

New ICN Publications Address Nurse Unemployment; Reforming PHC; Managing the Complaints Process; and Nurses as Entrepreneurs

The International Council of Nurses (ICN) has released four new publications, highlighting critical issues affecting health and nursing today: the unemployment and underemployment of nurses; the critical issue of processing complaints about unacceptable nursing practice; the nursing perspective on reforming primary healthcare; and nurses' entrepreneurship.

Unemployed and Underemployed Nurses

The pervasiveness and persistence of health worker shortages remains the subject of worldwide concern, with just 40% of countries meeting the minimum standard of 2.5 health workers per 1,000 population. At the same time, unemployment and underemployment of nurses is a critical factor in the worldwide nursing shortage, representing a waste of resources that could contribute to health improvements.

This policy paper fills the gap in understanding the unemployment and underemployment of nurses, providing background on the issue, data on the extent of the problem and an assessment of the causes of unemployment and underemployment, including examples from around the world.

Unemployed and Underemployed Nurses is available online at www.icn.ch/pillarsprograms/policy-a-research-papers/.

Toolkit on Complaints Management

A key responsibility in nursing regulation is to deal with incidences and complaints about unacceptable practice. It is vital that the profession clearly articulate to the public that it will take action when a nurse's practice puts the public at risk. The process of investigating the validity of complaints in a systematic and just manner, taking any appropriate action and, if deemed necessary, imposing sanctions or discipline, is fundamental in protecting the public and colleagues from practice that falls below standards.

The *Toolkit on Complaints Management* and the accompanying PowerPoint slides describe the policy framework, relevant concepts, key stakeholders and processes fundamental to a complaints management process.

The *Toolkit on Complaints Management* will soon be available through the ICN eShop: www.icn.ch.

Reforming Primary Health Care (PHC): A Nursing Perspective

This report focuses on:

- Describing the role of the nursing workforce in the developing and implementing PHC reform at global, national and local levels
- Reviewing the evidence base and identifying key factors in the practice environment that act to inhibit or facilitate the development of PHC reform
- Developing an evidence-based policy brief that articulates the important contribution that nurses can make in future health sector reform, focused on PHC enhancement and the delivery of health equity goals

Reforming Primary Health Care: A Nursing Perspective is available online at www.icn.ch/pillarsprograms/policy-a-research-papers/.

Handbook on Entrepreneurial Practice

This handbook describes the characteristics and qualities primarily of nurses who discover and apply innovative mechanisms to deliver services to patients or clients, whether the nurse is self-employed or employed by a health service. The focus is primarily on discovering what it takes to become a successful nurse entrepreneur or intrapreneur.

Handbook on Entrepreneurial Practice will soon be available through the ICN eShop: www.icn.ch.

New Nurse Leadership Academy Cohort Aims to Improve Maternal–Child Health; The Honor Society of Nursing, Sigma Theta Tau International, Partners with Johnson & Johnson to Meet United Nations Millennium Development Goals

Every minute of every day, 21 children under the age of five die – 14 of those from preventable causes. Each year, 350,000 women die from complications during pregnancy or childbirth. The new cohort selected for the 2012–2013 Maternal–Child Health Nurse Leadership Academy (MCH NLA) is out to change those statistics. Created by the Honor Society of Nursing, Sigma Theta Tau International (STTI), and made possible through the support of Johnson & Johnson, the academy is helping the United Nations achieve two of its Millennium Development Goals – improve maternal health and reduce child mortality.

Specifically, the UN and STTI aim to reduce the under-five mortality rate by two-thirds (compared to 1990), reduce the maternal mortality ratio by three-fourths and achieve universal access to reproductive health by 2015.

