THE STANDARD OF CARE.

# An Emerging Partnership Model – Taking Action to Address Systems Issues in the Community

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### **Objectives**

- To identify key issues and trends of community based practice setting realities and how this information will be utilized to develop future learning tools and services.
- To increase knowledge related to how the regulatory body is working in partnership with the community to address their learning needs and build capacity in self regulation.



### **Vision**

Excellence in nursing practice everywhere in Ontario.

### **Mission**

To protect the public's right to quality nursing services by providing leadership to the nursing profession in self-regulation.

# CHNAC Standard 3.0 - Building Relationships

- Who is our 'Community'?
  - The Public
  - Sector Advisory Group
  - Networks
  - All Sector Advisory Groups
  - All departments within the CNO
  - All CNO members who work in Community Health
  - Entire CNO membership

# Standard 3.0 - Building Relationships

- Outreach incorporates principles of Standard 3.0
  - Respects & trusts the community's ability to know the issue they are addressing and solve their own problems
  - Maintains awareness of community resources, values
     & characteristics

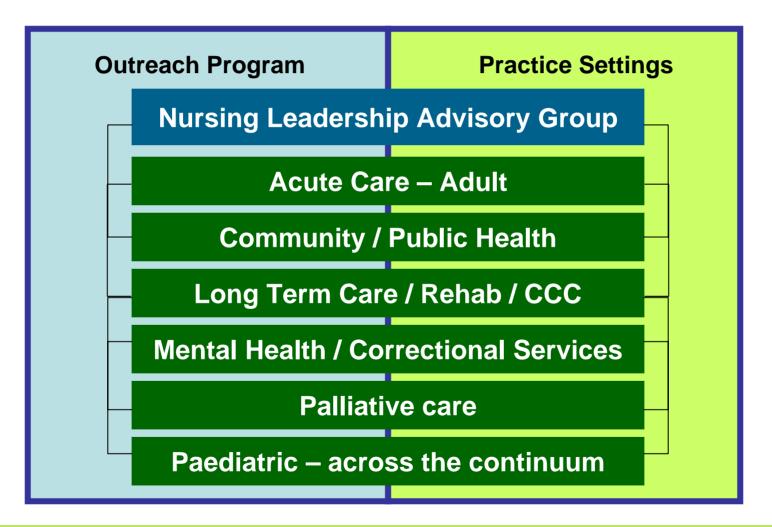
## **Outreach Program: Key Elements**

**Outreach Consultants** 

Sector Specific Advisory Groups

Nursing Leadership Advisory Group

# Reaching out to practice settings...



### **Outreach Consultant Focus**

- Develop and lead Sector Specific Advisory groups
- Identify yearly sector plan
- Link with Nursing Leadership Advisory Group
- Link with membership in Community/Public Health sectors
- Seek opportunities for collaboration with stakeholders and other members of Practice team
- Provide practice consultation based on expertise

# **Sector Specific Advisory Groups**

- A diverse group of nurses from all categories and roles who practice across Ontario
- Focussed on applications of the standards in their practice sector
- Seeking to understand issues at the systems level
- Six groups of committed volunteers representing over 100 different organizations!

# **Advisory Group Members**

RN's, RPN's and NP's working in:

- Public Health
- Home Health
- Community Health Centres
- Academia
- Occupational Health
- Rehabilitation Facility
- Telehealth
- CCAC
- Clinics (Hospital, First Nations, University)



# **Sector Advisory Group Role**

- Advise CNO, through the Outreach Consultants, of systems issues that facilitate or hinder nurses ability to practice according to the standards
- Work with the Outreach consultants to develop a yearly plan focussed on issues that are within the mandate of CNO
- Provide regular updates to managers, Nursing Councils and Professional Practice Leaders regarding outreach activities
- Share information from the sector groups with other networks and contacts

# **Benefits of the Sector Advisory Group**

- Information sharing among the many LHIN areas within the province (i.e best practices)
- The diverse membership offers expertise in a variety of clinical areas (ex. Home Health, Public Health, Occupational Health, Academia, etc.)
- Provides an opportunity to discuss emerging trends and issues within our sector
- Offers the opportunity to have active dialogue on topics brought forward by all members of the Advisory Group
- Provides the Advisory Group with current information to be communicated within their respective communities

# **Community and Public Health Initiatives**

- Documentation
- Scope of Practice
- Nurse Safety
- Transfer of Accountability

## Why did members join?

- Opportunity to work directly on issues of importance with other nurses across sectors
- Obtain knowledge and information
- Advocate for changes to policy/practice directions of CNO
- Bring "real life issues" of practice in the sector to the table for discussion and proactive resolution
- Provide deeper insight into sector wide issues and practice concerns
- Inform CNO of new, innovative approaches to nursing practice developing in our organizations

# Partnership and Collaboration

### **Opportunity to:**

- Hear and be heard
- Influence and be Influenced
- Learn and teach



## Who will I provide the information to?

As an Advisory Group member provide information to:

- Employer
- Colleagues

Information obtained is integrated into and influences:

- Decision-making
- Program Development
- Policy

# **Examples of Information Exchange**

- 1. Nursing Utilization
- 2. DNRC Form
- 3. Documentation
- Medication
   Administration



# Example of Information Exchange – Documentation Consultation

- Language: the current Standard uses clinical language (e.g., Kardex, treatment)
- Who is the client: the individual, group or community?
- Consent: what does consent look like at the group level or at the population level?
  - Anonymous service: how documented?
  - Nursing roles: other than at the bedside (e.g., liaison role)

#### What's available now.....

- The Learning Centre at <u>www.cno.org</u>
- Online Learning Modules
- Teleconferences or web-based meetings
- Consultations
- Practice Line 416-928-0900 x6397 or 1-800-387-5526
- Outreach consultants

### What do we foresee for the future?

- Sector wide input around practice issues resulting in enhanced development of standards to support nurses and clients
- Engagement and networking across sectors
- An understanding by the regulatory body of facilitators and barriers to application of nursing standards in Ontario
- Continuous quality improvement of CNO deliverables
- Working in partnership to promote protection of the public interest

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# **Outreach Program**

#### **Questions**

