

# ACEN and the Health of Canadians

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As readers will recall in the last issue of the *Journal*, I proposed to use this column to tell people about the Academy of Canadian Executive Nurses (ACEN) and what we do, using our Strategic Directions as a framework. ACEN's Strategic Directions are:

1. **The Health of Canadians:** Through its strategic coalitions and partnerships, ACEN influences and participates in setting directions for nursing, health policy and healthcare delivery in Canada that improves the health of Canadians.
2. **The Advancement of Nursing:** ACEN leads a community of practice to share, discuss and debate strategies and innovations that advance nursing clinical practice, education, research and management.
3. **Leadership in Healthcare Delivery:** ACEN supports the development of current and emerging executive nurse leaders across Canada.

Together, these Strategic Directions reflect ACEN's major areas of commitment and provide a guide for activities of the organization.

In the last issue I described initiatives ACEN has undertaken in the past year with regard to Strategic Direction 3: Leadership in Healthcare Delivery. This column will focus on what we are doing with regard to Strategic Direction 1: The Health of Canadians.

To enable and support this work, the academy has established two specific goals:

- identifying current and emerging risks and proposing action to mitigate these risks; and

- participating in the development of policies and the implementation of programs that strengthen practice environments, academic contributions and safety initiatives across Canada.

The outcomes that ACEN has committed to achieving with this Strategic Direction are also intended to promote a greater understanding of the role nurse executives play in healthcare planning and a broader awareness of the essential knowledge that they bring to planning processes.

To begin the work on this Strategic Direction, ACEN charged its Policy Committee to consider the issues facing healthcare today and to recommend those that the organization ought to speak out on. The committee began by reviewing work that had already been done by the Academy in regard to influencing health policy, including the publication of a joint position paper with the Association of Canadian Academic Healthcare Organizations (ACAHO) in regard to the need to create a culture of patient safety in our healthcare system. In this work ACEN identified the need for Canada's academic health science centres to demonstrate leadership in creating such cultures (ACEN and ACAHO 2005). It also reviewed the literature on issues impacting the health of Canadians, including articles written by its members and by other key leaders. Of particular interest to members of the Committee were the Canadian Adverse Events Study, published by Baker et al. in 2004, and the report *Patient/Client Safety Goals and Required Organizational Practices*, published in 2006 by the Canadian Council on Health Services Accreditation. The report *Keeping Patients Safe: Transforming the Work Environment of Nurses*, published by the Institute of Medicine in 2004, was also a key resource. From this review, ACEN determined that it should advocate for a sustainable and dependable healthcare system to meet the health needs of Canadians. In support of this, a position statement, *Safe Reliable Health Care in Canada*, was developed. (See sidebar.)

As noted in this position statement, ACEN believes that access to safe, reliable, quality care is a fundamental right of all Canadians and that the involvement and leadership of nurses is an essential element in creating a safe and reliable healthcare system. The system depends upon nurses who are involved in direct clinical care to be the “eyes and ears” – the assessors and monitors of patients, the coordinators of care teams and the interceptors of errors before they occur. Without an adequate supply of well-prepared nurses, supported by well-prepared nursing leaders, the healthcare system cannot meet the healthcare needs of Canadians.

Further, because nurses, and nursing leaders, are employed in virtually every setting where people receive healthcare services, and in the delivery of every type of healthcare – from health promotion and disease prevention to chronic, acute

and palliative care – 24 hours a day, seven days a week, they are intimately aware of the challenges facing the healthcare system. The system depends upon nursing leaders who support nurses and others engaged in clinical care delivery to bring their extensive knowledge and experience forward. It also depends on nurses in executive roles to identify issues and to advocate for or initiate strategies that will support the creation of safer healthcare in all clinical environments. Additionally, their experience in, and knowledge of, healthcare management and care delivery makes nurses in senior leadership positions an excellent source of knowledge for the non-clinical members of executive teams and decision makers in policy-making forums at local and government levels.

In acting upon this Strategic Direction, ACEN makes use of its strategic coalitions and partnerships to influence and participate in setting directions for nursing, health policy and healthcare delivery in Canada, with an overall goal of improving the health of Canadians. Some of the partners we continue to work closely with to influence health and nursing policy include the Canadian Nurses Association (CNA), the federal Office of Nursing Policy (ONP), the Canadian Association of Schools of Nursing (CASN) and the Association of Canadian Academic Healthcare Organizations (ACAHO). Participation in strategic coalitions such as the Quality Worklife – Quality Healthcare Collaborative (QWQHC) and the Canadian Healthcare Leadership Network (CHLNet) also offers forums for ACEN to voice its perspectives on issues regarding the health of Canadians.

In the interests of influencing policy and advancing the creation of a safe and reliable healthcare system, ACEN and its members are also actively involved in local, provincial and national initiatives. Nationally, ACEN works closely with the CNA and ONP and is a charter member of the QWQHC, an organization that is focused on addressing workplace issues in order to enhance quality of care. Provincially, ACEN members are actively engaged in a number of initiatives related to safe care, including the initiatives sponsored by the Canadian Patient Safety Institute, and many sit on provincial safety councils and taskforces. In consideration of building the next generation of nursing leaders, members are also actively working with educational programs designed to prepare emerging nursing leaders with the necessary skills to identify and address risks and to enact improvements to the system to positively benefit the health of Canadians.

