

Nursing News

International News

The findings of a two-year study addressing the worldwide nursing workforce crisis were released recently by the International Council of Nurses (ICN) and the Florence Nightingale International Foundation (FNIF). **The Global Nursing Shortage: Priority Areas for Intervention** identifies top priorities for action in addressing the shortage of nurses worldwide. The report presents an action plan for ICN and nursing, calling on national and global partners to engage in developing, implementing and financing interventions in five priority areas:

1. Macroeconomic and health sector funding policies;
2. Workforce policy and planning, including regulation;
3. Positive practice environments and organizational

performance;

4. Recruitment and retention, and addressing maldistribution within countries and out-migration; and
5. Nursing leadership.

The report points to critically needed improvements in the work environments of nurses and capacity building in health human resources planning and management. It also highlights the need for greater national self-sufficiency in managing domestic supply and demand, and for enabling fiscal environments supportive of nursing workforce development and improved public infrastructures (e.g., roads, clean water, electricity, information and communication technologies). Full details of the report can be found on the ICN website at www.icn.ch/global.

A new collaboration launched by the United Nations High Commissioner for Refugees (UNHCR), Merck Sharp & Dohme (MSD) and the International Council of Nurses (ICN) is delivering **nursing knowledge and training for health workers in refugee populations** in Africa. In March 2006, 50 ICN/MSD Nursing Libraries for Refugee Health arrived in Tanzania and Zambia, where more than 770,000 refugees are currently living in numerous camps and communities. The libraries will

increase access to the latest nursing and health information and will provide accompanying training to better meet refugee health priorities. The goal is to expand the program over the next five years to reach nurses and other health personnel in refugee settings across Africa, improving the quality of healthcare provided to the continent's almost three million refugees. For more, see www.icn.ch.

The **American Association of Colleges of Nursing** (AACN) released preliminary survey data showing that enrollment in entry-level baccalaureate nursing programs increased by 13.0% from 2004 to 2005. Though this increase is welcome, surveyed nursing colleges and universities denied 32,617 qualified applications, primarily because of a shortage of nurse educators. AACN is very concerned about the increasing number of qualified students being turned away from nursing programs each year, since the federal government is projecting a shortfall of 800,000 registered nurses by the year 2020.

AACN's annual survey is the only resource for actual (versus projected) data on enrollment and graduations

reported by the nation's baccalaureate and graduate degree programs in nursing. This year's 13.0% increase in enrollments is based on data supplied by the same 408 schools reporting in both 2004 and 2005. This is the fifth consecutive year of enrollment increases, with 14.1%, 16.6%, 8.1% and 3.7% increases in 2004, 2003, 2002 and 2001, respectively. Prior to the five-year upswing, baccalaureate nursing programs experienced six years of declining enrollments from 1995 through 2000. For a graphic depiction of enrollment changes in baccalaureate nursing programs from 1994–2005, see www.aacn.nche.edu/Media/ppt/94-05EnrChgs.ppt.

New Tool for HR Planning

The **Health Human Resources Planning Simulation Model for NPs in Primary Health Care™** is a one-of-a-kind soft-

ware program developed to help planners determine current and future nurse practitioner (NP) requirements in their jurisdictions. Developed by the Canadian Nurse Practitioner Initiative, this tool was created for health human resources

(HHR) planners in federal, provincial and territorial governments in Canada, and is also applicable in countries where NPs practise. The HHRP Simulation Model is a needs-based planning tool that incorporates various elements of planning, such as NP education/training, retirement and migration. It allows planners to test various policy scenarios prior to implementation and addresses such questions as:

- What is the requirement for NP services?
- What HHR policy initiatives will be most effective in addressing an NP shortfall?
- What NP enrollment levels are necessary to meet future population health needs?

- What are the effects of increased population health needs on NP services?

The model goes beyond traditional HHR planning models that are based on supply, utilization or projected population-to-provider ratios. The HHRP Simulation Model for NPs in Primary Health Care™ considers population health needs and the level of services required to meet those needs in a variety of settings.

