

Nursing News

SHORTAGES

The Board of Directors of the **International Council of Nurses (ICN)** has voiced grave concern regarding the lack of progress in addressing nursing human resource issues worldwide. The 2001 World Health Assembly Resolution on Nursing and Midwifery acknowledged the critical shortage of nurses and the key role they play in healthcare, and called for the World Health Organization (WHO) to assist countries in optimizing their contribution. Though member countries enthusiastically adopted the resolution, significant changes have yet to materialize at the country level. This is particularly urgent in light of the global nursing shortage, insufficient staffing, and increasing evidence of the impact of nurse staffing levels on the outcomes of care. For more details see: < www.icn.ch >.

Competencies What makes a nurse a nurse? In response to worldwide demand for direction on **professional nursing competencies**, the International Council of Nurses (ICN) has published the first such guidelines. The ICN *Framework of Competencies for the Generalist Nurse* is sufficiently broad to apply internationally, yet specific enough to provide guidance to countries developing their own competencies. The global market includes the free movement of professionals between countries and regions. As a result, there is growing interest in common standards and competencies of nurses. For more details see: < www.icn.ch >.

SUPPLY

The B.C. government is committing \$21.5 million towards ongoing and new recruitment and education programs to increase the **supply of nurses**. Among its key successes, last year's nursing strategy brought more than 400 nurses back to work, provided 315 nurses with specialty training in critical and emergency care, and helped nurses on workers' compensation and long-term disability return to work. The 2001 strategy also provided funding for new beds and lifts to improve working conditions for nurses.

The 2002-03 nursing strategy has two components. The Ministry of Health Planning is funding \$10.8 million for new programs, including:

- Nursing refresher and English as a second language training to bring non-working nurses and foreign nurses into the workforce.
- Specialty education to prepare more nurses for work in much-needed areas like intensive care, mental health, emergency and operating rooms and gerontology.
- Nursing leadership programs to provide smoother changes when staff retire, are promoted or change jobs, and to increase workplace satisfaction among nurses.
- Aboriginal nursing strategies to increase aboriginal people's access to nursing careers, and to train and retain more nurses in First Nation communities.

The Ministry of Advanced Education has provided \$10.7 million this year towards:

- Increasing the number of training and education spaces for registered and practical nurses by 651 in 2002-03.
- Funding the loan forgiveness program designed to attract more nurses and doctors to rural and remote communities.
- Helping nurses return to school to upgrade their knowledge and skills.
- Developing online nursing programs.

For more details see: <www.gov.bc.ca>.

LEAVING... A survey released by the **Registered Nurses Association of British Columbia** indicates that 19% of the newly-graduated registered nurses surveyed are considering leaving the province. The lack of support they receive in their work environments, coupled with concern about their debt, is causing many to consider nursing elsewhere. See < www.rnabc.bc.ca >.

Violence Seven St. Paul's Hospital (Vancouver) Emergency nurses – Lisa Moralejo, Tom Sinclair, Kathy Kennedy, Joanna Caunter, Harry Turner, Elisa Marocchi, Heather Clark, and former Nurse Educator, Jude Poirier – volunteered their time to create a video that documented their participation in the Domestic Violence Screening Program. The video addresses the concerns of ER staff in undertaking the program and shares the personal stories, difficulties, and triumphs these seven nurses experienced while making the program a part of their professional practice.

The video received an incredible response at the "Nursing Network on Violence Against Women International" conference in Madison, Wisconsin.

For more information on Domestic Violence check out the Ministry of Health Women's Equity web site at www.gov.bc.ca/weq/.

IMMIGRANTS Alberta's regional health authorities and healthcare service employers are now able to recruit up to 75 foreign-trained health professionals through a two-year pilot immigration program. The **Provincial Nominee Program** (PNP) will expedite the immigration process for these healthcare professionals, who will fill occupations that have experienced shortages in the province. For more information see: www.health.gov.ab.ca.

BCVISION

The B.C. government recently released **The Picture of Health Today**, detailing its vision for modernizing public healthcare and the steps it is taking to implement its New Era commitments for a high-quality, accessible healthcare system that meets patients' needs. The vision reflects the government's commitment to four key principles:

- Accessible, high-quality healthcare.
- Patient-centred public healthcare.
- Improved health and wellness.
- Sustainable, affordable healthcare.

