

# Nursing News

## Honor Society Releases Three-Year Study Results on Global Nursing Practice

The Honor Society of Nursing, Sigma Theta Tau International has published a report of Arista3, the results of a series of five global think-tank meetings held to develop strategies for changing nursing practice.

One hundred nine healthcare experts and reactors representing nursing, medicine, health policy, government, economics and finance, administration and nongovernmental organizations explored:

- the environments in which nurses practice
- the way nurses lead
- the knowledge nurses need
- the settings in which nurses work
- the conditions under which the profession operate,
- the influence of nurses and
- the way nurses learn.

The Arista3 report documents common current and emerging nursing and healthcare themes, as well as region-specific challenges, in Africa and the Near East, Europe, the Pacific Rim, the Americas and the Caribbean. To download a copy of the executive summary, visit [www.nursingsociety.org](http://www.nursingsociety.org).

The Honourable Pierre S. Pettigrew, Minister of Health, and the Honourable Dr. Carolyn Bennett, Minister of State (Public Health), recently announced the release of the joint federal, provincial and territorial governments' Canadian Pandemic Influenza Plan. The plan maps out how Canada would prepare for and respond to a pandemic influenza outbreak.

Although the timing of a pandemic is unpredictable, experts agree that future influenza pandemics are inevitable. The plan creates a framework that would guide the actions of all levels of government in the event of an influenza pandemic. It includes an emergency response plan as well as guidelines and checklists designed to assist all jurisdictions with their emergency planning. The full plan can be found online at: [www.hc-sc.gc.ca/pphb-dgspsp/cpip-pclcpi](http://www.hc-sc.gc.ca/pphb-dgspsp/cpip-pclcpi)

The U.S. Bureau of Labor Statistics (BLS) announced recently that registered nurses top the list of the 10 occupations with the largest projected job growth in the years 2002-2012. Although RNs have listed among the top 10 growth occupations in the past, this is the first time in recent history that RNs have ranked first. These 10-year projections are widely used in career guidance, in planning education and training programs and in studying long-range employment trends. According to the BLS report, there will be more than 2.9 million RNs employed in the year 2012, up 623,000 from the nearly 2.3 million RNs employed in 2002. However, the total job openings, which include both job growth and the net replacement of nurses will be more than 1.1 million.

In December 2003, Health Canada announced \$2 million funding to address priority nursing issues. The projects are being led by nursing organizations, researchers and non-governmental organizations in conjunction with Health Canada's Office of Nursing Policy, and build upon nursing initiatives that have been launched in recent years. The list of funded projects follows:

- The Canadian Nurses Association will conduct work to support the implementation of the 51 CNAC recommendations. The work will focus on three areas: improving the management of the nursing workforce, promoting improvements in the education of nursing students and the professional development of nurses and developing and sustaining nursing leadership. Total budget: \$650,000.
- Canadian Policy Research Networks will examine what actions have been taken across the country in response to the CNAC report. It is hoped that this work will identify further steps to be taken, reveal any barriers to completing the implementation and propose any supports that may be required. Total Budget: \$91,000.
- Researchers Gail Tomblin Murphy, of Dalhousie University's School of Nursing in Halifax, and Dr. Linda O'Brien-Pallas, of the University of Toronto's Faculty of Nursing, will test a human resource planning framework to establish, monitor and predict the nursing service needs of Canadian populations. Total budget: \$249,614.
- Dr. Dorothy Pringle, of the Faculty of Nursing at the University of Toronto, will examine the reasons that nursing students leave nursing schools before completing their programs. Total budget: \$77,200.
- The Registered Nursing Association of Ontario will disseminate and translate nursing best practice guidelines, encourage their implementation and provide learning opportunities across the country. Total budget: \$800,000.
- The Canadian Council on Health Services Accreditation will refine, test and promote the use of work life indicators in Canada's healthcare system. Total budget: \$308,115.

The first-ever assessment of the B.C. health authorities' progress in meeting performance expectations shows the new health authorities are on target to achieve their performance targets. The Report on Health Authority Performance Agreements 2002/2003 assesses the first complete year of operation for the six new health authorities, and the first year performance agreements that hold Health Authorities directly accountable for the delivery of healthcare services.

The report focuses on the five priority areas outlined in the performance agreements and the ministry's service plan:

- acute care redesign
- home and community care redesign
- mental healthcare reform
- public/population health improvements
- support and administrative services.

Initial data in the report finds B.C. is in line with national and international healthcare trends, including a decrease in acute care bed use in hospitals, increasing use of day surgery and more home and community care clients remaining in their homes instead of entering residential care facilities.

