

Building Strength through Partnerships

Patricia O'Connor

President

Academy of Canadian Executive Nurses (ACEN)

ACEN has entered a new year following the fall 2003 conference and annual meeting held in Ottawa in September. As we move forward, our work continues to be shaped by the vision of the Academy: to become a national voice for executive nurse leaders, to influence and participate in direction setting for healthcare policy, to contribute to the alignment and advancement of the national nursing agenda and to develop strong strategic coalitions and partnerships. This update will describe the significant achievements attained over the last 18 months. It will also outline our work in-progress. As I take over the role of President of ACEN, two things are clear. First, is that our vision is *becoming a reality*. Secondly, *strong partnerships are the key* to continued success.

Reflections on the Past

The last 18 months has been a very successful period of growth for the Academy, with important accomplishments attained through the combined

efforts of many nurse leaders, as well as through collaborative work with other healthcare and government leaders. At the annual general meeting/conference held on September 11-13th, Kaaren Neufeld (President) reported on the significant achievements during her term of office that ended in September. (Neufeld 2003). Below are some of the key milestones, as they relate to the six objectives of the Academy.

Objective 1. Influence and participate in setting the directions for healthcare policy and dialogue in Canada.

ACEN is a relative newcomer in the arena of influencing policy direction at the national level, and so collaborations with more experienced stakeholder groups (CNA, ONP, other national nursing groups) were instructive in helping us give form to the views of nurse executives in Canada. We tabled briefs and formal letters to senior government leaders (Prime Minister, provincial premiers/territorial leaders) related to the following:

Canadian Nursing Advisory Committee (CNAC) Report:

In November 2002, we attended an invitational roundtable hosted by Anne McLellan, Federal Minister of Health, to discuss the recommendations from the CNAC report. ACEN's briefing note highlighted three priorities for action: 1) work and health, 2) leadership and 3) the need to educate and graduate more nurses.

First Minister's Health Accord: An open letter to the provincial premiers iterated our commitment to work collaboratively to ensure implementation of the health accord, and urged specific action regarding: 1) developing well-defined outcome indicators of care that go beyond existing financial and utilization units of measure, 2) advancing national nursing research, particularly focused on outcome evaluation, 3) ensuring access to care for Canadians by creating a national health human resource strategy, 4) improving quality of workplaces, nursing workload and retention of nurses in Canada.

Objective 2. Contribute to the alignment and advancement of the national nursing practice, education, research and leadership agendas.

Think Tank on Nursing Science in Canada: Organized by the ONP, Health Policy and Communications Branch, Health Canada, ACEN participated in this event. One of the source documents was the discussion paper, "Advancing a Nursing Research Strategy in Academic Health Sciences Centers" which was jointly developed by ACEN, the Association of Canadian Academic Healthcare Organizations (ACAHO)

and the Canadian Association of Schools of Nursing (CASN). ACEN was identified as a stakeholder in the future development of a forum for nurse scientists.

Support for Canadian Health Services Research Foundation Grants Competition: ACEN provided letters of support to two successful CHSRF 2003 grant applications.

CIHR Institutes: ACEN provided a nursing representative to the Institute for Musculoskeletal Health and Arthritis (IMHA) stakeholder roundtable.

Canadian Nursing Informatics Association (CNIA): ACEN provided a representative on the project advisory committee for the Canadian study on nursing informatics in undergraduate education (completed June 2003).

Healthy Work Environments Best Practice Guidelines Project : Sponsored by the Registered Nurses Association of Ontario (RNAO) and Health Canada through the Office of Nursing Policy, ACEN is represented on the advisory committee to this two year national project, by Louise Jones, chair of the ACEN Nursing Workload Working Group.

Objective 3. Develop strong strategic coalitions and partnerships with other healthcare leadership groups.