Canadian participants in this cohort are:

- Charlotte Li, BScN, Fraser Health Authority – Surrey Memorial Hospital
- Ruth Stevens, BScN, CNE, Fraser Health Authority – Surrey Memorial Hospital
- Kristy Lynn Mills, BScN, RN, Fraser Health
- Joanne Hamberg, MN, BScN, Fraser Health
- Sarah N. Rourke, BSN, RN, Fraser Health Authority
- Brenda M. Haan, BSc, Surrey Memorial Hospital

The Academy provides an 18-month mentored leadership experience in which nurse groups plan, implement and measure the effectiveness of live projects. The ultimate goal of the MCH NLA is improved health for childbearing women and their children (up to five years old). This goal is achieved

- directly from the projects completed during the Academy (which creates system change), and
- indirectly from ongoing nurse leadership throughout the nurse's career.

Federal Government Supports Allowing More Health Professionals to Prescribe Legal Controlled Substances

The federal government has introduced new regulations proposing that midwives, nurse practitioners and podiatrists be allowed to prescribe selected medications containing legal controlled substances.

Currently, the *Controlled Drugs and Substances Act* authorizes only medical doctors, dentists and veterinarians to conduct activities with controlled substances. The proposed *New Classes of Practitioners Regulations* (NCPR) would authorize these additional health professionals (midwives, nurse practitioners and podiatrists) to prescribe, administer and provide legal controlled substances such as codeine, fentanyl and diazepam to treat patients in provinces and territories where they are licensed to do so.

“Because of these new regulations, nurse practitioners will be able to efficiently deliver a more comprehensive level of quality care for which they are trained,” said Judith Shamian, president, Canadian Nurses Association. “Nurse practitioners are poised and ready to deliver an advanced level of care that will reduce wait times

and the burden on emergency departments. The time for transformation is now and governments are to be commended when they lead progressive changes such as this one, positively affecting millions of Canadians.”

Provincial and territorial governments are responsible for regulating health professionals, and have been consulted in the development of these proposed changes. By working closely with provinces and territories, the federal government is creating greater flexibility in the healthcare system by making it more convenient for patients to obtain the medications they need.

Canadian Nurses Association Shines Spotlight on Health Employers

The Canadian Nurses Association (CNA) recently announced the winner of the 2012 CNA Employer Recognition Award. The prestigious prize honours employers who have shown an exceptional commitment to supporting registered nurses (RNs) pursuing and maintaining national certification in a range of nursing specialties/ areas of nursing practice.

CNA offers voluntary certification in 19 specialties/areas of nursing practice including community health, emergency, gerontology, medical-surgical, perinatal and psychiatric and mental health nursing. Today, more than 16,800 RNs have earned this nationally recognized credential.

This year's top award winner is the not-for-profit Hill House Hospice of Richmond Hill in Ontario. Half of the eight-person nursing staff has obtained CNA certification. Hill House Hospice supported certification candidates by providing exam study materials and time off for exam preparation. The facility also offered compensation for 60% of the exam cost, but with the majority of the hospice's funds coming from direct donations, the nurses chose to cover their costs through other means because they wanted the resources to stay directly in patient care.

In addition to Hill House Hospice, two other organizations – Mount Sinai Hospital in Toronto and the City of Hamilton's Public Health Services department – are being recognized with honourable mentions.

Mount Sinai Hospital demonstrates comprehensive, consistent support of its registered nurses seeking CNA certification. The facility was recognized for its support of nurses preparing for certification, its recognition efforts for RNs who are successful, and its commitment to advancing evidence-based nursing practice by giving preference to nurses with professional certification when recruiting for specialty areas.

More than 12% of the City of Hamilton's

Public Health Services RN staff is CNA-certified. The organization is making a concerted effort to drive that number up by fully covering initial certification costs and placing no limit on the number of its RNs who seek the credential. RNs seeking certification benefit from two paid days off per year for continuous learning activities, and mentorship offered by those in the organization who are already certified.

CNA certification is obtained by successfully completing a rigorous examination to ensure that an RN's specialized knowledge and skills are current and comprehensive. Certified nurses receive a trademarked certification distinction, which helps ensure career advancement opportunities, higher earning potential and even university credit towards obtaining a nursing degree. The CNA certification exams are developed by CNA-certified registered nurses across Canada.

