Nursing News

Canada's nursing stakeholders have released the first comprehensive picture of the nursing human resources situation in Canada. The report, **Building the Future**, reaffirms concerns related to the nursing shortage, and urges the various members of the nursing sector, including federal, provincial and territorial governments, to consider findings and recommendations as they strive to address the healthcare needs of Canadians now and in the future. The findings and recommendations were presented at Health Canada's National Nursing Week launch event in Ottawa.

The report provides the nursing sector with more information than ever before on how the three regulated nursing groups are trained, utilized and managed. Funded by the Government of Canada's Sector Council Program, the goal of this project is to use evidence to create an informed and integrated labour market strategy for the three regulated nursing groups in Canada. The first step was to collect the evidence and make recommendations. The next step will be for the sector to develop an integrated strategy to address the issues.

The Research Synthesis Report, the Phase 1 Final Report and the technical reports are available at www.buildingthefuture.ca.

In one of the largest samples of its kind exploring various components of job satisfaction among registered nurses (RNs), conducted through an **American Nurses Association (ANA) survey,** respondents as a total group report being highly satisfied with regard to interactions with other RNs, their professional status and professional development opportunities.

The RN Satisfaction Report, conducted through ANA's National Database of Nursing Quality Indicators (NDNQI), revealed moderate levels of satisfaction regarding all other aspects of respondents' jobs, including nursing management, nursing administration, interactions with doctors and their own level of autonomy. RNs as a total group reported the lowest satisfaction with decision-making, tasks and pay. And in some unit categories – including emergency departments, perioperative services and critical care – RNs reported low satisfaction with pay.

Levels of job satisfaction for each category varied, depending on the type of unit in which the nurses worked. For example, maternal-newborn and paediatric RNs reported the highest levels of overall job enjoyment, whereas their counterparts working in medical-surgical, step-down and emergency room departments reported the lowest.

The RN Satisfaction Report was based on input from 76,000 RNs from hospitals across the country. The survey was divided into several sections using adaptations of established indexes of work satisfaction and job enjoyment scales.

For details regarding the NDNQI data collection process and the RN Satisfaction survey, see http://www.nursingworld.org/quality or http://www.nursingquality.org/rnsurveyinfo/. For the survey questions, see http://www.nursingquality.org/rnsurveyinfo/instrument.htm.

The **International Council of Nurses (ICN)** has published the first series of commissioned Issue Papers, providing a unique, substantive and international analysis addressing the global shortage of registered nurses (RN). The first papers to be released are

- International Migration of Nurses: Trends and Policy Implications and
- Nurse Retention and Recruitment: Developing a Motivated Workforce

A summary of ICN's initial report identifying the policy and practice issues and solutions affecting the supply and utilization of nurses accompanies these first publications. The papers are available on the ICN Global Nursing Workforce Project Web site at www.icn.ch/global.

Public Health Announcements

Following their April meeting, the Federal, Provincial and Territorial Ministers of Health announced the creation of the **Pan-Canadian Public Health Network.** The Public Health Network will build on current strengths in public health and establish a new way of working that will enable jurisdictions to better collaborate on public health, including rapid and coordinated responses during public health emergencies such as SARS and pandemic influenza. Dr. Perry Kendall of British Columbia will serve as the provincial/territorial co-chair of the Council of the Public Health Network and Dr. David Butler-Jones, who is also the Chief Public Health Officer for Canada and head of the new Public Health Agency of Canada, will serve as the federal co-chair. Jurisdictions have named their representative to the Council.

Also in April, the Minister of State for Public Health, the Honourable Carolyn Bennett, announced the establishment of developmental funding to bring six **National Collaborating Centres (NCCs) for Public Health** into full operational status. The Centres will contribute to strengthening Canada's public health system by facilitating information sharing and collaboration between federal, provincial and territorial governments, academic institutions, international experts, non-government organizations, researchers and health professionals. Each NCC will connect, cooperate, collaborate and communicate with a wide variety of stakeholders in the public health community to create important new linkages that will make Canada's public health infrastructure more efficient and effective.

The NCCs will each work in a specialized area of public health and be based in a different region of the country. The NCCs are located as follows: environmental health in British Columbia; infectious disease in Winnipeg; public health methodologies and tools in Ontario; public policy and risk assessment in Quebec; health determinants in Atlantic Canada and Aboriginal health in British Columbia. The NCCs will contribute to the development of an overall pan-Canadian public health strategy.

