

Safe Staffing Key to Quality Healthcare: ICHRN and ICN

The International Centre for Human Resources in Nursing has released a policy statement on safe staffing levels that highlights the need to ensure the availability of an appropriate number of nurses and other staff at all times across the continuum of care, with a suitable mix of education, skills and experience to meet patient care needs and maintain hazard-free working conditions.

Prepared in consultation with the International Council of Nurses' International Workforce Forum, the policy statement sets out key principles that underpin safe staffing levels and takes into account not only staff numbers and competencies, but also other variables such as a manageable workload, a responsive and supportive workplace culture, adequate supervision, appropriate training and a range of high-quality facilities and equipment.

At a time when governments are critically examining how to achieve or maintain universal access to healthcare services and simultaneously contain or reduce costs, it is essential that policy makers use available evidence. This requires informed decisions through constructive dialogue between policy makers and nurse leaders.

The policy statement can be found at www.icn.ch/images/stories/documents/pillars/sew/ICHRN/Policy_Statements/Policy_statement_Safe_staffing_levels.pdf. The ICN's 2006 International Nurses Day Information and Action Toolkit on safe staffing is available for download at www.icn.ch/publications/2006-safe-staffing-saves-lives/.

Absenteeism and Overtime Rates Show Need for Emphasis on Safe Nursing Staff Numbers in Canada

New figures on rates of absenteeism and overtime worked by nurses across Canada clearly illustrate the need for all healthcare systems to place greater emphasis on safe staffing levels at hospitals and other care facilities, says Canadian Federation of Nurses Unions president Linda Silas.

The statistics, compiled for CFNU from Canada's Labour Force Survey by Informetrica Ltd., show that in 2012 registered nurses and nurse supervisors working in the healthcare and social assistance sector worked well over 21.5 million hours of overtime.

The Informetrica statistics show that each week in 2012 an average of 18,900 of Canada's 251,500 registered nurses and nurse supervisors in the sector were absent from work due to own illness or disability.

The hours of overtime shown by Informetrica's research to have been worked by nurses in 2012 are equivalent to 11,900 full-time equivalent jobs, Silas noted.

The survey results also showed that nearly a third of Canada's nurses worked overtime each week, with the average total overtime worked at 6.6 hours per week – both figures essentially unchanged since 2010.

Total cost of paid overtime in 2012 was estimated at \$746.5 million, up from \$660.3 million in 2010.

But many nurses work overtime without being paid, Silas observed, and the figures compiled by Informetrica indicate that the value of this unpaid work exceeded \$200 million.

The provinces with the highest number of nurses working overtime were Quebec, Alberta and Saskatchewan.

Informetrica estimated the annual cost of absenteeism at \$734.3 million in 2012 – an increase from \$711 million in 2010, although the number of nurses reporting absence due to own illness or disability had declined. However, this figure does not account for savings that could be realized through better quality, properly staffed care.

Provinces with the highest absenteeism rates in 2012 were New Brunswick and Manitoba, both at about 10%; those with the lowest rates were Saskatchewan (5.5%) and Quebec (6.7%).

Poverty the Greatest Barrier to Good Health, Canadians Tell CMA Consultation

Poverty kills. That's the key message in *What Makes Us Sick*, a report released by the Canadian Medical Association based on what Canadians said during a series of town hall meetings and an online consultation held earlier this year. The national dialogue with Canadians asked them about their experiences with the social determinants of health – the factors that cause people to suffer poor health in the first place.

"Many factors outside the healthcare system affect a person's health, from inadequate housing to a lack of healthy food to suboptimal early childhood experiences," said Dr. Anna Reid, CMA

president. “What Canadians told us is that poverty is the recurring theme that underpins most of these social determinants of health.”

The CMA report included recommendations for action – again, based on what Canadians said. However, Dr. Reid stressed that the report does not lay blame.

The national dialogue was part of the CMA’s ongoing efforts to advocate for Health Care Transformation, a broad-ranging initiative to modernize and improve Canada’s healthcare system. The town hall meetings took place in Calgary, Winnipeg, Hamilton, Montreal, Charlottetown and St. John’s. Maclean’s, CPAC and L’Actualité were partners with the CMA in the undertaking.

An electronic copy of *What Makes Us Sick* can be found at www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Advocacy/HCT/What-makes-us-sick_en.pdf.

Associations Blend Strengths to Form New National Health Organization

Alice Downing, chair, Canadian Healthcare Association (CHA), and Chris Power, chair, Association of Canadian Academic Healthcare Organizations (ACAHO), have announced that a merger of their organizations was unanimously approved by their members. The new organization will come into effect on January 1, 2014.

A transitional board of directors with six representatives from each association will guide the new organization for the first 12 months and will be co-chaired by Downing and Power.

New vision and mission statements uniquely position the new organization among health stakeholders:

- *Vision* – Improving the health of Canadians through an evidence-based and innovative health system.
- *Mission* – To advance an integrated, sustainable and accountable health system that provides Canadians with world-leading health services.

