The Role of the Nursing Regulator in Safe Controlled Drugs and Substances Prescribing and Harm Reduction

Guidance for Regulators of Registered Nurses and Nurse Practitioners

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Contents

CCRNR Guidance Working Group

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Introduction

Nursing is the largest regulated health profession in Canada with registered nurses and nurse practitioners representing the majority of this workforce (Canadian Institute for Health Information, 2013; 2015). As such, nurses are consistently at the front lines in dealing with the spectrum of impact associated with opioid use across the lifespan including its effects on children and families, management of co-morbidities, and supporting community harm reduction and client recovery efforts.

Health professions regulators charged with protecting the public hold significant responsibility in developing, adapting and setting policy priorities that are responsive to changing health system needs and rapidly evolving practice. Acting as leaders in benchmarking policy direction on nursing scope of practice, professional accountability and standards of practice, regulators of registered nurses and nurse practitioners must balance the use of the best available evidence with the socio-political landscape and legal obligations.

The regulator is one stakeholder in a complex environment where multiple stakeholders are collaborating on solutions to the opioid crisis. The current epidemic of opioid use in Canada highlights the position of the regulatory role at the intersection of the individual nurse, health systems and government, illustrating the requirement of a nationally consistent understanding of how these pieces fit together in the interest of public protection. It is through this public protection lens that nursing regulatory bodies across Canada have been involved in ongoing policy research and deliberation to address safe prescribing and harm reduction practices, including participation in national, provincial and territorial initiatives. Under the direction of CCRNR, collaborative working groups have developed consistent policy approaches to the touchstones informing safe prescribing and harm reduction practices, including nurse practitioner controlled drugs and substances (CDS) prescriber education and registered nurse and nurse practitioner entry-level competencies.

This document builds on knowledge developed through previous national work, presenting evidence-informed guidance for regulators of registered nurses and nurse practitioners. Its intention is to support the implementation of a consistent and standardized approach to addressing the regulatory policy elements associated with opioid use and harm reduction, including:

1. Controlled drugs and substance prescribing for nurse practitioners;
2. Entry-level and remedial education on prescribing competencies for nurse practitioners;
3. Education and practice with respect to harm reduction;
4. Utilization of electronic pharmacy management e-systems supporting medication reconciliation;
5. Monitoring of prescribing and quality assurance; and
6. Entry-level competencies for registered nurses including ways to support effective pain management and limit abuse potential.

Document Structure and Guidance Development

Guidance is structured in the form of recommendations, organized by category and key element with accompanying evidence and rationale.

Categories include the six descriptors presented above. Key element refers to the specific aspect of focus for the presented recommendations within each category.

The development and evolution of recommendations occurred through an iterative process undertaken by the CCRNR guidance working group, including application of the evidence framework described below and consensus building to structure and revise proposed recommendations.

Evidence Framework

The evidence framework informing the presented recommendations is adapted from the Centre for Disease Control's (CDC) Framework for Thinking about Evidence (CDC, 2013a; b). It considers evidence in three contexts deemed important to informing the elements of nursing regulatory policy and practice.

Best Available Research Evidence: refers to evidence derived through a process of systematic and/or scientific inquiry informing on the outcomes of an intervention, practice, program or policy. Considered in the context of quantity, quality and design it provides support for proposed decisions and recommendations.

Contextual Evidence: evidence based on factors addressing whether a proposed strategy or intervention is useful, feasible to implement and accepted by a particular community. Examples of data collection sources include focus groups, surveys and interviews.

Experiential Evidence: evidence based on the real-world experience and expertise of professionals and subject matter experts, considering insight and understanding accumulated over time.

