Les ordonnances collectives applicables en première ligne
La Loi 90 a établi la notion d’ordonnance collective, c’est-à-dire des ordonnances applicables à des groupes de personnes visés ou à des situations cliniques particulières. Les hôpitaux avaient anciennement des ordonnances permanentes, mais la portée des ordonnances collectives est beaucoup plus vaste. Fait à noter, il devient possible d’y recourir en première ligne en vertu de l’article 36 qui stipule que l’infirmière peut « initier des mesures diagnostiques et thérapeutiques ». La mise en application des ordonnances collectives a été plus lente que je l’avais prévue. Il a fallu attendre la modification du règlement du Collège des médecins et échanger, pour ne pas dire négocier longuement, avec l’Ordre des pharmaciens pour arriver à s’entendre sur la portée de nos champs d’exercice respectifs et de nos activités réservées. Une entente multipartite est venue au cours de l’automne sur une ordonnance collective applicable en pharmacie communautaire, concernant l’activité « initier la contraception hormonale ». D’autres ordonnances collectives applicables dans les services d’urgence ont fait l’objet de travaux au Centre de coordination national des urgences. Enfin, cet hiver, une activité de formation conjointe OIIQ et Fédération des médecins omnipraticiens du Québec sera offerte aux centres de santé et de services sociaux et aux groupes de médecine de famille sur la collaboration médecin-infirmière et les ordonnances collectives.

Il ne m’est pas possible dans le cadre de cet éditorial de faire un bilan exhaustif des retombées de la Loi 90. Ce que je sais, c’est que la profession s’est mise en marche au lendemain de son adoption pour faire en sorte qu’elle ne soit pas un simple bout de papier sans rapport avec la réalité. Grâce à cette Loi, le cadre législatif de l’exercice infirmier au Québec est suffisamment ample pour permettre l’évolution de notre profession vers de nouveaux rôles ; il constitue une reconnaissance réelle du rôle de l’infirmière dans l’équipe interprofessionnelle. Au cours des trois prochaines années, l’Ordre entend saisir toutes les occasions d’assurer la mise en application concrète et complète de notre nouveau champ d’exercice et de nos nouvelles activités réservées jusqu’aux limites permises par la Loi 90.

Je vous souhaite une bonne année 2007.

La présidente,
Gyslaine Desrosiers

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Bill 90: Repercussions for all nurses

January 2007 is the fourth anniversary of the famous Bill 90,1 which ushered in a new field of practice and reserved activities for nurses.

The Order has worked hard since then to make sure that the new legislative provisions are applied in the workplace. It is one of our priorities. According to a survey of a representative sample of nurses conducted in June 2005 by Ipsos Décarie, 50% of OIIQ members had heard of the Bill and had a positive opinion of its impact. Nurses feel that the new field of practice and reserved activities give them greater independence and decision-making authority in their clinical practice.

The first specialized nurse practitioners
At our Convention in late October, the first 17 specialized nurse practitioners (SNPs) were presented with
their specialist’s certificates in front of some 1,200 nurses and 800 students. It was a very moving ceremony, and the standing ovation lasted several minutes. They agreed to meet the media, and their achievement was reported in both the written press and on television. I was proud of how far we have come. I told them it’s not easy to be a pioneer. These 16 women and one man will now be working in the spotlight, watched by specialist doctors, residents, other nurses and patients... all of them wondering whether they’ll be up to it. They have no choice but to be extraordinary!

I hope that they will be welcomed as warmly by other nurses in the field as they were at the Convention. To tell the truth, it gives me a little twinge when I think of my own graduation ceremony in 1972, at the Université de Montréal: there were only a few dozen of us who received our Bachelor’s degrees in nursing, and lots of people asked us whatever we thought we would do with them. The difference is doubtless that the first university-educated nurses slipped into healthcare institutions almost through the back door, whereas the arrival of these new SNPs has been hailed by the media.

In fact they have been dubbed “super-nurses,” a term that has raised eyebrows in a few quarters. I want to point out that the OIIQ has never used this term. Reporters came up with it a year or two ago. I think to point out that the OIIQ has never used this term.

term that has raised eyebrows in a few quarters. I want to point out that the OIIQ has never used this term. Reporters came up with it a year or two ago. I think

The introduction of specialized nurse practitioners in the Quebec health system brings us into line with international trends. There is no question but that these specialists will improve access to health care. It is also certain that this new role adds considerable lustre to the idea of nursing as a career and makes it more attractive. Lastly, the extensive media coverage they have received of late enhances nurses’ public image and reflects well on the profession in general.