Copies of the report and findings on these topics are available at www.gov.bc.ca/bchealthcare.

RURAL Also in Alberta a committee chaired by Dave Broda, MLA Redwater, will make sure **rural Albertans** continue to have access to quality health. Government will use the committee's recommendations to develop a provincial strategy with particular emphasis on the unique needs of rural Albertans. For more information see: www.health.gov.ab.ca.

Bob Cable, CEO of Alberta's Aspen Regional Health Authority, has been appointed interim CEO for Region 7, the new regional health authority that combines portions of the Aspen, Keeweenok Lakes, Lakeland and Westview Regional Health Authorities.

Alberta The boundaries of Alberta's nine new health regions will come into effect April 1, 2003. The boundaries are based on factors that include patient flow patterns and community trade patterns. Other goals were achieving larger regional populations, and taking advantage of local centres of expertise in patient care and administration, especially in rural areas. MLAs brought their constituents' comments and questions to the discussions and boundary decisions. The final boundaries aim to achieve a balance of all these considerations. Maps of the new boundaries can be found at: www.health.gov.ab.ca/system/rhas/rhamap_new.htm.

Quality Marcy Saxe-Braithwaite, Vancouver Coastal Health Authority and Chief Medical Health Officer, Dr. John Blatherwick will lead a new Quality Assurance Team to ensure patient environment standards are being met.

SIZE The new health regions in BC are LARGE. Consider the facts about Vancouver Island Healthcare Authority:

- Population: 706,496
- Employees: 16,431
- Residential/Mental Health Beds: 2294
- Affiliate/Contract Beds: 2957
- Unions Representing Staff: 14
- Budget: 1.03 billion dollars
- CNO: one - Anne Cooke

Community

The Calgary Health Region is seeking to build strategic alliances and business relationships to make the most of the knowledge, expertise and financial resources that currently exist in the community, and to assist with the planning and implementation of innovative health services over the next three to five years.

TELE-OPHTHALMOLOGY Health Canada is contributing up to \$436,177 to the WestNet Tele-Ophthalmology Project managed by the **Government of the Northwest Territories**. The WestNet Tele-Ophthalmology project was created to help screen Northwest Territories people with diabetes for early signs of the retinal deterioration that can lead to blindness. Trained eye technicians from the Eye Centre of the Stanton Territorial Health Authority in Yellowknife are using portable stereoscopic digital imaging equipment to create retinal images that will

Awards Alberta Association of Registered Nurses Awards Criteria: Nomination deadline is March 14, 2003.

Award for Nursing Excellence in Clinical Practice
Award for Nursing Excellence in Education
Award for Nursing Excellence in Research
Award for Nursing Excellence in Administration
Lifetime Achievement Award
Partner in Health Award

See: <<http://www.nurses.ab.ca/awards.html>>.

EQUIPMENT The Saskatchewan government is contributing toward the purchase of equipment from a new \$10 million fund in the health budget. The new \$10 million was allocated to health regions containing provincial and regional hospitals. Regina Qu'Appelle and Saskatoon health regions each received \$3 million and \$2.5 million was divided among the Prairie North (\$441,000), Sunrise (\$655,000), Cypress (\$296,000), Five Hills (\$466,000), and Prince Albert Parkland (\$654,000) health regions. The remaining \$1.5 million will be provided to the Saskatchewan Cancer Agency. For more details see <www.health.gov.sk.ca>.

be forwarded to specialists at the Royal Alexandra Hospital in Edmonton for analysis and treatment recommendations. See <www.hc-sc.gc.ca/> for more details.

Bursaries The government of Saskatchewan is devoting \$3.8 million this year to support **return-service bursary programs in the health field**. The government committed an additional \$800,000 to its bursary programs this year, as part of its retention and recruitment strategy outlined in the Action Plan for Saskatchewan Health Care. More than 160 bursaries have been awarded to students studying registered nursing, registered psychiatric nursing, licensed practical nursing, and primary care nursing. Thirty-three out of 50 available bursaries for Saskatchewan students studying medicine have already been awarded. The bursaries range from \$2,500 to \$7,000 per year for nursing and health sciences students, and provide \$25,000 per year for medical students. Bursaries are provided throughout the student's education program, with a service commitment to work in the province's publicly funded health system upon graduation. To see the names and photos of bursary recipients or for additional information about the bursary program, please visit <www.health.gov.sk.ca>.

