

POSTER ABSTRACT

Improving Integration through Innovation: Development and Evaluation of an Accessible RN Prescribing Certification Program in Canada

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Background: Integrated care systems require innovative workforce strategies to meet growing patient needs and reduce health inequities. Working with the professional organization (College of Registered Nurses of Alberta [CRNA]), front-line nursing staff and health-system leadership, we developed and implemented an accredited, no-cost, certification program for registered nurses [RNs] (Alberta Health Services RN Prescribing Certification Program; 'the Program'). This novel initiative aims to improve access to care and enhance patient outcomes particularly in underserved and community settings by supporting equitable access to education. This presentation provides an analysis of Program implementation through a multi-methods study.

Approach: The Consolidated Framework for Implementation Research (CFIR) informed the development of survey and interview questions. 78 RNs and healthcare leaders provided insights regarding their experiences, including practice changes and outcomes.

Program design was guided by CRNA competencies, educational theory, and post-secondary accreditation standards. We employed a participatory design, involving structured consultations with RNs, health system leadership, and regulators (including community representation) to ensure relevance, feasibility, and equity. The Program is delivered within an organizational framework, removing financial barriers to participation and fostering inclusive workforce development.

Results: The Program provides RNs with the knowledge and skills to prescribe medications and order diagnostic tests, reflecting broader trends in integrated care by expanding RN scope of practice to improve access to care.

Since implementation in 2023, the Program has contributed to several key outcomes: strengthened interprofessional collaboration, enhanced nurse autonomy, and improved care continuity and access.

Within cardiology and public health for example, the Program has fostered improved interdisciplinary collaboration and contributed to a redefinition of professional roles. This has subsequently enabled nurses to participate more fully in care planning in both contexts. These changes have enhanced continuity of care, however, they have encountered occasional resistance from providers and leaders concerned about role boundaries and perceived patient risk.

By empowering nurses to play a more active role in treatment planning, the Program has shown potential to contribute to strengthened integration of care between services. The Program has facilitated the development of shared care protocols, which have improved communication and transitions across care settings and providers. As RN prescribing becomes increasingly implemented throughout Alberta, these improvements will support more responsive community-based services and enhance patient outcomes. These findings reflect broader shifts in integrated care delivery, including workforce transformation, person-centred care, and resilient care networks.

Implications: The Program illustrates how accessible, collaboratively designed education initiatives can optimize nursing scope of practice and strengthen integrated care delivery. Enabling RNs to prescribe and order diagnostics enhances workforce utilization, expands access in underserved settings, and improves continuity across care transitions. Removing financial barriers fosters equity in professional development, ensuring that advanced competencies are attainable across the workforce.

For patients, expanded RN roles support more seamless, person-centered care. For systems, the Program offers a scalable model of workforce transformation that aligns regulation, education, and practice to advance health equity. Future directions should evaluate long-term impacts on patient outcomes, workforce capacity, and system resilience, reinforcing the central role of nursing in sustaining integrated care.