Recommendations and Evidence

Controlled Drugs and Substances Prescribing for Nurse Practitioners		
Key Element	**Recommendations**	**Evidence or Rationale**
Standards and guidance	Nursing regulators should consider: Providing direction to nurse practitioners on CDS prescribing in the form of regulatory standards and/or guidance. Including in that guidance, information encompassing: • reference to best practice • educational requirements • medication reconciliation and review • utilization of available electronic pharmacy management e-systems prior to prescribing, where available	Regulatory standards/guidance identify the minimum expectations for practice set by the regulator. They hold regulatory force over other policy documents and as such illustrate the depth of responsibility and accountability required to participate in an aspect of practice. Requirements articulated in standards and guidance reflect the application of a systematic policy process considering best available research evidence, socio-political concerns and comprehensive expert and stakeholder consultation.
Competencies	Nursing regulators should consider: Continuing to make evidence informed decisions related to the development of entry-level competencies for CDS prescribing. That entry-level competencies serve as a foundation for: • assessment, measurement and evaluation in nurse practitioner practice • education programs and exam development; and • quality assurance and continuing competence outcomes	Under CCRNR (2015), following a national NP practice analysis, new entry-to-practice competencies related to CDS were identified. These include: • determining the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections); and • applying strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion Prescribing competencies are a foundational component in the development of evidence-based legislation and regulatory initiatives addressing advanced nursing practice (Klein & Kaplan, 2010; Klein, 2011). Controlled drug prescribing presents a significant level of risk requiring complex decision making. As such, competencies should build on those developed for

Controlled Drugs and Substances Prescribing for Nurse Practitioners		
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		other aspects of prescribing (Wainwright et al. 2016). In medical education, experts are making strong recommendations that substance abuse, addictions and pain management competencies be integrated into graduate medical programs (Suzuki et al. 2014; Kunins et al. 2013; Lavingne, 2016). Training recommendations include providing: • trainees with an appropriate network of experienced faculty • a system supporting the development of desired clinical skills and behaviours • multiple opportunities to practice skills and behaviours • didactic and experiential curricula, in addition to personalized feedback
Education	Nursing regulators should consider: Setting expectations that nurse practitioners who have not attained controlled drug prescribing competencies through entry-level education complete additional education. The application of CDS prescribing competencies in remedial education and assessment processes. That education for controlled drug prescribing encompass: • CDS jurisprudence • epidemiology of misuse and addiction • indications for prescribing and pharmacotherapy for all CDS classes • comprehensive treatment plans (e.g. evidence-informed strategies	Controlled drug prescribing holds significant legal, ethical and societal implications. Education is identified as one of the most effective methods of preventing medication errors (e.g. improper drug selection or dosing, drug reactions and interactions) and one of the most appropriate methods of changing how health care providers assess and treat pain. As such, education must encompass the knowledge, skill and ability to prescribe across a range of contexts, address individual and health system risks and requirements, as well as professional obligations (Kohr & Sawhney, 2005; Chiauzzi et al. 2011; Lum et al. 2013; National Advisory Committee on Prescription Drug Misuse, 2013; National Prescribing Service, 2012; Klein, 2011). Through extensive literature and policy review completed by CCRNR's CDS working group, three courses are recommended at a national level. These

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	for assessing, monitoring and managing risks) • strategies to identify and mitigate controlled substance misuse, addiction and diversion • objective and credible evidence-informed resources to support practice • ethical considerations (e.g. initiation and discontinuation of CDS) • misconceptions and client stigmatizations	courses are found to meet and assess unique controlled substances competencies to support safe, effective and ethical prescribing of controlled substances by NPs (Cooke et al. 2013). A systems approach to remediation acknowledges the spectrum of behaviour, cognition and intent affecting competence and the need for regulators to provide transparent and consistent disciplinary decisions (Russel & Radtke, 2014). Globally, multiple health professions use competencies in clinical domains where patient care is provided to assess safety to practice, including measurement of educational outcomes, clinical competence, and readiness to re-enter practice. As such, they are part of a holistic assessment of practitioner skill and should therefore be part of a multimodal assessment process (Wainwright et al. 2016).