Health Canada, in collaboration with Canadian Institutes of Health Research's Institutes of Neurosciences, Mental Health and Addiction (INMHA), Population and Public Health (IPPH) and Gender and Health (IGH), recently announced a $3.2 million health research initiative aimed at **improving mental health in the workplace.** The announcement was made at a Special Roundtable on Addiction and Mental Health for Leaders in Business, Labour and Science in Toronto. Mental Health and the Workplace: Delivering Evidence for Action research initiative announced today will support new health research teams from across Canada to work with workplace organizations to help improve mental health in the workplace.

The Mental Health and the Workplace: Delivering Evidence for Action research initiative is designed to create a solid base of research evidence in this area as well as:

- increase the number of heath researchers trained in the area of mental health in the workplace
- build a coalition among workplace stakeholder groups to enable research in identified priority areas
- foster the development and evaluation of innovative policy and program interventions and identification of best practice
- facilitate access to data from public and private sector sources
- develop and evaluate measurement tools that can be used to collect information on workers at the organizational and societal levels
- facilitate the effective exchange and translation of knowledge gained from the research into the workplace, resulting in actions by stakeholders and partners

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Health Minister Dosanjh also recently announced a series of measures to **enhance the safety of the therapeutics system in Canada** and create more openness and transparency in the way Health Canada deals with safety issues. The initiatives include the opening of two new regional centres to receive adverse drug reaction reports; the formation of an Office of the Public Ombudsman to hear concerns or feedback and resolve complaints; the creation of a forum to provide public input on the issue of selective COX-2 inhibitors; the opening of a Paediatrics Office within the Department to coordinate nutrition, drug and food safety issues for children; and the creation of a publicly accessible drug information database.

Two new Regional Adverse Reaction Centres opened in April in Alberta and Manitoba. The new centres are in addition to five others across the country that serve as regional points-of-contact to collect reports submitted by health professionals and consumers, follow-up on reports to increase the quality of information gathering and to deliver education and outreach programs to encourage reporting. Each centre is responsible for reviewing the reports before they are forwarded to the National Adverse Reaction Centre in Ottawa for further analysis. There are also Regional Adverse Reaction Centres in Winnipeg, MB; Edmonton, AB; Vancouver, BC; Saskatoon, SK; London, ON; Montréal QC; and Halifax, NS. The National Centre reviews all Canadian AR reports along with information from post-marketing surveillance around the world, as part of its determination as to whether the benefits of a drug outweigh the risks.

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A further measure to increase the openness and transparency of the Department and its processes involves the creation of a new Office of the Public Ombudsman. The Office will receive complaints, concerns and feedback from individuals and organizations about the way Health Canada fulfills its responsibilities under the Food and Drugs Act and will assist in resolving these issues. The Office is expected to begin operations in the summer of 2005. The Ombudsman has not yet been appointed.

Health Minister Dosanjh also recently announced a $75 million federal initiative that is expected to assist more than 2,000 **internationally educated healthcare professionals** to put their skills to work in Canada's healthcare system. The $75 million, which was included in Budget 2005, will be provided over five years. During this period, it is estimated the funding will assist in the assessment and integration into the workforce of up to 1,000 physicians, 800 nurses and 500 other regulated healthcare professionals. The numbers will vary, however, according to the priorities of provincial and territorial governments.

The **Canadian Nurse Practitioner Initiative** (**CNPI**), led by the Canadian Nurses Association, is developing a pan-Canadian framework for the sustained integration of nurse practitioners in primary healthcare. Consultations are underway with a broad coalition of representatives – from urban, rural and remote communities, as well as provincial and national health and government organizations – to achieve agreement on standardization of the role of the NP, plus the legislation and regulation governing their practice, education and core skill set.

The CNPI will file a final report of recommendations next spring. It is anticipated that the report will include national guidelines on the scope of practice for nurse practitioners; define the skill set, knowledge and education that nurse practitioners must have; explore pay scheme options that will enable physicians and nurse practitioners to work collaboratively; and demonstrate how nurse practitioners duties can change in different settings and locations.

