clear path for patients and providers. It guarantees that patients have access to the care they need, when they need it.

Therefore, we urge you to reconsider the decision to remove this important language about collaboration from Bill 121.

Sincerely,

Tim Holland MD, CCFP (EM)
President

* Waddell, K., Moat, K. A., Lavis, J. N., & McMaster Health Forum. (2017). *Evidence Brief: Modernizing the Oversight of the Health Workforce in Ontario* Retrieved from https://www.mcmasterforum.org/docs/default-source/product-documents/evidence-briefs/workforce-oversight-eb.pdf?sfvrsn=2

Enclosure

APPENDIX A

Following are the relevant excerpts from the current *Registered Nurses Act* and the current Nurse Practitioner Standards of Practice 2018. The current *Act* includes a specific expectation that nurse practitioners work in collaboration with physicians and other relevant health professionals to provide optimum patient care. Bill 121 will remove that requirement in favour of the Standards of Practice, but those Standards do not include any specific requirement to work in collaboration with physicians; they include only a broad and generic expectation about "establishing collaborative relationships". In addition, as noted above, the Standards can be revised at any time without involvement of the Legislative Assembly.

Registered Nurses Act

2 (d) "collaborative practice" means a relationship among a nurse practitioner, a physician or group of physicians, an employing organization and other health professionals who are relevant to the nurse practitioner's practice, that enables the health-care providers in this relationship to work together to use their separate and shared knowledge and skills to provide optimum client-centered care in accordance with standards of practice for nurse practitioners and the guidelines for collaborative practice teams and employers of nurse practitioners approved by the College;

2 (ak) "practice of a nurse practitioner" means the application of advanced nursing knowledge, skills and judgment in addition to the practice of nursing in which a nurse practitioner in collaborative practice may, in accordance with standards for nurse practitioners, do one or more of the following:

(i) make a diagnosis identifying a disease, disorder or condition,

(ii) communicate the diagnosis to the client and health care professionals as appropriate,

(iii) perform procedures,

(iv) initiate, order or prescribe consultations, referrals and other acts,

(v) order and interpret screening and diagnostic tests, and recommend, prescribe or reorder drugs, blood, blood products and related paraphernalia,

and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to subclauses (i) to (v);

Nurse Practitioner Standards of Practice, 2018

Standard 5: Collaboration, Consultation and Referral

Nurse practitioners establish collaborative relationships with other health professionals. They initiate and accept consultations and referrals related to client care. Consultations and referrals may occur in person, by telephone, in writing or electronically, as appropriate to individual situations.

Nurse practitioners:

5.1 Communicate with the most appropriate health professional(s) for consultation or referral when clients' health care needs go beyond the nurse practitioner's individual or regulated scope of practice or when another professional's expertise is required.

5.2 Evaluate advice and recommendations for treatment from other health professionals.

5.3 Communicate recommendations from consultations or referrals with clients and appropriate members of the health care team.

5.4 Provide consultations and accept referrals from other health professionals when appropriate.