Nursing Quality Report Card Project to Transform Care

The National Nursing Quality Report (NNQR) initiative – a new benchmarking system for the nursing profession – is set to launch, with funding from Canada Health Infoway (Infoway) and other sources.

Led by the Canadian Nurses Association (CNA) and Academy of Canadian Executive Nurses (ACEN), the NNQR initiative is part of Infoway's Health System Use (HSU) demonstration program, designed to showcase the benefits of analyzing anonymous health information to improve clinical programs, manage the health system, monitor the health of the public and conduct research.

The focus of the project will be on the outcomes of care provided by nurses. Existing sources of secure and non-identifiable patient data captured in the electronic health record (EHR), along with other clinical and administrative data sources, will be analyzed with the aim of improving the quality of the health system and enabling healthcare professionals to achieve the best possible outcomes for patients. Specific structural, process and outcome indicators, such as pressure ulcers, falls, therapeutic self-care and measures of staffing levels, turnover and practice environments will be selected. The NNQR will capitalize on the potential for EHR systems to enable new ways of gathering and sharing health information.

NNQR's leadership committee is made up of representatives from CNA, ACEN, Infoway, Canadian Patient Safety Institute, Canadian Institute for Health Information, Nursing Health Services Research Unit at the University of

Toronto and organizational healthcare leaders. The project will be piloted in Manitoba, Saskatchewan, Ontario, New Brunswick and Nova Scotia in three different sectors: acute care, long-term care and in-patient mental health. With the support of nurse leaders and provincial/territorial nurse advisers across the country, the report project will go a long way towards establishing a community of practice for the nursing profession.

New Appointment to the Governing Council of the Canadian Institutes of Health Research



The Honourable Leona Aglukkaq, Minister of Health, recently announced the appointment of Dr. Paul Kubes, PhD, to the Governing Council of the Canadian Institutes of Health Research (CIHR) for a three-year term.

Dr. Kubes is a professor in the Faculty of Medicine at the University of Calgary and founding director of the Snyder Institute for Chronic Diseases. He holds the Canada Research Chair in Leukocyte Recruitment in Inflammatory Disease.

Dr. Kubes was named Canada's Health Researcher of the Year in 2011 for his work in examining the role that white blood cells play in preventing and reversing sepsis – a potentially fatal condition in which the blood becomes infected by harmful bacteria. CIHR presents this prestigious award to health researchers who have demonstrated outstanding innovation, creativity, leadership and dedication.

Biographies for the members of CIHR's Governing Council can be found on the CIHR website: www.cihr-irsc.gc.ca.

The Canadian Association of Schools of Nursing and Canada Health Infoway Recognize Leadership in School of Nursing Faculty

The Canadian Association of Schools of Nursing and Canada Health Infoway are pleased to announce the creation of a competition aimed at supporting nursing school faculty who demonstrate exceptional leadership and commitment to e-health in nursing education. This award is a component of Canada Health Infoway's Clinicians-in-Training Initiative, aimed at improving the preparedness of graduates to work in a technology-enabled environment. The \$2,000

award will be presented annually for the next two years at the Canadian Association of Schools of Nursing National Council meeting. Any faculty member at a Canadian school of nursing may be nominated for this award who is providing leadership in preparing nurses to work in technology-enabled environments and incorporating health informatics into the curricula.

The successful candidate will have demonstrated an exceptional contribution in e-health in nursing education through

- curriculum development/renewal,
- creation of innovative educational programs,
- faculty development,
- development of enabling policies and/or
- other mechanisms.

Nomination forms will be available at www.casn.ca.

BC First Nations Establish First Permanent Provincial First Nations Health Authority in Canada

BC First Nations have achieved a historic level of consensus in moving to establish Canada's first provincial First Nations Health Authority (FNHA). The decision was made at the fifth annual Gathering Wisdom for a Shared Journey forum on May 15–17, 2012 and marks another significant step forward in creating a more effective and culturally responsive health services system for BC First Nations.