The CNPI, an $8.9 million project, is funded by Health Canada through the Primary Healthcare Transition Fund established by the Government of Canada to provide better access to primary healthcare for all Canadians.

British Columbia's healthcare system will benefit from a $230 million increase in funding to the province's six health authorities in 2005/06. The additional funding for health authorities will be distributed across the continuum of care to provide more services, such as

- increasing options for frail seniors in the assisted living and residential care sector
- delivering effective community and home-based services as well as health promotion, disease prevention and other public health services
- improving access to mental health and addictions services
- providing more cancer treatment, heart surgeries, diagnostic imaging, joint replacement, sight restoration services, renal care and palliative care
- increasing the recruitment, retention and education of healthcare professionals
- making B.C. the safest place to be a patient, and the safest place to care for patients

As part of government's commitment to providing multi-year budgets to enable more effective planning, health authorities received funding allocations for 2005/06 and planning allocations for 2006/07 to 2007/08. Funding increases from 2004/05 and total allocations for 2005/06 are

- Fraser Health: increase $81.7 million for a total of $1,500 million
- Interior Health: increase $21.9 million for a total of $960 million
- Northern Health: increase $13.7 million for a total of $349 million
- Vancouver Island Health: increase $36.4 million for a total of $1,058 million
- Vancouver Coastal Health: increase $38.9 million for a total of $1,684 million
- Provincial Health Services: increase $39.2 million for a total of $937 million

The allocations to health authorities for acute care, residential care and home and community care are determined using a population-needs-based formula that considers factors such as demographics, patient flow, complexity of cases and remoteness.

Alberta will add over $700 million to the Health and Wellness budget for 2005/06, an 8.6% increase over last year. With the increase to Alberta's 2005 budget, the Ministry's funding will rise to almost $9 billion in 2005/06. By 2007/08, the Ministry's budget is estimated to exceed $9.7 billion, an increase of 17.4% from the 2004/05 forecast.

Over $5.6 billion of the Ministry's budget will go directly to the province's health authorities. As well, a Mental Health Innovation Fund has been established and will receive $25 million for each of the next three years. The purpose of the fund is to establish more community and facility-based mental health alternatives, address current need areas in services, such as children's mental health and facilitate advancement of regional mental health priorities.

Other highlights of the budget include

- over $1.7 billion for physician services, an increase of $173 million from the previous year
- an increase of $72 million for ministry sponsored, non-group health benefits, ensuring that Albertans not covered under a group plan, primarily seniors, continue to have access to supplementary health services, including prescription drug benefits
- the Alberta Cancer Board will receive a 25%increase in funding, an increase of almost $48 million, to continue high quality patient care and to accommodate the growing cost of many cancer drugs

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Faster response times and more efficient co-ordination and deployment of emergency medical resources in rural and northern Manitoba will be the goal of a new command and control centre for emergency services, announced recently. The **new Medical Transportation Co-ordination Centre (MTCC)**, to be located in Brandon, will become the dedicated centre for the dispatch of all rural and northern emergency medical services including northern medivacs. The MTCC will ensure the closest available ambulance is dispatched to emergency calls and will be able to assist medical responders in locating emergency scenes through GPS technology.

The MTCC will also be responsible for managing and co-ordinating all non-emergent, inter-facility transfers within the city of Winnipeg. The Winnipeg Fire and Paramedic Service will continue to handle all emergency medical dispatch within the city of Winnipeg.

Call volumes for rural emergency medical services has been on a steady rise since 1991. Ambulance responses have more than doubled since 1991 going from 22,500 to 45,700 in 2003.

Students in **Saskatchewan** who want to enter the health professions will benefit from bursary funding in exchange for a commitment to work in the province. The provincial government is devoting **$5 million this year to support bursary programs** in the health field. New bursaries will be offered to Saskatchewan students studying health sciences disciplines, including audiology; combined laboratory and X-ray technology; cytology; dental therapy; dietetics and nutrition; public health inspection; MRI technology; medical laboratory and medical radiation technology; nuclear medicine; physical, occupational and respiratory therapy; pharmacy; prosthetic and orthotic technology; speech language pathology; clinical psychology; clinical social work; speech language pathology and ultrasonography.