Abstracts Deadline - April 2nd, 2003

5th International Symposium Future of Rural Peoples: Rural Economy, Healthy People, Environment, Rural Communities

To be held: October 19-23, 2003, Saskatoon, SK

Contact: symposium2003@usask.ca

<<http://iareh.usask.ca/symposium2003/index.php>>

ACCELERATION

A total of 72 student nurses have graduated in the first class of Manitoba's Accelerated Diploma Nursing Program, with 69 of them writing the national registered nursing examinations in October. The class excelled on the national exam with a 97% pass rate. In addition, the overall class average on that exam exceeded the national average. The Accelerated Diploma Nursing Program was introduced in September 2000. For more information see <www.gov.mb.ca>.

CHOICES

The government of Manitoba released the final report of **HealthCHOICES – What Manitobans Said**, an overview of public consultations on Manitoba's health system during the past year. In January 2002, Manitoba Health asked for public input on the future of healthcare through citizens' forums and a mail-in/Internet questionnaire. Information was posted on the government's Web site and all Manitobans were encouraged to provide feedback or advice. Public forums were held in Brandon, Thompson and Winnipeg with approximately 430 people participating in round table discussions. The results of the approximately 8,000 questionnaires returned, as well as the public forums, are summarized in the report. More than 15,000 people accessed the HealthCHOICES Web site. The full HealthCHOICES report can be viewed at <www.gov.mb.ca/healthchoices>.

Practitioners The Nurse Practitioner

Association of Ontario has commended the Ontario government for its ongoing support of Nurse Practitioners and its steadfast commitment to achieving the goals of primary health-care renewal. The proclamation of the Expanded Nursing Services Act in 1998 and other regulatory changes under the Ontario government paved the way for Nurse Practitioners to work as autonomous professionals providing quality care in Ontario. The Association says it is encouraged by a number of funding initiatives, including 86 positions in under-serviced areas and 20 positions in long-term care facilities in 1999. The Throne Speech of 2002 promised to double the number of Nurse Practitioners; and, in keeping with this promise, the Ontario government recently committed funding to more than 300 new Nurse Practitioner positions over the next three years, with 117 to be in place by the end of this year. For more information see the Registered Nurses of Ontario Web site at: <<http://www.rnao.org/>>.

The Ontario government has appointed **Dr. Colin D’Cunha** to the newly-created post of Commissioner of Public Health and Assistant Deputy Minister (ADM). Dr. D’Cunha will continue in his statutory role as Chief Medical Officer of Health with powers under the Health Protection and Promotion Act while assuming his position of Commissioner of Public Health and ADM. As Commissioner of Public Health, Dr. D’Cunha will be working closely with other ministries, such as Environment, Municipal Affairs and Housing, Agriculture and Food, and Natural Resources to provide linkages for public health and safety. For more information see <www.gov.on.ca/health>.

Travel Combine a little travel and go to a conference not near you.
See: <<http://www.enw.org/Meetings-2Q2003.htm>>.

Cancer Ontario cancer patients will benefit from improved access to cancer care as the Ontario government distributes \$70 million in funding. From this funding, \$67 million will go toward increasing radiation treatment services at Cancer Care Ontario regional cancer centres and University Health Network’s Princess Margaret Hospital, expanding existing drug treatment programs and introducing new anti-cancer drugs, enhancing access to oncology physician services, and creating a new data tracking and referral computer system to improve detection and treatment. For more information see <www.gov.on.ca/health>.

ACCOUNTABILITY

According to Hospital Report 2002: Acute Care, 89% of those patients who participated in an Ontario hospital-patient satisfaction survey rate the quality of their care as excellent or good. For the fourth year in a row, Ontarians have access to an independently-researched report detailing the performance of hospitals from across Ontario.

The report details areas where hospitals excel, and provides information on other areas that can be improved. Hospitals in each of three categories can compare each other’s results to learn what is being achieved in patient satisfaction, patient care, financial health and keeping up with change. The government’s efforts to reduce wait times and to increase access to health professionals are reflected in the improvements shown at 42% of the hospitals.