Over 800 delegates were on hand at the three-day event that saw 94% of chiefs and proxies in attendance approve the *Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure*. The consensus paper mandates transition from the interim First Nations Health Authority into a permanent form and begins planning for the establishment of Regional Offices to support health and wellness engagement with First Nations and Health Authorities at the regional level.

The new model is founded upon the principle of reciprocal accountability and creates an environment for innovation, tradition and continued collaboration with all partners towards the overall goal of improving the design and delivery of health services and achieving a higher standard of health for BC First Nations. This development will enhance the clear separation between the political health governance work of the First Nations Health Council (FNHC) and the service delivery responsibilities that will soon fall under the FNHA.

Connect with the First Nations Health Authority: www.fnha.ca.

New Program, More Supports Will Keep More Alberta Seniors Independent

Three home care initiatives receiving support from the Government of Alberta will help more seniors remain as independent as possible in their communities.

As part of its investment in people and communities in Budget 2012, the Alberta government has proposed the following:

1. Adding new adult day program spaces for medical, rehabilitation, recreational, social and related services for as many as 440 new home care clients
2. Enhancing provincewide access to 24-hour on-call registered nurses for home care clients
3. Introducing a new program called Destination Home to help individuals return home as quickly as possible after a hospital stay and avoid unnecessary hospital visits

Providing these enhanced supports and programs is also expected to result in fewer Albertans needing to access hospital emergency departments because their health needs are being better met in their homes and communities. The Alberta government has set aside \$25 million in Budget 2012 to support these three initiatives.

Saskatchewan Advances Electronic Health Record for Faster Access to Lab Results

The province has introduced the Saskatchewan Lab Results Repository, which puts lab results in providers' hands faster and improves the care experience for patients. Providers will be able to access 85% of all provincial lab results. As the repository is fully implemented, electronic lab results will be available anywhere a patient seeks medical care across Saskatchewan.

The Lab Results Repository has cost \$26.7 million to date, and Canada Health Infoway has committed \$22.7 million to this project. The secure Lab Results Repository has already accumulated more than 10 million laboratory test results, increasing by approximately 50,000 additional results each day.

All electronic lab results are stored within a secure central repository, and access is limited to authorized healthcare providers. Privacy and security requirements guide the storage and use of personal health information. Patients who would like to learn more about the privacy and security aspects of this service, including an option to mask their laboratory results from view, can learn more at www.health.gov.sk.ca/ehealth-privacy.

Manitoba Introduces New Plan to Protect Universal Healthcare

Focused on What Matters Most: Manitoba's Plan to Protect Universal Health Care has three key pillars – healthier Manitobans, better health services and better value:

- To help Manitobans make healthier choices, the province will focus its efforts on tobacco reduction, injury prevention, increased access to screening, improving breastfeeding rates, and increasing physical activity and healthy diets, all of which help to prevent cancers and other chronic diseases and avoid the need for more costly healthcare diagnostics and treatment.
- Expanding home care and ensuring that all Manitobans have access to a family doctor are key components of the government's plan to provide better health services and build a more sustainable healthcare system. Home care and primary care not only offer better, more convenient care closer to home; they are cost-effective alternatives to hospital-based care.
- The province will also continue to deliver better value for the funding invested in healthcare by taking steps to streamline healthcare administration with fewer regional health authorities; limiting corporate spending and improving financial accountability; aggressively expanding bulk purchasing and ensuring that Manitoba is getting fair prices for generic drugs; reducing workplace injuries; and continuing to hire and train alternative healthcare providers, such as physician assistants and nurse practitioners.

Building on the reduction in the number of regional health authorities announced in the spring, *Focused on What Matters Most: Manitoba's Plan to Protect Universal Health Care* will be used to guide investments and decision-making throughout the healthcare system to ensure that convenient and high-quality services are offered to more families closer to home and at the best possible value.

To read the full plan, visit www.gov.mb.ca/health/plan.html.

In Ontario, 900 New Nursing Positions Will Improve Patient Access

Ontario is directing health dollars towards front-line patient care by creating over 900 new nursing positions this year.