Initiatives related to the second goal for Strategic Direction 1 – participating in the development of policies and the implementation of programs that strengthen practice environments, academic contributions and safety initiatives across Canada – include educating senior decision makers to understand the importance of having senior nurse executives in the healthcare system positioned to influence decision making. One recent strategy in support of this goal was to actively

work with the CNA in their campaign to encourage nurses to communicate with candidates about healthcare in the recent federal election. ACEN provided members with information from the CNA and developed materials to support them in communicating about the role of nurse leaders in the healthcare system and to share their ideas for how to make healthcare sustainable and accessible – as well as safe and reliable. Many of these materials will be used as the basis for meetings with decision-makers in the new government.

At ACEN's annual general meeting this year, members will also participate in a "cross country check-up" forum to share perspectives with each other in regard to emerging issues and challenges facing nursing and healthcare. The results of these communications will form the basis for the work ACEN will do in regard to the health of Canadians in 2009.

We realize that there is much more to be done if ACEN is to be considered a "go to" organization for advice on health policy, but we have made a start and over the coming year will build on what we have achieved to date.

This will be my last column. My term as the interim executive director of ACEN is coming to an end, and a permanent ED is expected to be appointed in November. The last eight months have offered me a most interesting opportunity to work "inside" an organization that I have been a member of for many years. I have always believed – but now I know – that ACEN is an organization made up of extraordinarily smart, committed nursing leaders who individually and collectively have much wisdom to bring in addressing the issues we face in sustaining our healthcare system. I salute them and thank them for their support during my tenure in this interim position.

## **Position Statement**

### **Safe, Reliable Health Care in Canada**

#### **ACEN's Position**

ACEN believes that access to safe, reliable, quality care is a fundamental right of all Canadians.

The involvement and leadership of nurses are essential elements in creating a safe and reliable health care system. The system depends upon nurses who are involved in direct clinical care to be the "eyes and ears" – the assessors and monitors of patients, the coordinators of the care team and the interceptors of errors before they occur. The system depends upon the system knowledge and experience of nursing leaders to identify issues, advocate for, initiate strategies and provide ongoing support for safe clinical environments.

As a national leader in promoting patient safety, ACEN is pursuing initiatives that support evidence-informed interventions by nurses and others to ensure patient safety and quality needs are met. These include advocating for adequate human resources, close attention to system redesign, legislative requirements for disclosure, strong executive leadership endorsement of safety as a first priority, and collaboration with other national and provincial quality leaders.

In the next issue of *CJNL*, the new ED will explore ACEN's remaining Strategic Direction: The Advancement of Nursing.

## References

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Canadian Council on Health Services Accreditation. 2006. *Patient/Client Safety Goals and Required Organizational Practices: Evaluation of Implementation and Evidence of Compliance*. <[http://www3.cchsa-ccass.ca/PatientSafety/documents/ROPs2007\\_en.pdf](http://www3.cchsa-ccass.ca/PatientSafety/documents/ROPs2007_en.pdf)>.

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## ACEN Scholarships Recipients

It is my pleasure to introduce the winners of the 2008 ACEN Scholarships. As readers will know, ACEN awards a yearly scholarship to nurses pursuing graduate studies. This year's recipients are:



Norna Waters - a master's student at the University of British Columbia School of Nursing. Her clinical practice has been focused in perinatal nursing and she holds both post-graduate specialty certification and Canadian Nurses Certification in Perinatal Nursing. Currently she is a risk management leader at Children's & Women's Health Centre of B.C. where she provides risk management support to clinical and professional services. She has also been an active member of the Association of Women's Health Obstetrical and Neonatal Nurses (AWHONN) Canada holding various leadership positions on the Section Coordinating Team. She currently holds the position of chapter coordinator of the

British Columbia/Alberta Chapter. Her research in her master's program is focused on factors influencing the workplace environments of registered nurses and how this impacts the development of patient safety cultures and error reporting.



Wendy Gifford - a doctoral student at the University of Ottawa School of Nursing. Her research focuses on leadership development for knowledge translation, including leadership to facilitate the implementation of clinical practice guidelines in nursing. She brings a wealth of clinical experience from both acute care and community sectors into her program of research that includes ICU/ER, outpost nurse practitioner work in remote northern Aboriginal communities, and community program development. She holds a doctoral fellowship from the Registered Nurses' Association of Ontario, an operating grant from the Canadian Nursing Foundation, and has recently received funding from

the Ministry of Health and Long-Term Care Nursing Research Fund to expand on her doctoral work developing individual and organizational leadership capacity in home healthcare.

These very worthy scholars were chosen from a large number of applicants, all of whom are doing very interesting work to advance knowledge about nursing and nursing practice. The members of ACEN would like to congratulate the winners and to wish all of the applicants every success as they pursue their studies.