New bursaries also will be targeted to Saskatchewan students studying to be licensed practical nurses; registered nurses; registered psychiatric nurses; nurse educators; primary care nurse practitioners; advanced nurses and those wishing to re-enter nursing. In partnership with the Saskatchewan Medical Association, the government is also offering bursaries throughout the year to students and residents studying medicine. As well, the government is targeting bursaries to students studying to be emergency medical technicians.

In Ontario, the second interim report from Mr. Justice Archie Campbell was released in April. Justice Campbell was commissioned to **investigate the outbreak of Severe Acute Respiratory Syndrome (SARS)** in Ontario in 2003. In his second report, he acknowledged that the government has undertaken the major changes to public health that he recommended in his first report.

Several of the recommendations made in Justice Campbell's second report relate to the operation of local public health units. The Ministry of Health and Long Term Care has already begun a review of the 36 health units across the province. This review will examine many issues raised by Justice Campbell, such as governance, accountability, structure and capacity issues.

The Montreal Children's Hospital recently opened **Canada's first Pediatric Insulin Pump Centre.** The Centre will treat and monitor children who use insulin pumps to cope with type 1 diabetes and it will actively encourage and facilitate the use of pumps for all of its young patients. The Centre's multidisciplinary team, which includes nurses, endocrinologists and a dietitian, will serve as a resource centre for remote regions of the province where this expertise is lacking. In addition, research into the use of insulin pumps will be conducted looking at such things as the quality of life of pump users and measures of metabolic control and health parameters.

The Cancer Quality Council of Ontario (CQCO) and Cancer Care Ontario (CCO) have launched the Cancer System Quality Index – a Web-based tool for tracking cancer and cancer services in Ontario. The first of its kind in North America, the index evaluates progress against cancer and points out where prevention, treatment and care improvements can be made. It aims to motivate healthcare providers to make changes so that Ontarians have the cancer services they need, when they need them. The index, developed by cancer clinical, policy and research experts, has 25 indicators that measure

1. how accessible services are to patients
2. how efficiently resources are being used
3. how Ontarians are affected by cancer and cancer risk factors
4. the quality of treatment
5. our ability to understand and measure quality improvements

The Cancer System Quality Index points out areas of the cancer system where quality improvements can be made:

- With some exceptions, patients are receiving good quality cancer care, but waiting times for care are steady or slowly increasing, and access to care varies across the province.
- Too many Ontarians are likely to get cancer in the future, due to an aging and growing population, and too many Ontarians are increasing their risk for cancer due to unhealthy lifestyles.
- More Ontarians are being screened for some cancers, but overall there is too little screening to detect cancer earlier, when treatments are more effective.
- Our ability to track cancer at the point of diagnosis is better than ever before, but real-time information that would improve our ability to make course corrections quickly is not yet available.

Cancer Care Ontario Web site: www.cancercare.on.ca/qualityindex.

Nova Scotians with mental health problems will see new and **enhanced mental health services** because of an additional $4 million in funding over the next two health budgets. The new funding will be used by district health authorities and the IWK Health Centre to increase access to mental health services in three priority areas: services for children and youth; crisis/emergency services; and community-based supports for those with chronic and persistent mental illness. Improving mental health services within communities helps people get the care they need, as close to home as possible, and helps prevent, reduce or defer unnecessary trips to the emergency room.

Over the coming weeks and months, the Department of Health will work with district health authorities and the IWK Health Centre to identify the programs and services that will receive this new funding.

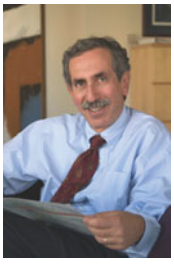
In **Quebec**, the new provincial budget for health spending will increase by $826 million in 2005/06 to $20.9 billion. The new health budget contains a further $75 million to help hospitals achieve balanced budgets by the end of the 2006/07 fiscal year. It is estimated that hospitals ended the last fiscal year $230 million in the hole. However, their operating budgets for the new fiscal year are going up by only 3.8%. Spending to cover physicians' services is slated to go up by just 1.7%. The government is also providing $50 million to improve home care for the elderly and mental health services.

In **Newfoundland and Labrador,** the government is reducing the time provincial residents wait for important health services through the delivery of 43,344 additional MRI, CT, cardiac and other key diagnostic procedures, surgeries, as well as cancer treatments.

