ACEN Response to Health Accord

At the April 2002 Annual General Meeting of the Academy of Canadian Executive Nurses (ACEN), a new mission statement and objectives were approved. Amongst these objectives, ACEN has chosen to “influence and participate in setting the directions for health care policy and dialogue in Canada” and “to contribute to the alignment and advancement of the national nursing practice, education, research and leadership agendas.” Our letter to the first ministers is one step towards achieving these objectives.

Dear Prime Minister or Dear Premier,

The Academy of Canadian Executive Nurses (ACEN) is the national organization representing nursing in teaching hospitals and academic health science centres throughout Canada. ACEN strongly endorses the first ministers’ accord on healthcare renewal as an important next step in ensuring the sustainability of healthcare in Canada. We are writing to you and to all of the provincial premiers and territorial leaders to express our commitment to working collaboratively to ensure that the health accord you have just approved is implemented.

Keenly aware of issues related to care delivery over the continuum of prevention, treatment and social re-integration, ACEN views the expansion of primary and home care services as essential in strengthening the health and wellness of individuals and families. ACEN commends the courage and commitment of the prime minister, provincial premiers and territorial leaders in creating a more comprehensive roadmap for improving the health and social well-being of Canadians.

ACEN solidly endorses the values of greater accountability and transparency from healthcare providers and government. The Canadian public deserves no less. The creation of the new Health Council is an important step and ACEN looks forward to participating in this process.

Towards this end of improved accountability, ACEN recommends rapid action on the part of governments, healthcare organizations and health researchers to develop well defined indicators of quality of care that go beyond the existing financial and utilization units of measure. A significant roadblock to measurement and evaluation has been inadequate infrastructure funds for the development and computerization of data. It is beyond the capacity of individual organizations to fund such infrastructure. ACEN urges first ministers to invest in the needed infrastructure to collaboratively develop and manage data and information to improve our ability to engage in meaningful health system evaluation.

Improving patient safety – which
includes reducing risks – and creating high-quality work places are two of the top three organizational goals of ACEN. We applaud the work of the National Steering Committee on Patient Safety, and welcome the opportunity to join with federal and provincial leaders in accelerating the implementation of its recommendations. ACEN’s third priority relates to advancing a national nursing research agenda, and particularly research evaluating outcomes of care. Thus, we are encouraged that the first ministers have acknowledged this role for academic health science centres.

Since timely access to health services is a key underpinning of the reforms, ACEN is concerned about the lack of clarity on one issue of enormous importance, that of health human resources. Ensuring access implies, as a basic premise, an adequate supply of healthcare professionals to provide home and primary care, as well as acute care.

Health human resources need direct action on the part of governments. Over 1.5 million Canadians work in the health industry and approximately 70% of provincial health budgets support human resources. Unlike material resources, human resources are not dispensable and must be considered key to quality of care and accessibility. Investing in human resources is essential to long-term stability and continuity of health care. At present, the management of health human resources is sporadic, isolated from the broader health policy arena, carried out in discipline silos and based on unreliable or unavailable data. Mr. Romanow and Senator Kirby both recommended specific mechanisms to address health human resource planning. We urge first ministers to create a permanent agency for long-term planning to meet the needs of provincial, territorial and federal governments as well as the needs of other stakeholders such as the health professions and employers. As a first priority funding must be made available to create the necessary infrastructure for data development.

The Canadian Nurses Association anticipates the demand for nurses will exceed the supply by as many as 113,000 nurses by 2011. An adequate supply of nurses is critical to the viability of the healthcare system. ACEN recommends that adequate measures be taken to: a) continuously monitor the availability of nursing human resources in every province, b) create incentives for pursuing studies in nursing; c) encourage the retention of nurses by addressing specific issues related to improving the quality of healthcare workplaces, and d) take action on the recommendations of the CNAC report.

There is compelling evidence from large multi-national research studies, directly linking nursing workload and patient outcomes (adverse events including pneumonia, infection and cardiac complications). Several national studies on manpower and workplace quality have already recommended action steps that now need to be taken. Particular attention is urgently needed to address problems related to workload (overtime, absenteeism, accident and injury rates). The consequences of
not dealing with these issues are already evident, including decreased care access, increasing injury rates, and lack of coordination of care.

A medical equipment fund for enhancing the availability of diagnostic care will provide greatly needed improvements in waiting times. Equally important are basic equipment needs. Items of high priority are those required for daily care delivery and which urgently require upgrading. These include items such as electric beds, lifts and vital sign/blood gas monitoring machines, to name only a few.

A recent national survey by the Office of Nursing Policy (Feb. 2003) and provincial evaluations by nurse executives can inform provincial and regional health board decision-makers of such required equipment. It is recommended that a substantial portion of the new funds be directed to upgrading basic equipment required by staff to provide day to day care.

In closing, ACEN reiterates its support for the First Ministers Accord and the commitment to improving Canada’s healthcare system with strengthened accountability to the public. Members of ACEN look forward to participating in policy forums and working in collaboration with governments, the public, and other stakeholders to continue to improve health care for all Canadians.

Respectfully,

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ACEN President

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