These new nursing positions will help patients throughout the healthcare system

– in home care and community care, primary healthcare, hospitals, long-term care homes and mental health care programs in schools.

Among the new nursing positions:

- 126 rapid-response nurses who visit high-risk patients in their homes 24 hours after being discharged from hospital
- 200 nurses to care for long-term care home residents with complex and challenging behaviours
- 191 telemedicine nurses to support patients in remote areas while they receive care from specialists through video hook-up
- 144 nurses working in schools to identify and help students with mental health or addiction issues

Through its Nursing Strategy, the government is improving the recruitment, retention and distribution of nurses throughout the province.

The creation of more nursing positions to ensure the right care, at the right time, in the right place is part of the McGuinty government's Action Plan for Health Care and builds upon the gains made in healthcare since 2003.

Ontario Clinicians Transitioning to Electronic Medical Records to Receive Mentorship from Peers

Supporting clinicians to enhance the effective use and integration of technology in clinical practice is the objective of a new initiative launched by OntarioMD, the Registered Nurses' Association of Ontario (RNAO) and Canada Health Infoway (Infoway).

The program follows an increased demand for EMRs in Ontario. Some 5,000 healthcare providers have signed up to implement one in the last two years alone.

As part of Infoway's clinical engagement strategy, which connects physicians, pharmacists and nurses, the pan-Canadian Clinician Peer Leader Support Network Program enables experienced peer leaders to work closely with their colleagues to help them achieve clinical value through practice and process changes during and after the adoption process.

Ontario's Peer Leader Support Network Project will foster support and mentorship to approximately 21,000 family physicians, specialists, family practice nurses, nurse practitioners and clinic managers throughout Ontario who are learning to use EMRs.

Taking Action to Protect Long-Term Care Residents

Ontario's Long-Term Care Task Force on Resident Care and Safety, established to address incidents of abuse and neglect in long-term care homes in the province as well as the potential underreporting of these incidents, has finalized its action plan for the long-term care sector.

Almost 2,000 individuals and groups responded to the task force's survey or made a submission suggesting reasons why abuse and neglect might occur and how incidents may be prevented. In addition, targeted interviews and meetings were held with over 40 subject-matter and industry experts and practitioners, and data and reports from the Ministry of Health and Long-Term Care were reviewed.

"We had a wealth of information and input to guide the development of our action plan. The opinions, suggestions and stories we received were thoughtful, heartfelt, wide-ranging and invaluable for guiding the task force's work – I believe the implementation of this plan will raise awareness of the issues of abuse and neglect and lead to meaningful change," said Dr. Gail Donner, chair of the task force, and former Dean and professor emerita, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto.

The task force identified 18 actions to improve the care and safety of residents in long-term care homes. Eleven actions focus on areas where the long-term care sector can play a leadership role. Six actions require leadership by the Ministry of Health and Long-Term Care and may benefit from the participation of other partners. In the final action, the task force commits to implementing the recommendations and regularly reporting on progress.

The following are key action areas where the long-term care sector can play a leadership role:

- Making resident care and safety the number-one priority in long-term care homes over the next year and a top priority in years to follow
- Committing to reduce incidents of abuse and neglect in long-term care homes and to be accountable for achieving results
- Advancing the development of strong, skilled administrators and managers
- Strengthening the ability of staff to be leaders in providing excellent and safe care
- Empowering residents and families with a stronger voice and education
- Committing to implement the action plan

Action areas requiring leadership from the Ministry of Health and Long-Term Care include:

- Developing coaching teams to help homes improve
- Addressing direct-care staffing in homes
- Supporting residents with specialized needs to ensure their safety and the safety of others
- Addressing legislative requirements and processes that detract from resident care and may be driving abuse and neglect underground

The task force was established by members of the long-term care sector. It had broad representation, including family and resident councils, nurses, physicians, unions, personal support workers, long-term care provider associations and advocates.