The report is one of the most advanced approaches to reporting on hospital performance in North America. It was prepared by the Canadian Institute for Health Information (CIHI) with assistance from the Hospital Report Research Collaborative based at the University of Toronto. The Ontario Hospital Association and the Ontario Ministry of Health and Long-Term Care were joint sponsors in the project. Hospital Report 2002: Acute Care is available on the following web sites: www.gov.on.ca/health, www.oha.com, www.cihi.ca and www.hospitalreport.ca or by calling 1 877 234-4343 or TTY 1 800 387-5559.

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<<http://www.members.aol.com/nsgconference>>.

PRACTICE New Brunswick has hired its **first nurse practitioner**. Jacalyn Boone will assume a nurse practitioner role in Minto. She is the first graduate of the University of New Brunswick's Nurse Practitioner Program, having received her degree at the university's convocation ceremony this past fall. With years of nursing experience, this former nurse manager of the Stanley Health Centre had started working on her nurse practitioner master's degree at UNB in 1999. More details can be found at: <www.gnb.ca/0051/index-e.asp>.

PROFESSIONAL CODE

The International Council of Nurses reports The Quebec National Assembly adopted Bill 90 - An Act to amend the Professional Code and other legislative provisions as regards the health sector - which:

- Lays out the extent of nurses' skills and responsibilities;
- Acknowledges the diversity and complexity of what nurses do;
- Solves the legal problems that the profession has faced over the last 10 years;
- Postpones plans to authorize the administration of intravenous therapy by nursing assistants and;
- Achieves complementarity among 11 professions.

It is expected that the new definition of nursing practice will shape the professional culture and identity of future generations of nurses. It confirms the scope of nurses' clinical judgement, in particular, and the specific role of that judgement in patient assessment, monitoring and clinical supervision.

The Bill assigns a field of practice and reserved activities for all relevant professions. The concept of "reserved activities" is to replace the "delegation of medical acts." Used flexibly, this should contribute to the development of clinical practice. The extent of activities reserved for each professional Order varies only in scope and exclusiveness. Nurses will no longer have to wonder whether they are allowed to perform certain acts, but rather only whether they have the required knowledge and skills. Nurses will be allowed to prescribe drugs and treatments.

Rather than giving in to the temptation of deregulation, the government elected to expand the fields shared between professions and maintain a strict regulatory framework in which protection of the public always reflects the concepts of competency and the potential for harm involved in professional activities. Whilst warmly welcomed, this represents a substantial challenge both for the professionals and for the

ERRORS The Annual Leadership Survey released at the February meeting of the Healthcare Information and Management Systems Society (HIMSS) put "Reducing Medical Errors and/or Promoting Patient Safety" at the top of the issues facing healthcare from the perspective of Chief Information Officers. No Canadian CIO's participated but an anecdotal review suggests that this would not be the first priority for them. As we support nursing informatics over the next year we will also carry out the Canadian version of this annual HIMSS' survey. Look for it.

Quebec The Canadian government is investing \$133,681,686 in initiatives designed to ensure **Quebec** residents have access to high-quality, affordable and sustainable **primary healthcare** services. Primary healthcare refers to the first level of care and the initial point of contact that a patient has with the health system. Often, primary healthcare begins with the family physician or community health nurse. Primary healthcare is meant to be the first step in the continuum of care, emphasizing health promotion and illness prevention, and providing a link to more specialized care, such as that provided in hospitals. This funding will assist the Quebec government in its efforts to: create Family Medicine Groups (FMGs), comprised of family physicians working in teams with other medical professionals; deliver primary health care to patients; and, improve access to some primary healthcare services on a 24-hour-a-day, seven-day-a-week basis. See <www.hc-sc.gc.ca/> for more details.

various bodies who will have to implement the new provisions. Professional activities will have to be shared amongst many different professional categories and mistrust amongst the professions will have to be replaced by respect and co-operation. The institutions that decide on work organization will have to rule on the newly defined overlapping areas of jurisdiction. To ensure day-to-day co-operation, nursing councils and councils of doctors, dentists and pharmacists, as well as multidisciplinary councils, will have to become more involved and consult one another more.