For more information or to request a copy of the Health Human Resources Planning Simulation Model for NPs in Primary Health Care™, contact HHRPmodel@cna-aiic.ca.

The Association of Canadian Academic Healthcare Organizations (ACAHO) has released a report entitled **“Wait” Watchers II: Measuring Progress on Wait Time Strategies Across ACAHO Members**. This is the second report highlighting a range of innovative initiatives by teaching hospitals and Regional Health Authorities focused on improving Canadians’ access to a range of health services. The report underscores the fact that members of ACAHO are working collaboratively with governments and health providers to strengthen the public system so that it will remain flexible, innovative and responsive to the changing health needs of Canadians.

Highlights of this report, structured on six interlocking themes, include the following points:

1. A number of provincial investments have focused on reducing wait times, including investments in informa-

tion technologies prior to and since the First Ministers’ Accord in September 2004.

2. Many ACAHO members have increased capacity in order to provide additional healthcare services, including increasing the number of providers, increasing the number of operating suites, extending the hours of operation for existing surgical suites and establishing coordinated care processes.
3. Consistently, members of ACAHO are concerned that a relentless focus exclusively on the five priority areas identified by the First Ministers could have a detrimental impact by minimizing needed investments in other areas of the health system.

For more information, see www.achao.org.

While recent findings from Statistics Canada showed that wait times for care remains a primary concern across the country, a new omnibus survey of 1,200 Canadians also found that one out of every two people feels they have to **wait too long to receive test results**. Conducted in January 2006 by Pollara Public Opinion & Market Research on behalf of Agfa HealthCare Canada, the study also reveals widespread concern about both access to specialists and communication among hospitals. In fact, only 22% of Canadians believe the current system is doing a good job of sharing healthcare information among facilities, and 54% of those surveyed are worried about having to travel unreasonable distances to see a medical specialist.

Residents in the Prairies feel strongest about the lack of communication, as only 13% say healthcare facilities are doing a good job of communicating, followed closely by British Columbia respondents at 16%. Most positive were Albertans at 27%. However, this figure still shows significant room for improvement.

The results also indicate that residents in rural Canada (68%) are most worried about having to travel unreasonable distances to see medical specialists, showing that more work is still needed to increase access in remote areas. However, rural residents (83%) rated having the most advanced technology in Canada’s healthcare systems as “very important,” compared to their urban counterparts at 76%.

The Canadian Institutes of Health Research (CIHR) recently announced the recipients of **793 health research grants** worth over \$273 million. The 793 research projects funded across Canada underwent a rigorous peer-review process before being approved and exemplify CIHR's comprehensive, problem-based approach to funding excellence in health research. The funded research projects will be carried out over periods of one to five years and include the following:

- Dr. Amardeep Thind (University of Western Ontario) will examine how long patients in southwestern Ontario have to wait to see a specialist, a key piece of the wait-times puzzle;
- Dr. Bin Hu (University of Calgary) will lead a team studying the brain networks that help people with Parkinson's react to music, potentially leading to new methods of physical rehabilitation;

- Dr. Margaret Penning (University of Victoria) will examine the impact of changes in the healthcare system on cancer diagnosis, treatment and care;
- Dr. Rhonda Rosychuk (University of Alberta) will examine visits to Alberta emergency departments for respiratory ailments such as asthma as a surveillance tool for identifying regions of high need for services;
- Dr. Ashok Malla (McGill University) will evaluate a way to lessen the wait for treatment of first episodes of psychotic disorders; and
- Dr. Elizabeth McGibbon (St. Francis Xavier University) will address inequities in access to health services among rural Aboriginal and Black Canadians.

Comprising 13 institutes, CIHR provides leadership and support to close to 10,000 health researchers and trainees across Canada. See www.cihr-irsc.gc.ca.

British Columbia is investing \$30 million in health promotion through partnerships with the BC Healthy Living Alliance and 2010 Legacies Now.