Education and Practice Related to Harm Reduction		
Key Element	**Recommendations**	**Evidence or Rationale**
Standards and guidance	Nursing regulators should consider: Providing direction to nurse practitioners on opioid agonist treatment prescribing in the form of regulatory standards or guidance that includes: • reference to best practice guideline(s); and • education requirements	When combined with the force of regulatory direction, education requirements identified by the regulator indicate to practitioners and employers the minimum conditions for carrying out an intervention in the interest of public protection. Practice guidelines serve as a synthesis of the best available evidence in the context of application to practice. Minimum requirements for guideline utilization by practitioners enables consistency in and across practice settings and sets benchmarks for actioning competency development and remediation.
Education	Nursing regulators should consider: Setting expectations that nurse practitioners complete additional education to acquire the competencies to prescribe opioid agonist treatments, including both theory and application to practice. Identification of education and resources to support harm reduction competence development. That opioid agonist prescribing education encompass: • principles and methods of harm reduction • understanding substance use disorder • community resources • harm reduction strategies for opioid use disorder Identification of education and resources to support harm reduction competence development. Educating professionals and the public on registered nurse involvement in	The need for competency development and training of practitioners is identified across the evidence on substance use disorder education. Opportunities for mentorship, consultation and role-modelling are viewed as essential to the development of provider proficiency (Wakeman et al. 2013; Whitley et al. 2010). Specific education in opioid agonist prescribing is identified as a need even by those with dedicated addictions training at entry-to-practice, such as through medical residency programs (Kunins et al, 2013; Suzuki et al. 2014) In relation to buprenorphine prescribing, the number of education activities completed demonstrates independent association with practitioners taking increased steps to reduce diversion (Yang et al. 2013). Registered nurses play a critical role in reducing the adverse effects of opioid use disorder and in supporting clients and families in wellness and recovery efforts, including, but not limited to:

Education and Practice Related to Harm Reduction		
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	harm reduction as it relates to scope of practice and professional expectations.	• supplying, administering and dispensing medications (e.g. Naloxone) • providing client and family education • overdose prevention, intervention and aftercare • initiating health promotion interventions Facilitating an understanding of the role of the registered nurse in harm reduction increases the probability and opportunity of registered nurse involvement in activities directly impacting public protection in this context (Lightfoot et al. 2009).

Electronic Pharmacy Management and Medication Reconciliation		
Key Element	**Recommendations**	**Evidence or Rationale**
Medication Reconciliation	Nursing regulators should consider: Prescribing guidance that includes expectations for practitioner participation in medication reconciliation processes at point of care. For example, completing a best possible medication history (BPMH).	Poor medication management is identified as one of the foremost contributors to patient safety concerns in primary care, second only to missed or delayed diagnosis (Kingston et al. 2010). Medication reconciliation, including the performance of a BPMH is considered a global best practice in mitigating inappropriate prescribing and preventing the harms associated with adverse drug events (Accreditation Canada, 2013; ISMP, 2017; Leigh & Flynn, 2013; Petty, 2012; World Health Organization, 2014).
Access to pharmacy e-systems	Nursing regulators should consider: Where a pharmacy e-system is in place, all prescribers should have access. Articulation of expectations for the use of pharmacy e-systems in daily prescribing practices within standards or guidance to prescribers. Where electronic pharmacy systems are not established, the regulator collaborates with system partners in their development and in enabling prescriber access to them.	Having access to a patient's complete prescription history at point of care contributes to a comprehensive risk assessment, including: • providing evidence of prescription misuse • providing timely information to a prescriber or pharmacist about a patient's controlled prescription substance history • identification of inappropriate prescribing or dispensing practices (National Advisory Council on Prescription Drug Misuse, 2013; Smolina et al., 2015; Sproule, 2015; BC Centre for Excellence & CIHR, 2015) The Institute for Safe Medication Practices (ISMP) identifies that up to 18% of serious, preventable adverse drug events stem from practitioners not having enough information about the patients before prescribing, dispensing and administering medications. Up to 29% of prescribing errors are thought to be directly associated with inadequate patient information, particularly the

Electronic Pharmacy Management and Medication Reconciliation		
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		prescribing of narcotics and antimicrobials (ISMP, 2009). The use of pharmacy e-systems is considered a vital component to safe prescribing. Quality impacts of their use in Canada affect five key areas influencing patient safety, health system quality and practitioner productivity (Canada Health Infoway, 2010): 1. reduced adverse drug events 2. decreased medication abuse 3. improved medication compliance 4. increased patient and provider satisfaction; and 5. more timely access to information

