

Looking Ahead with Anticipation and Hope

Kaaren Neufeld

President

Academy of Canadian Executive Nurses

As this is the first issue of the CJNL for 2003, it's almost a requirement to reflect on the year gone by. By many accounts, 2002 will be known as the year of reports. The most influential report belongs to the Romanow Commission on the Future of Health Care in Canada; the most pragmatic, the final report of the Canadian Nursing Advisory Committee; and the most flamboyant release, Senator Kirby's Final Report of Federal Role in Health Care. Each report conveyed a sense of urgency on the need for fundamental change. Recommending change is one matter; implementing change is a different story, especially in a system as cherished and complex as healthcare. These reports hold compelling calls to action, and moving into implementation will require courageous conversations and the establishment of new relationships and accountabilities. There is a role for each one of us in our place of work. What we talk about, with employees, with patients, physicians and profes-

sional colleagues – is a powerful force in determining what we work on, how we work and who we work with. Our conversations with one another establish the ways and means for implementing change. This journal is here for you, to support our national conversation around nursing and leadership. In its pages you will discover the momentum for change, new ideas and new energy.

As I reflected on my conversations in 2002, I realized how often abbreviations like CMG and RIW, HPPD and LOS, CIHI and CCHSA threaded their way into my speech. Once awkward acronyms for many nurses, today they are synonymous with the important data elements we need to consider in order to make informed decisions about resource allocation, models of care and human resources. I also recalled the increasing frequency with which I found myself involved in meetings about standards, bookmarks, performance indicators, and balanced scorecards. Some of these conversa-

tions were sensitive and difficult. On occasion I found myself in the middle of a charged discussion around strategic directions, operational plans, best practice, scope of practice, span of control or quality performance which had the effect of triggering a full-blown “fight or flight” response in the most unlikely of colleagues. The world of nursing in 2002 was filled with paradox, complexity and chaos. I am sure I am not alone when I say, there were days in 2002 when I longed for the simplicity of the Robert Fulghum maxim, “All I ever needed to know I learned in kindergarten.”

And yet, I look ahead through 2003, with more anticipation and hope than I have had for many years. The opening notes of new conversations about



What if they had turned back?
 “The Grey Nuns and the Red River Settlement” by Dennis King.
 The Book Society of Canada Limited, 1980.

healthcare have begun. The reports of 2002 have given us all kinds of urgent questions including ones about accountability, primary health care, advanced practice roles and

quality professional practice environments. The conversations are intense, earnest and about dramatic possibility. Nurses in all sectors and domains need to speak with knowledge and conviction about the impact of nurses’ prac-

tice on client outcomes; about the case mix groups (CMG) within their programs or on their units; acuity and resource intensity weights (RIW), hours per patient day (HPPD), and length of stay (LOS). We must be prepared to have our work measured and compared according to indicators monitored by the Canadian Institute of Health Information (CIHI) and the standards developed by the Canadian Council for Health Services Accreditation (CCHSA). These comparative indices will become more sophisticated and mature; more reliable and accurate. These are the conversations in the age of accountability and instant information transfer.

I know I am only one of thousands of nurses from coast to coast in Canada who find themselves passionately engaged in this dialogue; a dialogue that is crossing professional boundaries, traditional organizational confines, provincial and national borders. It takes courage to enter into this conversation and courage to lead teams on a journey of quality performance when the data only hints at a direction without mapping out the details of the journey. Courage has its roots in the French word, “coeur” for heart. On the days when I lack courage I think back to Marguerite d’Youville and the Grey Nuns. They had heart. I remember stories about their different journey from Montreal to the Red River Settlement. I can look outside my window at the juncture of the Red and Assiniboine Rivers, and see the spot where they landed after a grueling 59 day journey from Montreal by

canoe. I recall the harsh winter, the overcrowding and scarcity of food. What if they had turned back? Thankfully they stayed. In spite of limited resources, these women managed to achieve significant improvements in the health of the communities where they lived and worked. These women are proof that the courage of one's convictions and pure determination can effect great change.

It is with this bold and adventure-some spirit in mind that the Academy of Canadian Executive Nurses welcomes a new team of leaders to the journal. We are thrilled that Dr. Dorothy Pringle has accepted the position as our new Editor-in-Chief for the CJNL, with Dr. Mary Ferguson-Paré as

the Chair of the Editorial Board. We are excited with the enthusiasm and expertise that Longwoods Publishing Corporation, the journal's new publisher, has to offer. Welcome. This team has demonstrated that they too have the courage to be inventive and innovative. This issue is their first and it marks the start of new conversations, debates and discussions about Canadian nursing and Canadian healthcare. They are eager to hear from you. Write to them about the conversations you are having; the ideas and practices you are implementing; your experiences of organizational change and transformation. Talk amongst yourselves and then please, include us in your conversation.



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