Canadian Nurses Association Names New CEO

The Canadian Nurses Association (CNA) has announced the decision of CEO Rachel Bard to retire effective December 13, 2013. Following a focused and appropriate succession review, CNA’s board of directors is very pleased to announce the appointment of Anne Sutherland Boal to the

position of CEO, starting on December 16, 2013.

Sutherland Boal holds a diploma in nursing (RN) from the Foothills Hospital (Calgary), a BA from Brock University (St. Catharines) and a master’s in health services administration from the University of Alberta (Edmonton). Originally from Quebec, she has served in key senior administrative positions in tertiary health-care facilities in Ontario, Alberta and British Columbia. In addition, Sutherland Boal was chief nurse executive and assistant deputy minister in British Columbia’s Ministry of Health. She also spent seven years working in China in the health and education fields. Since 2010, she has been CNA’s chief operating officer.

Dr. Stephen Robbins Appointed Scientific Director of CIHR’s Institute of Cancer Research



Dr. Stephen Robbins is the new scientific director of the Institute of Cancer Research, one of 13 bodies under the aegis of the Canadian Institutes of Health Research. Dr. Robbins is an associate professor in the departments of Oncology and Biochemistry and Molecular Biology at the University of Calgary, as well as director of the Southern Alberta Cancer Research Institute, one of seven institutes within the Faculty of Medicine at the university. He is currently a scientist of the Alberta Heritage Foundation for Medical Research (now called Alberta Innovates Health Solutions) and the associate director of research for Alberta Health Services Cancer Care, as well as a former Canada Research Chair. He joined the Faculty of Medicine at the University of Calgary in 1996 after training at the University of California, San Francisco in the laboratory of Nobel laureate Dr. J. Michael Bishop.

Dr. Robbins's research activities include deciphering how extracellular signals are recognized by cells to control cellular proliferation and differentiation. During his research career, he favoured a more translational approach, which led to defining new therapies for malaria, the discovery of a novel class of anti-inflammatory agents and new therapeutic targets for brain tumours. He has also developed and fostered the use of the microarray technology to define molecular blueprints of various childhood cancers.

Besides maintaining a productive research program, Dr. Robbins is committed to teaching. He has won several awards and distinctions for outstanding teaching, including the 1999 and 2002 Watanabe Award for Overall Excellence, as well as the 2003 McLeod Award for Excellence in Teaching with the Faculty of Medicine at the University of Calgary.

Dr. Robbins's expertise is recognized nationally. He has served on and chaired several national grant panels, including the National Cancer Institute of Canada, the Cancer Research Society and the Canadian Institutes of Health

Research. He currently serves on the Advisory Committee on Research for the Canadian Cancer Society Research Institute.

Manitoba Government to Recruit More Nurse Practitioners to Rural Communities

Nurse practitioner students in Manitoba who agree to work in rural communities after graduating will be eligible for return-of-service grants that will fully cover their tuition costs.

Through the new grant, students will be eligible for funding of up to \$10,000 to cover the cost of tuition in exchange for one year's service working as a nurse practitioner in a designated rural community after graduation.

Applications for the new grants will be available starting this fall, as the expanded nurse practitioner class begins studies at the University of Manitoba.

Last year, Manitoba saw its nursing workforce grow by 387 nurses and nurse practitioners, bringing the total to 17,652 working across the



From left:

Front row – Alice Kennedy, FCCHL, Board Chair, CCHL; Doris Grinspun, CEO, Registered Nurses' Association of Ontario; and Victoria Jurincic, Director, Health Systems and Channel Partners, Baxter Corporation.

Second row – Alison Drinkwater, Director, Public Policy, Market Access & Health Economics, Baxter Corporation; and Ray Racette, CHE, President and CEO, CCHL

province this year, an all-time high, according to registration statistics recently released by Manitoba's independent nursing colleges.

After facing a dramatic loss of nurses in the 1990s, the Manitoba government expanded nurse training and introduced a variety of recruitment and retention grants to help increase the number of nurses working in Manitoba. Health Minister Theresa Oswald noted that this strategy has worked, as there are 3,560 more nurses working in the province today than there were in 1999. During the 1990s, the number of nurses working in Manitoba was reduced by 1,573.

The new Nurse Practitioner Education Grant is part of the Manitoba government's nursing recruitment and retention plan. In 2011, the government committed to hire 2,000 more nurses by 2015, including 1,000 to replace the anticipated retirements during this period and 1,000 new nurses to continue to increase the workforce and put more nurses on the front lines to care for patients.

A chart illustrating the net gain/net loss of practising nurses from 1993 to 2012 can be found at www.gov.mb.ca/health/documents/more-nurses_chart.pdf.

Dr. Doris Grinspun, CEO, RAO Receives 2013 Nursing Leadership Award

As the sponsor of the annual Nursing Leadership Award of the Canadian College of Health Leaders, Baxter Corporation congratulated Dr. Doris Grinspun, chief executive officer of the Registered Nurses' Association of Ontario, who has been named the 2013 award winner.