The Academy's partnership with ACAHO continues to develop. In February 2003, the ACEN Executive met with Glen Brimacombe, ACAHO CEO, to discuss changes in strategic direction for both groups as well as possible linkages and joint initiatives. In July, ACEN attended an invitational meeting hosted by ACAHO to discuss a proposal to establish a national task force on the

future of Academic Health Sciences Centres in Canada. There was a high degree of support from the participating national groups to move forward on proposal development. Four principles were agreed upon to guide the establishment and work of the proposed national task force; 1) innovation and knowledge transfer, 2) interdisciplinary, 3) interdependence and 4) accountability. In September, ACEN joined ACAHO's 2003 Fall Invitational Conference and joint work sessions were held.

Nursing Leadership Conference (NLC) February 2003. Co-sponsored by six partner organizations: CNA, ACEN, CASN, the Canadian College of Health Service Executives (CCHSE), Canadian Healthcare Association (CHA), and the Canadian Public Health Association (CPHA). This was a highly successful venture with over 550 registrants.

Associate Membership with the Canadian Nurses Association (CNA): In April 2002, Kaaren Neufeld (ACEN, Manitoba) was elected for a two-year term as the Associate and Affiliate Member representative to the CNA Board of Directors.

Canadian Nurses Foundation (CNF): ACEN is exploring ways to support CNF.

Canadian Association of Schools of Nursing (CASN): ACEN and CASN are actively pursuing ways to strengthen the relationship between the two organizations and to continue a variety of joint initiatives.

Objective 4. Support the development of current and emerging executive nurse leaders in Canada.

ACEN Scholarship. Provided annually to support the academic develop-

ment of a nurse leader in Canada, this \$2,500 bursary was awarded to Ms. Janice Robinson for studies at the MSc level in nursing at the University of Victoria.

ACEN Leadership Paper: During the National Nursing Leadership Conference, ACEN hosted an ancillary event to present the ACEN Leadership Paper. Discussion then focused on strategies to advance the leadership agenda in local contexts and organizations.

Executive Training for Research Application (EXTRA): Under the management of the Canadian Health Services Research Foundation (CHSRF), this new national program has as its primary goal to increase evidence-based decision-making by health-system managers. It is a joint initiative of the Canadian Medical Association (CMA), CNA, and the Canadian College of Health Services Executives (CCHSE) and has \$25 million in funding over the 10-year life of the project. On request from CNA, ACEN will serve on the Advisory Board.

Canadian College of Health Service Executives (CCHSE). ACEN is establishing a partnership with CCHSE and the Canadian Society of Physician Executives (CSPE) to develop a proposal for a comprehensive study on the current and future status of health service management professions in Canada.

Objective 5. Provide a forum to discuss and share strategies related to nursing practice, education, research and leadership.

In February 2003, a special meeting of ACEN membership was held. In order to better support the new strategic

orientations of the Academy and given the frequency with which ACEN is now called upon as a voice for nurse leaders nationally, there was unanimous agreement that the Executive explore development of a proposal for a secretariat. Special funds were received from participating ACEN organizations to support such a proposal.

Objective 6. Support the Editor and Editorial Board in providing the Canadian Journal of Nursing Leadership.

Longwoods new publisher of the CJNL: In November 2002, the Executive signed off on a Letter of Agreement between ACEN and Longwoods Publishing Corporation regarding the publication of the CJNL. We are excited about this new partnership and the promise it holds to raise the decibel level of nurses' conversations on innovation, politics, policy and leadership.

Editor-in-Chief: In the fall of 2002, ACEN welcomed Dr. Dorothy Pringle, Professor and Dean Emeritus, Faculty of Nursing University of Toronto as the CJNL new Editor in Chief, with Dr. Mary Ferguson Paré (ACEN, Ontario) as the Chair of the Editorial Board.