Prescription Monitoring and Quality Assurance		
Key Element	**Recommendations**	**Evidence or Rationale**
Regulator Role in Prescription Monitoring	Nursing regulators should consider: The establishment of or participation in a prescription monitoring program or process, including the following components: • commonly agreed upon indicators • consistent protocols for follow-up with registrants/members and actions for remediation The use and evolution of indicators for safe prescribing and subsequent monitoring activities in the context of all prescribers. Active participation in prescription monitoring to support continuing competence and reduce high-risk prescribing.	Prescription monitoring programs are among those strategies with the most evidence in curbing inappropriate prescribing, use of multiple providers, preventing diversion and increasing overdose prevention responses (Sproule, 2015). Best practice suggests the optimal approach to prescription monitoring includes (Smolina et al. 2015; Sproule, 2015): • a common table for all prescribers • commonly agreed upon indicators; and • the availability of encrypted information to relevant stakeholders for educational, research and statistical purposes
Continuing Professional Development	Nursing regulators should consider: Where relevant, the inclusion of activities specifically addressing CDS prescribing and harm reduction within quality assurance and continuing competence programs.	Engagement in life-long learning and continuing professional development serves as a critical facilitator in the provision of safe, competent, ethical care. In the context of opioid agonist and other CDS prescribing, providers are viewed by clients as taking on a central role that includes psychosocial support as well as medical supervision. Providers are expected to be clinically knowledgeable, provide accurate information and offer treatment provision that is individualized, while also stating abreast of changes in laws regulatory guidelines and policies (McMullen & Howie, 2011; Vanderplasschen et al. 2014). As such, a high level of education and experience is required to address the range of issues encountered in daily practice; compelling development and refinement of

Prescription Monitoring and Quality Assurance		
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		competence over time, including opportunity for reflection and identification and evaluation of learning needs, goals and achievements (Canadian Centre on Substance Abuse, 2014 a, b; Rush et al. 2013; Drug and Alcohol Nurses of Australasia Standards and Competencies Reference Group, 2010).

Registered Nurse Competencies		
Key Element	**Recommendations**	**Evidence or Rationale**
Effective pain management	Nursing regulators should consider: Continuing to make evidence informed decisions related to the development of entry-to-practice competencies for providing effective pain management. That entry-level competencies serve as a foundation for: • assessment, measurement and evaluation in registered nursing practice • education programs and exam development; and • quality assurance and continuing competence outcomes	Under a national jurisdictional collaborative project, entry-to-practice competencies related to pain management have been identified (CCRNR, 2012) These include that the entry-level registered nurse: • demonstrates a body of knowledge from nursing and other disciplines concerning current and emerging health care issues (e.g., pain prevention and pain management) • implements evidence-informed practices of pain prevention and pain management with clients while using pharmacological and nonpharmacological measures • provides pain and symptom management, psychosocial and spiritual support, and support for significant others to meet clients' palliative care or end-of-life care needs The management and treatment of pain is encountered by nurses across practice settings, including prevention, screening, assessment, patient and provider education and the promotion of evidence-based practices. This requires that students obtain the competencies to assess, treat and manage pain across populations and practice settings at entry-to-practice (Herr et al. 2015). The experience of severe pain is higher amongst those with substance use disorder and pain in this population is more likely to be underestimated and undertreated by health care professionals. As such, embedding core competencies addressing pain management and giving consideration to pain in the context of opioid use and substance use disorder is essential to ensuring that nurses have a foundation

Registered Nurse Competencies		
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		on which to effectively manage pain and enhance clinical skills (Morley et al. 2015; Herr et al. 2015; Krokmyrdal & Andenæs, 2015). Nursing efficacy in pain management, including patient and family education is contributory to preventing misuse and abuse of opioids and other controlled drugs and substances (Costello & Thompson, 2015).

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