"Exceptional leadership skills are required to inspire confidence and motivate effectively in the face of often difficult and always challenging work. At Baxter, we believe nursing leaders help drive excellence in front-line healthcare management and delivery, and deserve to be recognized and celebrated," said Victoria Jurincic, director of Health Systems and Channel Partners, Baxter Corporation.

Since 2005, Baxter has sponsored the Nursing Leadership Award, an initiative of the Canadian College of Health Leaders. Through this annual award, Baxter seeks to recognize nursing leaders for the passion and dedication they bring to work each day, and to distinguish their outstanding contribution and achievements in improving healthcare delivery.

The Nursing Leadership Award builds on the themes of patient-centred care and leadership and honours those who demonstrate an ongoing commitment to excellence in these areas. Recipients seek to advance nursing at every level, to remove barriers between providers and to build systems of high-quality care for patients. They have displayed leadership qualities both within and outside their organization. The programs that they have delivered have resulted in a measurable improvement to their organization's excellence.

In introducing the award to Dr. Grinspun at the ceremony, Jurincic noted, "As a passionate nursing leader who has played a key role in shaping healthcare and nursing in Ontario, Canada and abroad, Baxter is honoured to help recognize Dr. Grinspun for her strong and credible voice in support of the nursing profession."

ONA President Wins National Nursing Leadership Award

Ontario Nurses' Association president Linda Haslam-Stroud, RN, has been honoured with the top award of the Canadian Federation of Nurses Unions in recognition of her many years of effective leadership and advocacy.

Haslam-Stroud was presented with the CFNU Bread and Roses Award for outstanding individu-



als who contribute to policy and decision-making, enhance public awareness, participate in positive media and other public events, lobby governments and educate members and the public.

Haslam-Stroud has been president of the ONA since 2004. In this role and through her participation on the national executive board of the CFNU, she has worked tirelessly as a champion for

nurses and the nursing profession. Haslam-Stroud is a voice for nurses and an advocate for public healthcare through her speaking engagements, advocacy efforts with policy and decision-makers, participation on national and provincial nursing/healthcare bodies and as a spokesperson for Ontario nurses to the media.

Most recently, she was a delegate and speaker at the International Council of Nurses congress, where she discussed the ONA's important work in the areas of workplace violence, safe staffing and rebuilding the nursing workforce in Ontario.

The ONA's director of labour relations and chief negotiator, Dan Anderson, was also recognized at the CFNU Biennial Convention with the Public Bread and Roses Award. This award is presented to an individual who is not a member of a Canadian nurses' union but who demonstrates relevant accomplishments.

Anderson has dedicated his career to advocating for public medical or universal healthcare not only by improving the working conditions of RNs, but also in fighting for the maintenance of Ontario's publicly administered, funded and accessible healthcare system.

During his 40-plus years as ONA staff, Anderson has been a tough but fair chief negotiator. He is largely responsible for significant advancements made in pay equity, working conditions and wages and benefits, and he is a key player on the board of trustees of the Healthcare of Ontario Pension Plan (HOOPP).

Others honoured at the CFNU biennial were Sandi Mowat, president of the Manitoba Nurses Union, and Lynn Digney Davis, chief nursing officer for Saskatchewan.

Patient Registry Links New Brunswickers to Family Physicians

Since the end of May 2013, 800 New Brunswickers have been matched with a family physician or nurse practitioner through Patient Connect NB.

Patient Connect NB, managed by Tele-Care, has replaced all of the province's no-physician lists. New patients wishing to be added to the registry may register online or by calling Tele-Care (811). Those who were on no-physician lists were added to the patient registry and have maintained their priority.

Early Childhood Development Framework to Give NWT Children the Right Start

A renewed Early Childhood Development Framework from the departments of Education, Culture and Employment and Health and Social Services will give children of the Northwest Territories the right start by focusing on the important early years from prenatal to age five. The departments collaborated on renewing the original 2001 framework, incorporating new research, emerging information, best practices and techniques that reflect the most effective approaches to early childhood development.

Early childhood development is defined as the stages of mental, physical and social development that happen during a child's first five years of life. A child's brain grows most rapidly during this period, and connections and neural pathways are set that frame decision-making and perceptions as the child grows. Accessible, consistent programs and services are meant to ensure that children and families have the opportunity to become successful, productive citizens with fulfilled lives.

Many factors can influence a child's life, such as poverty, inadequate housing, mental health issues and addictions, and lack of safety and security. The NWT government is working on initiatives that recognize these linkages. This will ensure a coordinated and informed approach to providing programs and services that best meet the needs of Northerners.

The departments expect to finalize an action plan over the summer to support the commitments in the framework. The action plan will outline priorities over the next three years and will be supported by monitoring and evaluation.

To read the report and for more information, visit www.ece.gov.nt.ca, www.hss.gov.nt.ca or www.rightfromthestart.ca.