Building Future Capacity through Partnerships

The relevance and necessity of strategic partnerships in healthcare is unquestionable. This represents the arena of greatest change for ACEN as a national organization in the past two years. The number of alliances we have built with governmental and non-governmental groups has risen dramatically. Why have we done so? Because developing health as a national resource is an extraordi-

narily complex process that cannot be achieved by any government or association alone. Such a goal transcends disciplines and sectors. ACEN believes its greatest impact will be through joint efforts with others with similar goals and values, thus sharing and concentrating resources (intellectual and financial) to reach desired outcomes. The interactions with researchers, health care providers, the private sector, the public, government and other health organizations form the currency by which change will occur.

The requirement of not only building but also sustaining partnerships implies certain capacities, which include, but are not limited to, time, energy, creativity and knowledge (and financial resources, in some measure). Given the multiple relationships in which ACEN is co-investing and the extent to which we are now called upon for collaborations and more formal partnerships, we have had to face the reality that significant time investments are needed. As Austin (2000) points out, partnership is very much a complex process that develops through interaction; that is, a systemic, synergistic process that develops that implies a whole greater than the sum of its parts. To this end, ACEN is now considering the most effective way of building a secretariat that can focus and increase our capacity to grow, as well as assist us with handling internal and external communication.

Patient Safety. One of the central leadership struggles is to improve quality of care (Institute of Medicine 1998, 2001). ACEN has as a major priority, advancing initiatives to improve patient

safety. In a future issue of this journal, a follow-up article to earlier work by ACEN (Nicklin 2002) will describe what safety measures Canadian academic health science centres have put in place to minimize risk to patients, including disclosure policies. We also look forward to the launch of the Canadian Patient Safety Institute in January 2004, as well as possible new opportunities to collaborate with researchers, policy makers and industry in developing nation-wide quality and safety indicators.

Nursing Workload. Given the continued nursing shortage, deficit-reduction imperatives and the constant focus on performance indicators primarily related to efficiency, the day-to-day reality of many nurses (and other health care professionals) in Canada is one of work overload. ACEN established a working group in 2002 to study these emerging issues, and will be reporting on its work within the coming months. We will continue to actively lobby for the national health human resource plan called for in the Canadian Nursing Advisory Committee Report (CNAC) and the Health Accord of 2003.

Development of Healthcare Leaders. Through our new partnership with CCHSE and the CSPE, ACEN will be jointly developing a proposal for studying the status of health service manage-

ment disciplines in Canada. Our involvement with CNA, the CMA, and CCHSA in the CCHSF-sponsored *EXTRA program* will provide the opportunity for training to thousands of healthcare practitioners and managers to strengthen their evidenced-based decision-making. Advancing the nursing research agenda will continue to be a priority for ACEN, CASN and ACAHO, as we lobby for increasing the critical mass of nursing research leaders.

The Academy's new directions are bold and exciting. We will have many challenges along the often uncharted pathways towards improving health care in this country. The ultimate task is to transfer our vision into action and outcomes. We look forward to your participation and feedback.

References

- Austin, J. 2000. *The Collaborative Challenge*. San Francisco, CA: Jossey-Bass.
- Institute of Medicine. 1998. *To Err is Human : Building a Safer Health System*. Washington, DC : National Academy Press.
- Institute of Medicine. 2001. *Crossing the Quality Chasm : A New Health System for the 21st Century*. Washington, DC : National Academy Press.
- Neufeld, K. 2003 (unpublished). President's Report, Annual Business Meeting of the Academy of Canadian Executive Nurses, Ottawa, ON
- Nicklin, W. 2002. "Canadian Nurses' Perceptions of Patient Safety in Hospitals." *Canadian Journal of Nursing Leadership* 15 (3): 11-21.

Visible, Readable, Action-Oriented Ads

As low as \$260 for a one time placement
or \$1000 for 4 quarters. Place your ad in
all four of our journals for only \$3000
for the year. That's 16 ad placements.

Contact: shale@longwoods.com

Nursing Leadership



www.nursingleadership.net