Redesign in the above priority areas is significant and ongoing. Health authorities have developed three-year strategic plans with three-year rolling budgets in consultation with the Ministry of Health Services. This report recognizes that implementing redesign and evaluating its impact on our healthcare system cannot be done based on information from just one year, and future performance assessment reports will provide more meaningful analysis of emerging trends.

The Report on Health Authority Performance Agreements 2002/03 is available online at <http://www.healthservices.gov.bc.ca/socsec/pdf/haagreement0203.pdf> The Health Reform Implementation Team was appointed in January 2002. The original team members were: chair, healthcare consultant Dr. Larry Ohlhauser, health services consultant Jeanette Pick and economist Dr. Paul Boothe.

Saskatchewan residents now have access to a new linear accelerator (Linac) for treating cancer. Located in the Saskatoon Cancer Centre, the \$2.2 million high-energy linear accelerator increases the accuracy and effectiveness of treatment. The new Linac can send a radiation beam in the precise shape of a tumour, improving effectiveness in the treatment of all types of cancer that require radiation therapy. Saskatchewan Health provided the funding to purchase the Linac, as well as an additional \$480,000 for capital construction to house the Linac machine, bringing the total investment to \$2.7 million.

A survey of new graduate registered nurses by the Registered Nurses Association of British Columbia (RNABC) reveals they are most likely to accept a position with an agency if they have completed a student clinical placement there. The new graduates said the quality of their work environment and their ability to obtain a permanent full-time position were key factors in deciding whether they would stay in B.C.

The survey was mailed last May to all 612 graduates of a B.C. school of nursing who registered with RNABC in 2002. The response rate was nearly 50%. The good news from the survey is that new registered nurses love their profession and were able to find work – most within a month of graduation. The bad news is that the number of new registered nurses who were able to find permanent employment has declined since 2001. This decline has contributed to some new graduates leaving the province.

Nearly all of those now working in B.C. were satisfied with the type of agency in which they were employed and the majority plan to remain with that agency. However, more than a third of the survey respondents had left their first registered nurse position and half of these were now working in a different health agency.

For the first time, RNABC surveyed new graduate registered nurses who have left the province. When asked why they left, the majority said they had been unable to find a permanent registered nursing position in B.C. They also indicated work environment issues, such as staffing levels, were a factor in their decision to leave. When asked what would bring them back, they indicated full-time positions, improved working conditions and better staffing levels.

Quality healthcare and improved patient safety are the focus of an expanded mandate for Alberta's Health Services Utilization and Outcomes Commission. The commission will be renamed the Health Quality Council of Alberta to reflect its new role. The council will report directly to Albertans about patient safety and satisfaction, and the quality and performance of Alberta's healthcare system. It will continue to provide input to the minister about system wide quality improvements. The council will liaise with the newly formed National Health Council and work closely with the Canadian Patient Safety Institute. It will also work with other provincial bodies that address quality and patient safety such as the Health Facilities Review Committee, Protection of Persons in Care and other key stakeholders like regional health authorities and the Alberta Cancer Board. The \$3 million annual budget previously allocated to the Health Services Utilization and Outcomes Commission will be transferred to the new Health Quality Council of Alberta. [www.health.gov.ab.ca](http://www.health.gov.ab.ca)

Alberta's health reform measures are on target was the finding of the final review conducted by the Health Reform Implementation Team. The implementation team notes these achievements:

- a province-wide Health Link telephone information line to respond to more than 800,000 calls each year
- the Healthy U public education campaign to encourage healthy lifestyles
- a reduction in Alberta's smoking rate by 44,000 fewer smokers
- new payment programs for more than 1,400 physicians, allowing more flexibility in health services that are provided
- a provincial on-line Waitlist Registry
- launching the first provincial electronic health record of its kind in Canada. So far, six out of nine health regions and 3,000 authorized users are registered, including the entire community of Drumheller
- negotiating the country's first ever eight-year, tri-lateral agreement with physicians, including the nation's first system approach to implementing primary healthcare

Several other initiatives are being addressed in ways that differ from the original recommendations. For example, instead of a 90-day guarantee of care, government is developing access standards for major services that vary with each procedure. Access standards will define the acceptable period of time a person can wait from diagnosis to treatment. Anyone needing emergency care will continue to receive treatment without delay. The department is negotiating with health regions on multi-year agreements, targeted for 2004. Work also continues to develop a provincial booking services program by 2006.