PACS

Prince Edward Islanders now have improved access to **radiology services in their home communities**, following the province-wide implementation last week of the new Picture Archiving and Communications System (PACS). The cornerstone project of the Health Infrastructure Atlantic Project, signed in January 2000 by the four Atlantic provinces, is known as Tele-i4 or interprovincial integration of images and information. The Tele-i4 project is the largest interprovincial implementation of PACS equipment in Canada. In Prince Edward Island, this new initiative is referred to as the Picture Archiving and Communications System (PACS), and it is now accessible from every hospital in the province. Using state-of-the-art computer imaging technologies in all seven Prince Edward Island hospital Diagnostic Imaging departments, networks have been created to ensure that patient information and images can be electronically transferred from one location to another for referral, diagnosis and consultation. See <www.gov.pe.ca/hss/index.php3> for more information.

CRNSS According to the most recent statistics from the College of Registered Nurses of Nova Scotia (CRNNS), there are 154 more nurses licensed to practise this year than there were at the same time last year. And in contrast to last year's numbers, a higher percentage of them are recent graduates of the province's two nursing programs. The 2003 licensing year for registered nurses extends from November 1, 2002 to October 31, 2003. As of October 31, 2002, 8439 registered nurses were licensed to practise in 2003 (compared to 8285 on Oct. 31, 2001). Access the College's Web site at: <www.crnns.ca>.

If you need best practices or leadership guidelines search the *Canadian Journal of Nursing Leadership*.

Do it online. Contact Susan Hale for details: shale@longwoods.com

STANDARDS

The Department of Health and Wellness is contributing to the professional development of New Brunswick nurses in collaboration with the University of New Brunswick - Fredericton Campus, the Université de Moncton and the Regional Health Authorities. The initiative is a standardized **Critical Care Certificate Program**, approved by the Nurses Association of New Brunswick. The program includes theory and practice delivered by distance education and will be offered over a period of three fiscal years. It is intensive and takes 17 weeks to complete.

Courses may be offered to as many as eight sites depending on participants' location, and will be offered in both official languages. As many as 94 nurses will benefit from the program, which started Sept. 30. Nurses will gain from clinical experiences relating to critically ill patients and their families.

To qualify, an applicant must be a registered nurse, be recommended by an employer and possess a minimum of one year of nursing experience. Up to 24 credit-hours acquired in this program may be recognized as part of the Bachelor of Nursing Program for registered nurses of UNB-F or U de M. Nurses with a Bachelor of Nursing degree are also invited to apply. See <www.gnb.ca/0053/nursing/index-e.asp> for more details.

CALL FOR ABSTRACTS

2nd Western Canadian Nurse Leaders Forum
"Time for Action Policy in Action towards
Excellence in Nursing"
November 12 to 14 2003
Saskatoon, Saskatchewan

Subthemes:

Building Primary Health Care/Staffing for Quality
Outcomes/Promoting Evidence-Based Practice/
The Importance of Image Scope of
Practice/Nurse Practitioners

Abstracts by April 20, 2003 to Susan Smith
Brazill, Saskatchewan Registered Nurses'
Association, 2066 Retallack St.,
Regina, SK S4T 7X5.
Email: ssmithbrazill@srna.org.
Fax: 306 359-0183.

NFLD & LABRADOR The final report of **Newfoundland's Primary Care Advisory Committee**, *The Family Physician's Role in a Continuum of Care Framework for Newfoundland and Labrador: A Framework for Primary Care Renewal*, consists of 14 recommendations designed to address the barriers to family physicians becoming part of a new approach to primary healthcare. It also provides direction to government as to how primary healthcare can be delivered more appropriately to meet the needs of the population.

The Primary Care Advisory Committee brought together various stakeholders from all corners of the province representing different interests in the healthcare field. These included physicians, nurse practitioners, nurses, consumers and health administrators.

The key emphasis of the recommendations of the report is based on the following:

- There should be provincial standards of reasonable access which would guarantee all Newfoundlanders and Labradorians access to the primary healthcare services they need from the most appropriate health care provider regardless of geographical location;
- Primary healthcare services should be integrated and provided by teams of health providers at the community or regional level. Within these teams, health professionals will work at the top of their respective skill set to ensure seamless care provision;
- Physicians will have formal agreements with regional health boards to guarantee the delivery of a specific basket of services to the region including the provision of physician services to hospitals. The basket of health services should be determined by the health needs of the region; and,
- Compensation arrangements should be developed for physicians, in order to support the new approach to primary care, improve the retention of physicians and ensure a continuous upgrade of skills to better serve health needs of the population.

Copies of the report and the executive summary can be accessed at: <<http://www.gov.nf.ca/publicat/>>.

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