Appointments

George Brown College Welcomes Dr. Corrine Johnston as Director of Health Sciences

Dean of Community Services and Health Sciences Lorie Shekter-Wolfson was pleased to welcome a new director of Health Sciences. Dr. Corrine Johnston joined George Brown College in March and has taken on responsibility for Health Sciences and its four schools – Nursing, Oral Health, Health Services Management and Health and Wellness.

Dr. Johnston brings vast experience in funding and distribution of healthcare programs and services in Ontario to her work at George Brown, particularly in mental health, palliative care and long-term care. She has also conducted research in the area of primary care and alternative models of primary care, including community health centres.

Most recently, she was the associate director of Research Services at McMaster University, responsible for the central administration of the school's $235-million research enterprise. Previously, Dr. Johnston led a wide range of integrated planning and policy initiatives as the regional planning coordinator at the Ministry of Health and Long-Term Care. She earned a doctoral degree from the University of Toronto (specializing in health policy and planning) and a nursing diploma from Durham College.

CARNA Executive Director Appointed to Advisory Committee on Health

Alberta Health and Wellness recently announced that Mary-Anne Robinson, executive director of the College and Association of Registered Nurses of Alberta (CARNA), has been appointed to the Minister of Health and Wellness's Advisory Committee on Health.

CARNA is the professional and regulatory body for Alberta's more than 32,000 RNs, including nurses in direct care, education, research and administration. Its mandate is to protect the public by ensuring that Albertans receive effective, safe and ethical care by registered nurses.

Credit Valley Hospital Appointments

Credit Valley Hospital President and CEO Michelle E. DiEmanuele is pleased to announce the appointment of Susan Kwolek as senior vice president, Patient Care Programs and Services. Kwolek will lead the day-to-day operations of the organization, aligning the patient services and program activities to meet overall strategic directions. Key to this mission will be the partnerships and engagement of CVA's healthcare professionals, community and LHIN.

Kathryn Hayward-Murray has been appointed vice president, Strategy, Quality and Organizational Performance. Hayward-Murray will lead the development and implementation of the strategic plan, including the enhancement of quality, safety and accountability. In addition, Hayward-Murray has been named chief nursing executive for CVH.

Larry Hogue Appointed Chair of the Canadian Healthcare Association Board of Directors

The Canadian Healthcare Association (CHA) is pleased to announce that Larry Hogue of Brandon, Manitoba assumed the role of chair of the CHA Board of Directors. Hogue is known through his professional career as a teacher and registrar at Assiniboine Community College (retired 2007). Ensuring the optimal health of Manitobans – and Canadians – is a top priority for Hogue. He has demonstrated this dedication through service on behalf of Manitobans as immediate past chair of the Brandon Regional Health Authority and chair of the Council of Chairs for the Regional Health Authorities of Manitoba, as the Brandon Regional Health Authority's board representative to the Assiniboine Regional Health Authority and as a board member of the Brandon Regional Health Centre Foundation.

Hogue has represented Manitoba on the CHA Board of Directors since June 2004. He assumed the position of chair on May 31, 2009, for a two-year term.

Appointment of Dr. Sandy McEwan as Special Advisor to Minister of Health on Medical Isotopes

Dr. Alexander (Sandy) McEwan was appointed special advisor on medical isotopes to the minister of health for the duration of the isotope shortage. Dr. McEwan has been a member of Health Canada's Ad Hoc Group of Experts on Medical Isotopes since the group was struck in 2007. He is past president of the Society of Nuclear Medicine and has been involved at the highest levels of the Canadian Society of Nuclear Medicine. Dr. McEwan is also a member of Health Canada's Regulatory Working Group on Medical Isotopes.

Dr. McEwan's work as special advisor on medical isotopes will include providing on-the-ground updates on the situation and how it is affecting patients; advising on how Health Canada can best support provinces, territories and the medical community in the use of alternatives and mitiga-

tion strategies; and supporting the minister in communicating the impact of the current shortage. These duties will supplement the work of the Ad Hoc Group of Medical Experts, which will continue to inform government actions on this file.

Dr. McEwan is currently chair of the Department of Oncology within the Faculty of Medicine and Dentistry at the University of Alberta, where he has been a faculty member since 1986. He is also adjunct professor of the Department of Radiology and Diagnostic Imaging within this faculty. In addition, he is the associate director of research and the acting director of the Department of Oncologic Imaging at the Cross Cancer Institute in Edmonton, Alberta.

Dr. McEwan has been instrumental in the development of the Positron Emission Tomography Program at the Cross Cancer Institute. He is a member of the Canadian Association of Nuclear Medicine, the Society of Nuclear Medicine, the European Association of Nuclear Medicine and the World Radiopharmaceutical Therapy Council. He is also past president of the Society of Nuclear Medicine Board of Directors.