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Implementation of the Saskatchewan Registered Nurses Association (SRNA) Quality Workplace Program (QWP) recently began in the La Ronge Health Centre in the Mamawetan Churchill River Health Region and the Medicine/Palliative Care unit at the Prince Albert Victoria Hospital. The QWP provides nurses and employers with tools to help create workplaces that support excellent nursing practice, collaborative practice and quality healthcare through a program driven by front-line nurses who make decisions about their own workplace.

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According to an evaluation of the QWP released in June, 2003, Saskatchewan's Health Quality Council "found improvements in nurses' perceptions about the quality of their working environments." In addition, most people interviewed "felt more positive about themselves, their colleagues and their workplaces." Improvements were related to specific themes identified through surveys and interviews. The program is funded in part by Saskatchewan Health. Both La Ronge and Prince Albert have completed the collaborative problem solving sessions and have begun their work in assessing their workplaces.

In Ontario, most patients are satisfied with the care they receive in hospitals. However, there are some key areas that need to be improved. These findings are reflected in the four Hospital Reports for 2003 released by Health and Long-Term Care Minister George Smitherman and Ontario Hospital Association (OHA) President Hilary Short and OHA Board Chair Tony Dagnone. The data reflected in these reports is from the 2001-2002 survey year.

For the fifth year, Ontarians have access to independently researched reports detailing the performance of hospitals across the province. The four reports this year focus on acute care, emergency department care, complex continuing care and rehabilitation. These hospital reports are considered one of the most advanced approaches to reporting on hospital performance in North America. They were independently prepared by the Hospital Report Research Collaborative (based at the University of Toronto) and the Canadian Institute for Health Information (CIHI). The ministry and the OHA are joint sponsors in the project.

Hospital Reports 2003 are available on the following websites: [www.health.gov.on.ca](http://www.health.gov.on.ca) [www.oha.com](http://www.oha.com) [www.cihi.ca](http://www.cihi.ca) and [www.hospitalreport.ca](http://www.hospitalreport.ca)

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People in Saskatchewan are confident in the province's healthcare system according to a Saskatchewan Health poll recently released. Over 5,100 Saskatchewan people were surveyed in all 12 of the province's Regional Health Authorities (RHAs). The Public Confidence Indicator study is part of a series of initiatives to promote quality and accountability in the healthcare system.

Eighty percent of respondents indicated they agreed or strongly agreed that they were treated fairly by the healthcare system. An equal proportion said they were treated with respect when they received care. Responses were provided on a scale of one to five, with highest score reflecting the greatest level of confidence. The average response for 13 of the 16 confidence indicators exceeded the mid-point. The results will be used as a benchmark for future measurement of public confidence.

Thirteen reports were produced including a provincial summary and individual studies for each of the province's 12 health regions. The total cost for this research was \$98,819. The reports are available on the Saskatchewan Health website at [www.health.gov.sk.ca](http://www.health.gov.sk.ca)

Manitobans now have better access to vital healthcare services as a result of the official opening of the expanded Health Links-Info Santé 24-hour, seven-day-a-week call centre. The program is a free, confidential bilingual health advice telephone line staffed by registered nurses. The nurses provide callers with professional health advice, information or direction to the most appropriate care. Staff help callers decide whether they can treat their own symptoms, go to a clinic, wait to see their doctor or go to an emergency room. The Manitoba government partnered with the Government of Canada to get this program underway.

The announcement of the expanded service is part of the Manitoba Wait Time Reduction Plan, which has five components:

- improving information services including an expanded Health Links-Info Santé and posting of wait times on Manitoba Health's website and allowing patients to choose hospitals based on waiting times
- expanding day surgery and out-patient diagnostics to free up hospital beds
- investing in new diagnostic equipment for all regions of the province
- expanding use of rural diagnostic equipment and operating theatres
- stabilizing and renewing the nursing workforce.

The cost of the new facility was \$2.8 million. Of that amount, \$1.5 million originated from the federal government's Primary healthcare Transition Fund. The Manitoba government provided \$1.3 million for the addition of an innovative computer-assisted clinical protocol system, which improves service in areas such as primary healthcare assessment and triage, health promotion and health education.

A study to determine New Brunswick's current and future supply and demand for major health-related occupations has been released by the province's Department of Health and Wellness. As part of an Atlantic health human resources co-operation initiative, the Department commissioned Fujitsu Consulting, formerly DMR Consulting Inc., to conduct a supply and demand analysis of key health disciplines to identify future gaps, major issues and trends in health human resources. This study was funded by the Department of Training and Employment Development under the Labour Market Development Agreement. Healthcare provider groups, especially physicians and employers of healthcare providers, were major contributors to the study.