The BC Healthy Living Alliance is receiving a one-time grant of \$25.2 million to pursue recommendations outlined in its report, *The Winning Legacy – A Plan for Improving the Health of British Columbians by 2010*. The plan includes:

- promoting wellness and supporting chronic disease prevention;
- enhancing collaboration among local government, non-government and private sector organizations; and

- increasing the capacity of communities to create and sustain health-promoting policies, environments, programs and services.

2010 Legacies Now is receiving a grant of \$4.8 million to support physical activity and healthy lifestyles and to collaborate with local governments and partner organizations to increase the proportion of the BC population who are physically active.

ActNow BC is a government health and wellness initiative to promote healthy living choices that improve quality of life. ActNow BC focuses on healthy eating, physical activity, maintaining a healthy weight, tobacco control and healthy choices during pregnancy.

BC NurseLine recently celebrated five years of service to British Columbians. The service has grown significantly since its inception in 2001. BC NurseLine facts:

- BC NurseLine offers 24/7 health information and advice from a registered nurse;
- Translation services are available in over 130 languages;

- After-hours pharmacist support, available from 5 p.m. to 9 a.m. every day, was introduced in 2003;
- The BC NurseLine budget has almost tripled, rising to nearly \$15 million in 2005–2006 from \$5 million in 2001–2002; and
- The number of calls has more than tripled to over 330,000 calls in 2004–2005 from close to 100,000 in 2001–2002.

Alberta will add \$735 million to its Health and Wellness budget for 2006–2007, a 7.7% increase over last year, to continue making improvements to the province's healthcare system. The increase will bring the health ministry's total 2006–2007 budget to \$10.3 billion. Nearly two-thirds of the Health and Wellness operating budget will be provided in operating grants to health authorities for services rang-

ing from home care and diagnostic testing to surgeries and transplants. In 2006–2007, operating grants to health authorities will increase by \$338 million, or 6%, to nearly \$6 billion. Further increases of 6% are planned in 2007–2008 and 2008–2009.

Alberta also recently announced an additional \$116 million investment in the electronic health record system

to support provincewide technology enhancements and connect more health professionals to patient information. With the province already considered a national leader in electronic health record development, the new funding will support the health regions in acquiring new hardware for provincial systems and software to update inpatient and ambulatory care health information systems.

The additional funding comes in a year of significant progress for Alberta Netcare, the electronic health record system. This spring, more than 300 health professionals will pilot an enhanced Alberta Netcare that will give users a more intuitive and easy-to-access system. The upgrades will also allow physicians across the province access to text reports

of diagnostic imaging results for the first time. Diagnostic images will be accessible early in 2007, but for now, health professionals will have access to the detailed analysis of results.

This year also marks a milestone for the availability of lab test results on Alberta Netcare. More than 55% of lab test results conducted in the province are now available electronically, with 85% expected to be available this summer. Alberta's pharmacists can now access lab test results, enabling them to provide more comprehensive advice to their clients about their prescriptions and over-the-counter medications. See www.albertanetcare.ca.

Saskatchewan has a new initiative that will assist internationally educated nurses to practise in the province. The Orientation to Nursing in Canada for Internationally Educated Nurses program will begin this fall. The program will provide internationally educated nurses with training in such areas as the Canadian health system, theory related to drug therapy in Canada and assistance in preparing to write the Canadian Registered Nurse Exam. The majority of the courses can be delivered by distance, allowing students to begin training in their country of origin before moving to Canada.

Also in Saskatchewan, students who want to enter the health professions will benefit from bursary funding in exchange for a commitment to work in the province. The government recently announced funding for more than 500 new and continuing return-in-service bursa-

ries. Building on bursaries and other commitments, the provincial government recently announced Working Together: Saskatchewan's Health Workforce Action Plan – a comprehensive, detailed plan designed to improve healthcare in Saskatchewan by keeping and attracting healthcare professionals.