Budget 2005 allocates $23.2 million ($14.2 million one-time and $9 million in on-going funding) to improve access to key services by purchasing new medical equipment, modernizing diagnostic and medical equipment and expanding select services in all of the province's major healthcare centres.

Transitions

Dr. Michel Tétreault became President and Chief Executive Officer of Winnipeg's St. Boniface Hospital in February 2005. Dr. Tétreault joined the hospital in September 2001 as Executive Director Clinical Programs and Chief Medical Officer. He has been responsible for leading and supporting cross program integration in addition to coordinating and supporting patient care at SBGH such as the implementation of the Elder Life Friendly initiative and quality and performance activities. He has also been actively involved with the Hospital Information System Project.



Dr. Alan Bernstein has been reappointed as President of the Canadian Institutes of Health Research (CIHR). Dr. Bernstein is an internationally respected health researcher, mentor and scientific leader and has made significant contributions as a researcher of gene therapy, cancer and blood development. He has won numerous awards, including the McLaughlin Medal of the Royal Society of Canada, the Genetics Society of Canada Award of Excellence and the 2001 Australian Society of Medical Research Medal, and is an Officer of the Order of Canada.

In Hamilton, Ontario, **St. Joseph's Healthcare** and the **Hamilton Health Sciences** have created new joint executive roles to ensure the delivery of healthcare is effectively organized to best serve the needs of patients in the Hamilton and surrounding communities. The senior executive teams at both hospitals have expanded existing positions to include integrated vice-president roles. These positions will provide city-wide leadership within their areas of responsibilities, managing designated city-wide patient care programs and support services and working as members of the senior management group of both hospitals. The integrated vice presidents will oversee patient care in the areas of emergency services, cardiac care, paediatrics, cancer care and mental health.

The integrated vice presidents are

- Darlene Barnes — Emergency Services
- Charlotte Daniels — Cardiac Services
- Winnie Doyle — Mental Health
- Paul Faguy — Clinical Support & Hospital Services

The new approach by the two hospitals builds on past successful collaborations such as the integration of a regional lab program and consolidation of paediatric services. Areas that will be considered for future partnerships include purchasing, warehousing and logistics.

Errata: In the previous issue of the *Canadian Journal of Nursing Leadership* (18:1), Sarah Wall, Doctoral Student at the Centre for Knowledge Transfer and Knowledge Utilization Studies Program in the Faculty of Nursing, University of Alberta, and author of the commentary on page 46, was not correctly identified.

New CEOs in Newfoundland

David Diamond was appointed the new Chief Executive Officer (CEO) of the Central Regional Integrated Health Authority (RIHA). A native of Botwood, Mr. Diamond holds a Bachelor of Commerce from Memorial University of Newfoundland and a Master in Health Services Administration from the University of Alberta. Mr. Diamond also chairs the provincial Human Resources Management group of the Newfoundland and Labrador Health Boards Association and is a member of its labour relations committee. Over the past 15 years, Mr. Diamond has held a variety of senior leadership positions within the healthcare system.

George Tilley is the new Chief Executive Officer (CEO) to lead the Eastern Regional Integrated Health Authority. A native Newfoundlander, Mr. Tilley holds a bachelor of commerce as well as a masters of business administration from Memorial University of Newfoundland and is a certified health executive of the Canadian College of Health Services Executives. He is also a member of the board of directors of the Canadian Patient Safety Institute and the Association of Canadian Academic Healthcare Organizations. Since 1982, he has held a variety of senior leadership positions within the healthcare system. Since the fall of 2000, he has led the Healthcare Corporation of St. John's.

Boyd Rowe is the new chief executive officer (CEO) of the Labrador-Grenfell RIHA. A native of Whiteway, Trinity Bay, Mr. Rowe holds a bachelor of commerce from Memorial University of Newfoundland and is a graduate of the health services management program administered through the Canadian Hospital Association. Mr. Rowe is a member of the Canadian College of Health Services Executives. Over the past 28 years, Mr. Rowe has held a variety of senior leadership positions within the healthcare system. Since the summer of 2000, he has led one of only two integrated health boards offering a full continuum of health services in the province.