New Chief Information Officer at the Provincial Health Services Authority

Barry Rivelis was appointed chief information officer at the Provincial Health Services Authority (PHSA) in British Columbia. Prior to joining PHSA, Rivelis held the position of vice president of Public Sector West at Telus Corporation, where he was responsible for leading Telus's healthcare strategy. Rivelis brings an extensive background in information technology and management through experience gained in a variety of settings, including senior-level positions with Cap Gemini Ernst & Young in Vancouver, British Columbia, and Ernst & Young Consulting in Toronto, Ontario. He holds a bachelor of arts degree in economics from York University and an MBA from the Schulich School of Business.

New Deputy Minister of Health and Social Services for the Northwest Territories Appointed

Paddy Meade was appointed deputy minister, Department of Health and Social Services

(H&SS) for the Northwest Territories. Meade is a former deputy minister of both Health and Wellness and Aboriginal Affairs and Northern Development for the government of Alberta, and most recently served as executive operating officer for the Alberta Health Services Board. She brings to her new position a varied and extensive administrative career within the healthcare industry. Premier Floyd Roland and Minister of Health and Social Services Sandy Lee jointly expressed their appreciation to H&SS staff, senior managers and Acting Deputy Minister Dana Heide, who have contributed above and beyond their expected duties in the absence of a full-time deputy minister, to ensure the continued delivery of timely and quality healthcare services to all residents in the Northwest Territories.

McGill University Health Centre Recruits New Executive

Helen Antoniou was appointed associate director general of Public Affairs and Strategic Planning at McGill University Health Centre (MUHC). Antoniou is a lawyer with a background in healthcare and extensive private sector experience.

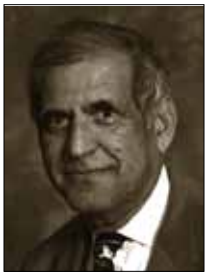
Antoniou will report to Dr. Arthur T. Porter and be a member of MUHC's senior management team. In this newly created position, she will assume responsibility for MUHC's public relations and communications as well as strategic planning and government relations. Antoniou joins MUHC from Bombardier Aerospace, where she was director of Strategy and Business Development for the past four years. Before joining Bombardier, she had worked for Pfizer Canada and for National Public Relations in Montreal, Quebec, and Cap Gemini Ernst & Young in Paris, France, where her primary focus was on the healthcare and pharmaceutical sectors.

Antoniou holds a master's degree of public health from Harvard University and a master's degree in international commercial law from the University of Paris. She has bachelor's degree in

civil and common law (BCL and LLB) from McGill University, where she was editor of the *McGill Law Journal*.

Awards

Veteran Surgeon–Medical Director Receives Provincial and National Recognition



Dr. Mahmood A. Naqvi, MBBS, FRCS(c), FACS, DHA, medical director for the Cape Breton District Health Authority in Nova Scotia, has received the Order of Nova Scotia and will soon receive the Order of Canada. Recognition of Dr. Naqvi is based on his work over the past four decades to improve the delivery of healthcare to the people of Cape Breton Island. Since the establishment of his first practice in New Waterford, NS in the early 1960s, Dr. Naqvi has been a tireless contributor to the local, provincial and national healthcare sectors. From his early days of treating injured coal miners and of surgical accomplishments, to his instrumental role in the opening of the nationally recognized Cape Breton Cancer Centre, his common touch and wise guidance are highly respected. With the support of his fellow physicians and nursing colleagues, he helped to develop the area's first intensive care unit. Dr. Naqvi was also instrumental in consolidating the services of Sydney City and St. Rita's hospitals and supported the construction of the Cape Breton Regional Hospital and the creation of the Cape Breton Healthcare Complex. Today, he continues to guide the overall delivery of numerous clinical and medical aspects of the Cape Breton District Health Authority. While recognized as a skilled surgeon and administrator, he is also well known and respected as one of the province's top physician recruiters and has helped to enhance the complement of family physicians and specialists in the district.

CHA 2009 Leadership Awards Conferred During National Healthcare Leadership Conference

The Canadian Healthcare Association (CHA) announced the recipients of two national awards recognizing outstanding contributions to the Canadian health system. Murray Ramsden of British Columbia is the recipient of the 2009 CHA Award for Distinguished Service, and Rosemarie Goodyear, of Newfoundland and Labrador, received the 2009 Marion Stephenson Award for Outstanding Contribution to Community Care.