This year, Saskatchewan's government is devoting \$5 million to support bursary programs in the health field. New bursaries will be targeted to Saskatchewan students studying to be licensed practical nurses, registered nurses, registered psychiatric nurses, nurse educators, primary care nurse practitioners, advanced practice nurses and those wishing to re-enter nursing.

For more information, see <http://www.health.gov.sk.ca/>

Manitobans can now acquire more wait-time information to help them and their healthcare providers make decisions about diagnostic testing and treatment options. The enhanced website, part of the government's long-term strategy to improve wait times for health services in Manitoba, now includes:

- monthly instead of quarterly wait times;
- wait times for a wider range of healthcare services

offered throughout the province, including facility-specific MRI and CT scans, ultrasound, bone density tests, stress MIBI, radiation therapy, cardiac, joint and cataract surgery; and

- wait-time questions for patients to ask doctors or nurse practitioners.

The website is located at www.gov.mb.ca/health/wait-list/index.html.

Regulation changes that support efforts to **bring physicians to rural and northern Manitoba** were announced recently. The province is supporting the plans by amending the Registration of Medical Practitioners Regulation under *The Medical Act*. The College of Physicians and Surgeons of Manitoba proposed the amendments to allow temporary registration of physicians for up to 12 months in any 18-

month period. Physicians eligible for temporary registration will include any physician previously registered in the Manitoba medical register, as well as those who hold full registration as a physician in good standing in a Canadian jurisdiction other than Manitoba. <http://www.gov.mb.ca/health/>

The **Ontario** government has appointed 39 new board members to the province's 14 Local Health Integration Networks (LHINs). LHINs are local health organizations that will plan, integrate and fund local health services – including hospitals, community care access centres,

home care, long-term care, mental health services, community health centres and addiction and community support services – for a specific geographic area. See www.moh.on.ca for details.

As reported in *Health Edition*, **Quebec** has decided to turn to public-private partnerships to build two new multi-billion-dollar hospitals in Montreal, but it is scaling down private sector involvement to maximize public control. A new assessment of the costs for the new McGill University Health Centre (MUHC) and Centre hospitalier de l'Université de Montréal (CHUM), as well as renovations to the Sainte-Justine children's hospital, has come up with a combined total of \$3.6 billion, with the two major hospital centres

weighing in at \$1.6 billion and \$1.5 billion, respectively. This total is \$1 billion higher than estimates produced last year. The government is now planning on contributions of almost \$2.2 billion – \$368 million more than it committed to last year. Negotiations for P3 contracts can take up to two years to complete, but the government insists that the existing deadline of 2011 to have the hospitals up and running remains in effect.

The completion of a new digital diagnostic system at hospitals across **Nova Scotia** will allow physicians and their patients to make faster and better treatment decisions. The Department of Health is investing more than \$10 million in new equipment as part of the Picture Archive and Communications System (PACS) expansion project. The project, which is already underway in some districts, will replace film-based imaging in the province with faster, safer and more streamlined processes.

The PACS expansion project is a partnership between the health districts in Nova Scotia, the Department of Health and Canada Health Infoway. The project began

in 2004 at a total cost of \$25 million. Canada Health Infoway is contributing \$12 million, with the remaining \$3 million to come from the federal medical equipment fund. The project is being implemented in hospitals across the province by teams from district health authorities with support from Sierra Systems, who provided project management; Agfa Inc., the vendor of the PACS equipment; and EMC Corp., the centralized information management and storage provider.