Nova Scotia Act Supports Efforts to Improve Patient Safety

The *Improving Patient Safety and Health System Accountability Act* will require district health authorities and the IWK Health Centre to report publicly and to the Department of Health and Wellness on a number of patient safety indicators, beginning with hand hygiene adherence rates. Other indicators, including rates of infections, will be added in the future.

Although district health authorities and IWK monitor and report on many patient safety indicators, these are not always reported publicly or to the Department of Health and Wellness, and may not be reported the same way.

The Department of Health and Wellness will work with the districts and IWK to develop consistent collection methods and reporting processes to ensure that information can be compared across the province. The legislation is an important step towards developing a provincial surveillance program that will track and monitor key infection rates and other patient safety indicators.

Nova Scotia is the second province in Canada to take a strong legislated position requiring patient care indicators to be reported publicly. Ontario introduced similar reporting requirements in 2008.

Office of Health System Renewal Being Established in New Brunswick

A new Office of Health System Renewal is being established to provide focused leadership and accelerate efforts to build a sustainable health-care system in New Brunswick.

Health Minister Madeleine Dubé announced that the co-leads of the office will be Rino Volpé, former chair of the boards of directors of the Vitalité Health Network and the New

Brunswick Health Council; and John McGarry, former chief executive officer of the River Valley Health Authority.

The systemwide change will be fuelled through collaboration with established boards, agencies, organizations and health service providers. The office will work under the direct authority of Premier David Alward and the minister of health. It will work directly with the deputy minister of health; the chief executive officers and chairs of the four key health agencies; and representatives of health services providers.

The initial priorities identified through the government renewal process are the following:

- An organizational review, leading to management efficiencies within the healthcare system
- Monitoring the regional health authorities' progress in implementing the cost per weighted case initiative
- A review of shared services, including participation in a feasibility study of integrating FacilicorpNB operations with the new Department of Government Services
- Identification and implementation of health innovations and best practices most promising to health renewal in New Brunswick
- Monitoring and accountability of health renewal results

Paul Couturier of Edmundston has been appointed chair of Vitalié Health Network's board of directors, effective immediately. He has

extensive experience as a manager in the private sector and in the healthcare field. He is currently the executive director of a nursing home in the Edmundston area.

PEI Minister Outlines Healthcare Future

The Government of Prince Edward Island will invest \$1.7 billion in healthcare over the next three years while holding annual growth in health expenditures to 4.1% this year and 3.5% in the following two years, says Health and Wellness Minister Doug Currie.

Health expenditures have increased by an average of 6.4% each year since 2007, much higher than provincial revenue or economic growth.

As outlined in the Speech from the Throne, government is adding 76 long-term care beds, undertaking a complete review of mental health and addictions services in the province, implementing a provincewide Wellness Strategy and moving forward with fair generic drug pricing legislation for Islanders.

The province is moving to a public model for children's dental health services. Coverage will be limited to families who do not have private health insurance. Coverage will continue to be income-based.

In the coming months, Minister Currie will be calling for a discussion with Islanders, health professionals, educators and community health organizations. For more information, visit www.gov.pe.ca/health.

Call for Papers

Community-Based Leadership in the Care of Frail Elderly and Individuals with Complex Chronic Disease

Please accept our invitation to submit papers describing innovative approaches to the care of frail elderly and individuals with complex chronic disease. In addition, research papers demonstrating the impact of novel approaches on the ambulatory and community care of same are welcome. Papers that highlight novel leadership, education and/or clinical practices that have the potential and promise to sustain these people and support their families in their communities are of particular interest.

Papers may also focus on any of the following:

- Leadership needed in gerontological nursing education and practice
- Strategies for managing the frail elderly and complex chronic disease in the community
- Providing support for family caregivers
- Directions for healthcare policy in home and community care
- Research on the benefits of home- and community-based care for the elderly and chronic disease management
- Technological innovations to sustain home-based care for these populations

If you are interested in submitting a paper, please forward an abstract of no more than 250 words for preliminary assessment and feedback. Abstracts should be emailed to Dianne Foster-Kent at dkent@longwoods.com.