Ramsden assumed the position of Chief executive officer (CEO) upon the creation of the Interior Health Region, British Columbia, on December 12, 2001. He brought a wealth of experience in health administration to the position, including five years as CEO of the Okanagan Similkameen Health Region and five years as the chief operating officer of Kelowna General Hospital. He also acted as the public administrator, appointed by the minister of health, for three intermediate-care facilities, prior to their amalgamation with the Regional Health Board. Ramsden is an executive member of the Canadian College of Health Service Executives, a member of the Health Care Leaders' Association of British Columbia, a past director of the Canadian Association for Community Care, a director of the Canadian Council on Health Services Accreditation and a past director of the Canadian Health Network; he also has membership on several provincial health committees and continues his involvement in many community services.

Goodyear is known in Newfoundland and Labrador as a strong advocate for the community sector and is frequently asked to participate on provincial committees because of her expertise and hard work. Goodyear is dedicated to high-quality health outcomes that are grounded in heath promotion and prevention, and span the continuum from community-based to specialized institutional healthcare. Since 2005, Goodyear has worked as vice president, Community Health and Primary Healthcare with Central Health in Newfoundland and Labrador. Prior to that, she was assistant CEO and chief nursing officer with the Legacy Community Health Board in that region. These roles exemplify her tireless commitment throughout her career for the overall development of the community sector. Goodyear is an accomplished administrator, researcher and author. Her many professional activities promote the nursing profession and contribute to the optimal health of the citizens of Newfoundland and Labrador.

Canadian Graduates from the Johnson & Johnson–Wharton Program for Nurse Executives

Five Canadian nurse leaders recently graduated from the Johnson & Johnson–Wharton Fellows Program in Management for Nurse Executives, an intensive three-week management education program held at the Wharton School of the University of Pennsylvania. They are:

- Patti Cochrane, vice president, Patient Services and Quality and chief nursing officer at Trillium Health Care in Mississauga, Ontario;
- Irene Holubiec, national director, Clinical Services at Victorian Order of Nurses of Canada in Toronto;
- Mary Suzanne Johnston, PhD, chief nursing officer at Northern Health in Prince George, BC;
- Bernadette MacDonald, vice president, Clinical Services and chief nursing executive at Brockville General Hospital in Brockville, Ontario; and
- Lynne McVey, director of nursing and chief nursing officer at Jewish General Hospital in Montreal, Canada.

Each year, senior nurse executives are selected to participate in the program, which provides participants with critical business and management skills that enable them to be effective leaders in the ever-changing healthcare industry. This year's participants are from the United States, Australia, Italy and Canada.

The Johnson & Johnson–Wharton Fellows Program has been enhancing the leadership capabilities of nurse executives for more than 25 years. The program recognizes the important and influential role that nurse executives play in strategic planning within their own healthcare institutions and in shaping healthcare policy issues regionally, nationally and globally. Their input and influence have added significance today, given the serious nursing shortage that threatens the quality of healthcare.

Wharton Executive Education competitively selects nurse executives to study strategic, financial, managerial and leadership approaches to organizational development. During the program's Executive Forum, nurse executives collaborate with their healthcare institutions' chief executive officers to analyze the role of nursing in hospital management and strategic planning.

ICN Announces the Release of Version 2 of the International Classification for Nursing Practice (ICNP)

The International Council of Nurses (ICN) released Version 2 of the International Classification for Nursing Practice (ICNP) at the recent ICN 24th Quadrennial Congress in Durban, South Africa. ICNP is an international standard for nursing terminology and an integral part of the global information infrastructure informing healthcare practice and policy to improve patient care worldwide. Version 2 includes more than 400 new concepts.

ICNP Version 2 is available electronically: see www.icn.ch/icnp.htm to download files with the new version. A new Web-based collaborative ICNP workspace, ICNP C-Space, is also available at http://icnp.clinicaltemplates.org/info/v2/. C-Space provides a tool set for ongoing development and distribution of the ICNP. Additionally, the ICNP Browser and Translation (BaT) Tool is available to assist with distributed work by translation teams via the Internet. Work is progressing to ensure reuse of previous translation work and assist translators with updating changes between versions. A monograph, entitled ICNP Version 2, about the history and current state of ICNP, is available at the ICN Bookshop. See www.icn.ch/bookshop.htm.

The launch of the new version was a landmark event for the International Council of Nurses (ICN) and represents the work of countless nurses and experts worldwide. ICN welcomes input and ideas for ongoing development and improvement of ICNP.