For more information, go to <http://www.gov.ns.ca/heal/>

In **Prince Edward Island**, new nurse practitioner regulations have been approved for the Registered Nurses Act. Now that regulations for practice are in place, proposals can be developed for health sites on the Island that are considered good prospects for the nurse practitioner role. The role will work in collaboration with a medical practi-

tioner (or practitioners) and teams of health professionals. A Nurse Practitioner Position Assessment Committee has been developed to oversee the optimal placement of these positions within the health system. <http://www.gov.pe.ca/health/index.php3>

The government of **Newfoundland and Labrador** announced that a contribution of \$10.5 million by Canada Health Infoway Inc. (Infoway), combined with the provincial government's investment of \$4 million, will support the development of a provincewide Picture Archiving and Communications System (PACS) by 2007. The combined investment of \$14.5 million by government and Infoway will result in the implementation of the PACS project in

the Western and Labrador-Grenfell regions of the province, allowing these areas to link into existing sites in Central and Eastern regions. Once completed, the integrated PACS will provide healthcare providers with consistent and virtually seamless provincewide access to patients' complete diagnostic records. By 2007, there will be 27 PACS sites in the province. <http://www.health.gov.nl.ca/health/>

Awards

In Haliburton, Ontario's **Seana O'Neill**, President and Founder of Cottage Dreams, has been awarded US\$10,000 to advance her charitable work from Harlequin Enterprises through their More Than Words charitable program. Founded in 2002, Cottage Dreams connects cancer survivors and their families with donated cottages to help bring families back together to recover, reconnect and rebuild their lives – all in a soothing natural setting. In only one short year, Cottage Dreams went from idea to reality and placed its first six families. Today, the cottage-lending program has grown to include over 300 cottages across Ontario and has made more than 100 placements. For more information, see www.cottagedreams.org.



Greta Cummings, Associate Professor of Nursing at the University of Alberta, was recently recognized with an award for Best Dissertation (2003–2005) from the American Organization of Nurse Executives. Prof. Cummings was invited to present a plenary session on her dissertation, "Mitigating the Effects of Hospital Restructuring on Nurses: The Responsibility of Emotionally Intelligent Leadership" to the Nursing Administration Research Conference (NARC) in Tucson, Arizona earlier this year.

Margaret I. Fitch is the 2006 recipient of the Oncology Nursing Society (ONS) International Award for Contributions to Cancer Care. This award recognizes her outstanding contributions to the improvement of cancer care in Canada. Oncological nursing has been transformed and improved through her efforts in sharing new information, developing new projects and creating new policies. In her position as head of the Oncology Nursing and Supportive Care department at Toronto's Sunnybrook and Women's College Health Sciences Centre Cancer Clinic, Fitch has had an impact on nursing education, patient teaching, clinical procedures and skills, pain management and palliative care. Fitch is an active member of the Advanced Nursing Research special interest group (SIG) of ONS and president of the International Society of Nurses in Cancer Care. She also serves on the board of directors for the National Institute of Cancer Canada.



ONS is a professional organization of more than 33,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research and administration in oncological nursing. The largest professional oncology association in the world, ONS maintains a website at www.ons.org.

Appointments

The Province of Manitoba has created the position of provincial director of patient access to ensure that patients receive timely access to needed surgical procedures. **Dr. Luis Oppenheimer**, current medical director of the Winnipeg Regional Health Authority (WRHA) surgical program, has accepted the position. In the last eight years as director of surgery, Oppenheimer has overseen a number of wait-list initiatives that have helped reduce wait times, resulting in speedier access to needed procedures.

In his new position, Oppenheimer will be working with all Regional Health Authorities to reduce wait times, first targeting the three surgical areas identified in the First Ministers' Accord (cardiology, orthopaedics and sight restoration). He will assist in directing resources to needed areas as well as introducing new ways of doing business to improve patient access.



ACEN President **Wendy Hill**, currently Vice President and Chief Operating Officer, Regional Support Services and Community Hospitals and Chief Nursing Officer for Capital Health, Edmonton Alberta, has been appointed Assistant Deputy Minister, Performance Management and Improvement Division with the British Columbia Ministry of Health, effective May 1, 2006.

James Bay General Hospital Chair of the Board Stella Wesley is pleased to announce the appointment of **Wes Drodge** to the position of CEO. Mr. Drodge's previous executive positions include CEO and vice president in Newfoundland, New Brunswick, Ontario and Northwest Territories. He comes to the James Bay Coast from St. John's, Newfoundland, and has extensive experience working with all levels of government, hospitals and other community agencies. Mr. Drodge will be taking over as CEO from Peter Fabricius, who spent seven and a half years with James Bay General Hospital.