The therapeutic nursing plan

You all received a brochure on the therapeutic nursing plan (TNP) with the November issue of Perspective infirmière. This was the first step in a vast province-wide initiative aimed at making the TNP, in the form of a separate document, a mandatory part of any patient’s file. I think that this new standard, which affects all nurses, will be a powerful tool for promoting nursing expertise. Before Bill 90 was adopted, the question was how to highlight and keep track of nurses’ clinical judgment. The answer lies in the fact that three basic activities at the very heart of nursing practice are now included in our own Act:2

- assessing the physical and mental condition of a symptomatic person;
- providing clinical monitoring [...] and adjusting the therapeutic nursing plan;
- providing nursing follow-up [...].

These closely inter-related activities shape the clinical decisions that nurses make every day, and that are often difficult to trace after the fact. Consequently, the TNP in the patient’s file will serve as a way of tracking nurses’ clinical decisions. The key information it contains will also be used in the progress notes that will naturally be more closely linked with the priority problems or needs described in the TNP. The other crucial point concerns nursing directives relating to the monitoring, care and treatment required by the patient. In fact it has been agreed with the Ordre des infirmières et infirmiers auxiliaires du Québec that the TNP will describe the actions expected of nursing

1. Bill 90: Act to amend the Professional Code and other legislative provisions as regards the health sector (S.Q. 2002, c. 33).
assistants in contributing to clinical follow-up (see the reference guide entitled *Règle de soins infirmiers*).

For many years people talked about nursing diagnoses, but there was no consensus on the terminology to be used. In addition, in the past, section 36 of the Nurses Act stipulated that nurses were to *identify the health needs of persons*. The legal scope of this phrase was not wide enough to cover all clients who were ill or needed a nurse’s attention. The amendment to section 36 of the current Nurses Act, which states in black and white that assessing the *physical and mental condition of a symptomatic person* is an activity reserved to nurses, means that it is now imperative to enter this assessment in the patient’s file. Moreover, the Bureau deemed it necessary to have nurses record their assessments on a specific form (TNP).

The introduction of the TNP will help to pinpoint nurses’ “diagnoses,” after a fashion, and should bring about radical changes to the profession, both in the way nurses’ professional responsibility is viewed and in the way other healthcare professionals see them. The TNP describes what nurses think of a patient’s clinical situation, what specific risks apply to the client and, consequently, what clinical monitoring has been arranged. It will also be a source of information that can be shared rapidly with physicians and other healthcare professionals treating the patient.

A three-year action plan calls for the TNP to be implemented no later than April 1, 2009 in all clinical and teaching settings. The MSSS intends to provide institutions with a specific form for this purpose. This is a collective challenge with a direct impact on us all.

**Collective prescriptions applicable in front-line situations**

Bill 90 established the concept of collective prescriptions, i.e. prescriptions applicable to specific groups of individuals or to particular clinical situations. Hospitals formerly had permanent prescriptions, but the scope of collective prescriptions is much larger. Note that it is possible for front-line nurses to use such prescriptions under section 36, which stipulates that nurses may “initiate diagnostic and therapeutic measures.” It took longer than I expected to put collective prescriptions into practice. We had to wait for amendments to the regulation applying to the Collège des médecins and then to discuss – or more accurately negotiate at length – with the Ordre des pharmaciens to come to an agreement on our respective fields of practice and reserved activities. We reached a joint agreement this past fall on a collective prescription suited to community pharmacy, concerning the initiation of hormonal contraception. Other collective prescriptions applicable in emergency clinics have been reviewed with the Centre de coordination national des urgences. Lastly, a joint training session designed by the OIQ and the Fédération des médecins omnipraticiens du Québec will be given this winter for health and social service centres and family medicine groups on physician–nurse co-operation and collective prescriptions.

I do not have enough space here to fully discuss all the repercussions of Bill 90. What I do know is that on the day after it was adopted, the profession began working to make sure that the new legislation would be more than a simple piece of paper disconnected from reality. Thanks to this Act, the legislative framework for the practice of nursing in Quebec now offers sufficient latitude for our profession to grow into new roles; it truly recognizes nurses’ role in the inter-professional team. Over the next three years, the Order plans to seize every opportunity to apply our new field of practice, completely and concretely, and our new reserved activities to the full extent allowed under Bill 90.

I wish you all the best in 2007.

Gyslaine Desrosiers
President