Susan Gillam is the new chief executive officer (CEO) of the Western Regional Integrated Health Authority. A resident of Corner Brook, Ms. Gillam is a registered nurse and holds a bachelor of nursing and master of nursing from Memorial University of Newfoundland. She graduated Magna Cum Laude with a master of science in administration from the University of Notre Dame and is currently a PhD candidate in nursing at McGill University. Over the past 15 years, Ms. Gillam has held a series of progressive senior management positions and is a member of the Newfoundland and Labrador Public Health Association and the provincial Primary Health Care Advisory Council.

Dr. Robert Bell has been named the new President and CEO of Toronto's University Health Network. Dr. Bell is currently Vice President and Chief Operating Officer (COO) of UHN's Princess Margaret Hospital. Dr. Bell has been COO at Princess Margaret Hospital and Medical Director of the UHN Oncology program from 2000 to the present. During this time, the hospital formed a strategic and positive relationship with Cancer Care Ontario, added a Palliative Care unit, and was successful in securing funding to enable an enhanced investment in radiation therapy, leukemia and surgical oncology. Dr. Bell is an orthopedic surgeon with a specialized practice in oncology and a successful career in cancer research and education. Dr. Bell will assume his new role on June 15, the date that Tom Closson, current UHN President and CEO, steps down from the position.

In London Ontario, **Dr. Christopher Schlachta** has joined the senior leadership team at CSTAR (Canadian Surgical Technologies & Advanced Robotics) as Medical Director, to facilitate further academic and scientific growth, as well as provide leadership in new research grant development and recruitment of scientists. Dr. Schlachta comes to London from Toronto where he held a leadership role at St. Michael's Hospital as Division Head of General Surgery. Originally from Montreal, Dr. Schlachta trained in general surgery at The University of Western Ontario where he developed an interest in laparoscopic surgery and minimally invasive surgery. He has since gone on to establish a national and international reputation for clinical excellence and innovation in the field.

Dr. M. E. (Beth) Horsburgh has been chosen as the next Dean of the Faculty of Nursing, University of Alberta. She will take up the position in September, 2005. Dr. Horsburgh is currently Dean of the College of Nursing at the University of Saskatchewan (since 2000) and was previously Director of the School of Nursing at the University of Windsor from 1995-2000. She has 20 years of expertise in university-based academic nursing, and eight years of acute-care nursing and management experience in the Detroit Medical Center, Detroit, Michigan. She obtained her PhD in Nursing Science from Wayne State University, Detroit, Michigan in 1994 following completion of MSN and MEd degrees in 1992 and 1983 respectively.

Emergis Inc. recently announced that **Ron Kaczorowski,** an accomplished executive in information technology for the healthcare industries, has joined the company's management team as Executive Vice-President, Sales and Marketing, Health. Mr. Kaczorowski will be focused on developing business opportunities and supporting Emergis' growth plans.

Mr. Kaczorowski brings to Emergis a wealth of knowledge and expertise in IT, as well as a deep understanding of the healthcare industries. Throughout his career, which spans a 25-year period, he has held various senior positions, including that of President of Philips Medical Systems Canada. He was also an executive at the Healthcare Solutions Group of Agilent Technologies and the Medical Products Group of Hewlett Packard (Canada). He has clearly demonstrated his ability to profitably grow organizations, to establish relationships with the public and private sectors, and to translate customer needs into winning solutions. Mr. Kaczorowski currently sits on boards of organizations in the healthcare sector, including the boards of the Kensington Health Centre and of the Change Foundation of the Ontario Hospital Association.

Saskatoon Regional Health Authority (SRHA) is pleased to announce the appointment of **Maura Davies** as Chief Executive Officer (CEO) for the Saskatoon Health Region. Ms. Davies assumes her duties on June 13, 2005. Ms. Davies's most recent position was that of Vice President, Planning and Performance for Capital Health in Halifax, which she had held since 2001. In that capacity, she was responsible for the following functions: strategic planning, patient safety, quality and decision support, risk management and legal services, infection control, professional practice development, ethics services and board development. During the time she was asked to assume leadership of the executive team on an interim basis for an eight-month period in 2002.

University Health Network's Vice President and Chief Information Officer (CIO) **Matthew Anderson** was recently named to the prestigious "Top 40 Under 40" list, published in the Report on Business. The national award celebrates Canadian leaders of today and tomorrow who have reached a significant level of success but have not yet reached the age of 40. Thirty-six-year-old Matthew was recognized for his leadership and vision in the healthcare information technology field.