West Haldimand General Hospital (WHGH) has appointed **David Bird** as its new CEO. Mr. Bird is currently executive director of West Lincoln Memorial Hospital (WLMH) in Grimsby, and will continue in that position while additionally serving as CEO for WHGH. With an extensive background in healthcare, including a broad range of clinical, management and education-related experience, Mr. Bird has spent the last eight years expanding and transforming programs and services at WLMH. This shared leadership role will allow him to provide strategic direction for both hospitals and exemplifies how integration and partnership are playing increasingly important and beneficial roles within the healthcare system.

The board of governors of Ross Memorial Hospital regretfully announces that **Anthony Vines** will retire as president and CEO effective August 31, 2006. Mr. Vines has been an outstanding representative of Ross Memorial Hospital and has also proudly served as a CEO in Ontario's hospital system for 30 years. During that time, he served on a number of external boards and committees, including the Hospitals of Ontario Pension Plan (HOOPP) board, the Joint Policy and Planning Committee (JPPC) and the Ontario Hospital Association. The board of governors also announced the appointment of **Brian Payne** to the position of president and CEO effective September 1, 2006. Mr. Payne has served Ross Memorial for 16 years, 12 years as senior vice president and the past four years as chief operating officer.

Mount Sinai Hospital President and CEO Joseph Mapa is pleased to announce the appointment of **Marlene Robinson** as vice president and chief information officer. Ms. Robinson has 20 years of work experience in Canada and internationally, and will lead the IT team in continuing to develop a fully integrated system that creates a more seamless flow for patients throughout the continuum of care.



St. Michael's Hospital is pleased to announce the appointment of **Helen (Ella) Ferris** to the position of Executive Vice President, Programs and Chief Nursing Officer, effective March 27, 2006. In this role, Ms. Ferris will oversee nursing practice and the areas of heart and vascular, trauma, mobility, risk management, professional practice and clinical informatics. A longtime employee, Ms. Ferris has been with St. Michael's Hospital since 1972 and has served as program director for both the Diabetes Comprehensive Care Program and the Heart and Vascular Program. In addition, she played a key leadership role during the SARS crisis as program director for the SARS Unit at the hospital and was interim chief nursing officer from December 2003 to May 2004. To her new role, Ms. Ferris

brings a mix of practical experience and professional credentials. A registered nurse with 30 years of diversified experience in medicine, surgery and critical care, she also holds an MBA from the Richard Ivey School of Business.



Barb Mildon has joined Fraser Health as Chief Nurse Executive and Vice President, Professional Practice and Integration. She was formerly at the Nursing Health Services Research Unit at the University of Toronto, where she was a research associate for Dr. Linda O'Brien-Pallas, CHSRF/CIHR Chair in Nursing/Health Human Resources. Barb is currently completing her doctorate degree in nursing administration at the University of Toronto.

Barb is a recognized leader with more than 20 years of experience in clinical practice in acute and community care, education and senior management, augmented by roles in regulation, policy and research. She is an innovator in clinical nursing and professional practice, with a strong record of service and leadership for professional organizations at the provincial and national levels.

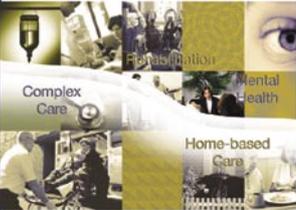
As part of its restructuring process, the Ontario Ministry of Health and Long-Term Care recently announced five **new Assistant Deputy Ministers**:

- Maureen Adamson, ADM, Health System Investment and Funding;
- Dr. Sheela Basrur, ADM, Public Health and Chief Medical Officer of Health;
- Adalsteinn (Steini) Brown, ADM, Health System Strategy;
- Hugh MacLeod, ADM, Health System Accountability and Performance; and
- Dawn Ogram, ADM, Corporate Support.



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