The first phase of the study covered 27 major health occupations excluding physicians. The second phase of the study focused on physicians. The study found that New Brunswick could be facing shortages in several health occupations. It recommends strategies to help New Brunswick plan to meet future health human resources requirements. The report can be found online at: [www.gnb.ca](http://www.gnb.ca)

Nova Scotia's nurses will now receive more support to enhance specialized skills, develop information resources for patients and make changes in their workplaces. New in 2003-04, the Nursing Grants Program is designed to help nurses undertake short-term projects to enhance nursing practice and patient/client care, improve quality of work life and promote innovation and creativity. Through the program, individual nurses or groups of nurses can also work to address workplace issues involving leadership, scope of their practice or rural and remote challenges. These have been identified as key areas of interest for the Provincial Nursing Network.

Some of the projects to be funded include:

- developing an education program about pain management for surgical patients (Annapolis Valley Health)
- improving patient and nursing resources for emergency, ambulatory care and day surgery patients (Cumberland Health Authority)
- developing a learning video and revising educational material on therapeutic interviewing skills for mental health nursing (Capital Health)
- determining the current role(s) of family practice nurses in the province (Capital Health)
- delivering specialized training for home support workers who assist IWK clients (IWK Health Centre)
- establishing methods for effective debriefing after critical incidents (South Shore Health)
- studying the feasibility of establishing a co-operative program for BScN students (IWK Health Centre and Guysborough Antigonish Strait Health Authority).

A fact sheet on the 22 projects is available on the Nursing Strategy website at [www.gov.ns.ca/health/nursing](http://www.gov.ns.ca/health/nursing)

New Brunswick's Health and Wellness Minister recently released the results of an external review of cancer care in New Brunswick. The review, The New Brunswick Cancer Care Network (NBCCN) – A Cancer Control Accountability Framework, was commissioned by the department to develop a sustainable, coordinated cancer control program as part of the province's overall healthcare renewal program. New Brunswick has the second highest rate of cancer incidence in Canada. About 3,850 new cases of cancer (11 per day) are diagnosed each year, and more than 20,000 New Brunswickers are presently living with cancer. The report is available online at: [www.gnb.ca](http://www.gnb.ca)

Ontario's Health and Long-Term Care Minister George Smitherman recently received a report on integrating nurse practitioners in healthcare and announced the ministry's plan to create an implementation task force to move forward with the recommendations. A task force will be formed to advise on implementation of the report's 29 recommendations that deal with removing barriers to the full integration of nurse practitioners into family healthcare. The ministry currently provides over \$30 million annually to support about 400 primary healthcare nurse practitioner positions and the primary healthcare nurse practitioner educational program.

The Ontario government is improving patient care and working conditions for nurses by investing \$14 million in modern hospital equipment – including ceiling-mounted patient lifts, electric beds and safety alarms. In 2002, Ontario nurses filed 1,481 Workplace Safety Insurance Board claims, totaling 52,105 lost days of work and costing \$5.1 million in that year alone. Between 1990 and 1998, lost time claims submitted by nurses in Ontario's hospitals increased by 10%, while lost day claims by other health sector workers decreased by 11%.

## Appointments

The College of Nurses of Ontario (CNO) recently announced the appointment of Heather Campbell, RN, MScN as its new Director of Practice & Policy. As Director, Ms. Campbell will head the Practice and Policy department in establishing and evaluating nursing practice standards and in developing policy on issues essential to nursing regulation. Ms. Campbell was most recently Chief of Nursing Practice, Professional Affairs at Hamilton Health Sciences Centre. During her tenure at Hamilton Health Sciences, she assumed a leadership role in the organization's Patient-Centred Care initiative and supported the reorganization of the Nursing Practice Council and its committees.

After close to 10 years as Executive Director of the College of Registered Nurses of Nova Scotia, Carolyn Moore has decided to pursue other career opportunities. The Council will launch an executive search in the Spring of 2004. Until a new executive director is recruited, Linda Hamilton will fulfill the responsibilities of Interim Executive Director. Linda can be reached by telephone at 902-491-9744, ext. 223, and by e-mail at lh@crnns.ca

### Information systems help nurses

Almost an hour's worth of time during an eight-hour shift is saved using information systems, allowing nurses more time to care for their patients. According to the "Patient Care Staffing Report," a grant-sponsored study at the VA Long Beach Healthcare System, ICU nurses' time spent on patient care increased from 31% to 40% and time spent on documentation decreased from 35% to 24% after implementation of the information system. Although this study does not claim to justify the cost of these systems or solve the nursing shortage problem, it does suggest improved quality of care and quality of data are benefits of information systems. (Source: *iHealthBeat*, February 2004)

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