



Photo: Mirel La Hoya

Bill 90, three years later

In June 2002, the profession enthusiastically welcomed the new field of nursing practice proposed in Bill 90. Where do we stand three years later?

Nurses in some fields have the impression that they are losing ground, and yet there is a crying need for specialist nurses, especially in oncology, infection prevention and psychiatry. Others feel that nursing skills have finally been recognized, but some consider that this has come with heavy responsibilities. Still others criticize us for not yet having settled the question of front-line nurse practitioners or because the new clinical activities reserved to nurses are not being applied everywhere quickly enough.

The adoption of Bill 90¹ was made possible by collaboration among 11 orders—an unheard-of consensus in the professional world! Accused of impeding advances in professional practice and the necessary reorganization of clinical services in the healthcare system, the various orders took steps to recognize the need for flexibility in assigning professionals, with the goal of improving access to services and encouraging interdisciplinary approaches. Whereas overly restrictive fields of practice acted as obstacles in the past, the new openness has encouraged the emergence of new functions. This new legislative framework is definitely allowing nurses to expand and diversify their roles.

Implementation continues

The adoption of Bill 90 was certainly a giant step forward, but its implementation has been more complicated than one might think. We expected the

new regulations on specialist nurse practitioners to be adopted in six months; as it happens, it has taken three years of co-operation with the Collège des médecins du Québec (CMQ) and the Office des professions du Québec (OPQ). Now that the regulations allowing nurse practitioners to practise in neonatology, nephrology and cardiology are close to being adopted, the way has been paved for other specialities. Still, the support of the other medical associations concerned will be needed before the necessary regulations allowing these new specialists to begin practising can be adopted.

Advanced practice (section 36.1 of the *Nurses Act*) will continue to expand. The Minister of Health and Social Services is already looking into two other clinical fields, i.e. mental health and front-line services. There is a desperate need for mental health nurses, and integrating specialist nurse practitioners could improve care for patients with moderate mental health problems. Numerous experiments in Great Britain and the United States have shown the contribution that can be made by specialist nurse practitioners in this field, particularly since people with mental health problems are more likely to be affected by co-morbidity, issues related to ageing and physical health problems caused either by the mental illness itself or by its treatment.

1. Act to amend the Professional Code and other legislative provisions as regards the health sector (S.Q. 2002, c. 33).

Where front-line nurses are concerned, we entered into ongoing discussions with the Fédération des médecins omnipraticiens du Québec (FMOQ). We have agreed on collaborative arrangements between physicians and front-line nurses, in particular regarding collective prescriptions, likely to improve services in CLSCs and FMGs, for instance. This fall, the committee will look into ways of integrating front-line nurse practitioners.

Collective prescriptions are a crucial aspect of the new legislation, and the CMQ had asked physicians to wait for the relevant amendments to its regulation to be completed before starting to implement these new prescriptions. The new CMQ regulation took effect in late March 2005. Once again, discussions were lengthier and more complicated than we had expected.

After public health authorities and the FMOQ intervened, the CMQ publicly endorsed the idea of collective prescriptions that would allow nurses to begin prescribing oral contraceptives for the first few months of use. There were some difficulties convincing private pharmacies that nurses could select the contraceptive to be prescribed.

The new activities reserved to nurses concerning the initiation of diagnostic and therapeutic measures and adjustment of medication according to a collective prescription have been complicated by differing interpretations regarding their application on the front line, and misunderstanding of their true nature. We had to talk with the MSSS this year to ensure that a description of nursing activities for improving access to services and reducing waiting times would be added to the review of the emergency unit management guide (*Guide de gestion de l'unité d'urgence*).

I recently read in *La Presse* an account of how a patient at an emergency clinic in Montréal had to wait all night before getting an x-ray of his upper limbs, showing fractures in both arms. "Why not take an x-ray at the triage stage," he asked, "so that they could at least have given me some pain medication? And why not allow nurses to prescribe certain drugs, for the same reason?"² The changes to our field of practice were intended to avoid just this kind of situation. The delay in adopting collective prescriptions in emergency services is obviously harming patients, and I hope this situation can be remedied as soon as possible.

2. "Expérience traumatisante," *La Presse*, March 20, 2005, cahier A, p. 13. [translation]

Undeniable progress

Fortunately, in other fields our work over the past two years has borne fruit. I am particularly proud of our success in reaching an agreement with the Ordre des infirmières et infirmiers auxiliaires on the scope of the nurse's authority in determining the therapeutic plan and also on the use of rules governing medical care by directors of nursing in institutions. This agreement between our two orders will contribute to better collaboration with nursing assistants. In addition, over the past two years the Office des professions du Québec has been working on defining the possible contribution of nursing assistants to intravenous therapy, as requested by Minister Monique Bégin when Bill 90 was adopted. The report should be released this fall.

The rapprochement between our order and public health authorities is another noteworthy benefit of the new legislation. Quebec's Immunization Protocol has been updated and a protocol for screening for sexually transmitted and blood-borne diseases prepared. Our profession is now fully involved in public health programs.

The Order has set up new control mechanisms for activities linked to invasive techniques. We have established training requirements for nurses who are to insert a central venous catheter via peripheral access, with the Order certifying the trainers. Furthermore, this fall we will be publishing a guide on arterial blood sampling and, sometime next year, a major publication on caring for wounds.

Although we have met with over 10,000 nurses in the past three years to explain Bill 90, it seems that it is being implemented only gradually and to varying extents in different fields. There are still many misunderstandings. One thing is sure: the legislation is a valuable lever for positioning our profession in the reorganization of services. Requests for nurses to take on new roles in meeting healthcare needs are flooding in from all sides.

Bill 90 has given rise to many expectations, but it is not a panacea. On the other hand, it can help nurses seize opportunities to practise their profession in more innovative ways and to improve services. But Rome, as we all know, was not built in a day! ●



Gyslaine Desrosiers
President