Alert – Return of 1990s Healthcare Reform

Dorothy Pringle, Editor-in-Chief, Canadian Journal of Nursing Leadership

Remember the 1990s? In case you don't, there was a major recession and hospitals found themselves squeezed for funds. A movement called "healthcare reform" was instituted across Canada to reduce costs and balance budgets. Nurses bore the brunt of the so-called reforms, which resulted in

- merging of hospitals and loss of nursing positions;
- elimination of nurse managers' positions and expansion of the span of control of those who remained, so that they found themselves managing two to four units and responsible for 100 to 200 nurses;
- elimination of RN positions and substitution of licensed practical nurses or non-regulated workers;
- replacing full-time RN positions with part-time positions without fringe benefits;
- absence of nursing positions for new graduates and nurses who had been displaced, driving them to seek employment in the United States (the majority did not return to Canada);
- collapse of the applicant pool to schools of nursing, which took a decade to rebound to pre-reform days (the drop in graduates over several years during this period is in part responsible for the shortage of nurses today);
- dramatic loss of job satisfaction by nurses, which has still not recovered; and
- a prevalent sense that nurses were disposable and mattered little in the broad healthcare system.

In the July/August issue of the *Registered Nurse Journal*, the voice of the Registered Nurses Association of Ontario, the executive director, Doris Grinspun, raised the alarm that the current financial crisis is leading to another set of interventions that are worryingly like what happened 15 years ago (Grinspun 2009). The circumstances are similar: hospitals, finding themselves in financial difficulty and searching for solutions, have focused on nurses. This time, the terms used to describe the interventions are different but the results are the same. Now, it's "new care models" that are being proposed but interestingly, these involve substituting practical nurses and non-regulated workers for RNs. The "interprofessional care model," for example, is remarkably like team nursing of the 1970s and '80s.

In the mid-1990s we had little research on the effects on patient outcomes of varying proportions of RNs versus practical nurses and unregulated health workers. We have much more now, and hospitals ignore it at their peril.

In a landmark international study in which Canada participated along with the United States, Scotland and Germany, a team led by Linda Aiken demonstrated that higher proportions of RN care are associated with significantly lower mortality rates of surgical patients (Aiken et al. 2002). Estabrooks and a team from Alberta led the Canadian arm of the study, and after a complex statistical analysis reported that in Alberta "hospitals with a higher proportion of richer skill mix of registered nurses (i.e., higher RN-to-non-RN ratios) were associated with lower rates of 30-day patient mortality, OR, 0.83 [95% CI 0.73, 0.96]" (Estabrooks et al. 2005). Tourangeau and a team using Ontario hospital discharge data demonstrated similar results for medical patients: "lower 30-day mortality rates were associated with hospitals that had a higher percentage of Registered Nurse staff" (Tourangeau et al. 2007). Kane and colleagues from the School of Public Health at the University of Minnesota conducted a systematic review and meta-analysis of the association of registered nurse staffing levels and patient outcomes. Twenty-eight studies met their internationally accepted criteria. They concluded that increased RN staffing was associated with lower hospital-related mortality in patients in intensive care, surgical and medical units. The odds ratios associated with these decreases are reported. Additionally, these authors concluded that an increase by one RN per patient-day was associated with a decreased odds ratio (a lower probability of occurrence) in ICU patients of hospital-acquired pneumonia, unplanned extubation, respiratory failure and cardiac arrest, as well as a 24% shorter length of stay, a lower risk of failure to rescue and a 31% shorter length of stay in surgical patients (Kane et al. 2007).

These are just a few of the studies that demonstrate the importance of high ratios of RNs relative to other levels of regulated and non-regulated staff. In this issue of CJNL, a critically important study by McCutcheon, Doran and colleagues (see pg.38) reports on the negative effects on nursing staff and patient satisfaction of driving up the span of control of nurse managers.

Nursing and nurses are still recovering from the destructive effects of cost containment in the 1990s. Another round of these or similar interventions would not only set back the gains that have

been achieved over this decade, but have the potential to so undermine the profession and its practitioners that nursing as we know it, and know its potential to contribute to patient comfort, recovery and well-being, would not recover.

The weapon to resist a return to the 1990s is knowledge. It is critical that nurse leaders, particularly those in senior management positions, are familiar with the studies briefly reviewed in this "Alert" and many others on which these build. If physicians had one intervention or one medication that could achieve the positive effects of high RN ratios and did not use it despite cost constraints, they would be accused of malpractice. Evidenced-based healthcare is now the norm in clinical practice, and health administrators expect nothing less from their clinical staff. It is a double standard to expect evidence to drive clinical practice but not healthcare services. To ignore the evidence of the effect of high ratios of RN staffing on patient care is administrative malpractice and should be acknowledged as such.

The fiscal crisis that hospitals (and other sectors of the healthcare system) find themselves in is real and must be addressed. Nurses have to work with administration to identify ways of mitigating it, but they must not be expected to carry a disproportionate amount of the load of cost reductions. Further, evidence of what matters in patient outcomes must be used to guide the solutions that are adopted.

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