

## Problematic Trends for Registered Nurse Workforce: Report

According to the latest registered nurse workforce data from the Canadian Institute for Health Information (CIHI), the bulge of RNs approaching retirement age is swelling. The Canadian Nurses Association (CNA) is concerned that the number of RNs aged 60 and older matches the proportion of those younger than 30. And while the workforce continues to grow overall, 2011–2012 saw the smallest increase in a number of years.

A striking gap is the difference between the number of new graduates and the growth in the RN workforce. More than 10,000 RNs graduated in each of the past three years, but the net gain has been disappointing; in 2011–2012, only 1,083 RNs were added to the workforce. What happened to the other 8,917 RNs? The method currently used to collect and report Canadian health workforce data does not provide enough information to determine the real story – where the gap lies. The data provide little in the way of a clear picture to help plan for the workforce that is needed to support the growing and changing health needs of Canadians. Knowing whether the numbers of RNs in the system are shifting because of retirements or career changes – or leaving the profession because suitable employment is unavailable – would be invaluable insight for healthcare planning.

The evidence we do have suggests that governments and service delivery organizations need to increase the proportion of full-time employment positions, retain new nursing graduates and update legislation to enable RNs to work to the full scope of their education and capabilities. Strategies to improve the physical and psychological health and safety of RNs would also contribute to a reduction in absenteeism and increases in productivity and retention.

Report highlights:

- The supply of RNs eligible to practise in Canada grew at roughly the same rate as the general population between 2008 and 2012, reaching a total of 292,883. While the RN workforce increased steadily over this period, reaching 271,807, the number of RNs per 100,000 population declined slightly from 786 to 779.
- Where RNs work was largely unchanged between 2008 and 2012: 61.6% in hospitals, 15.4% in the community health sector

and 9.6% in the long-term care sector. RNs employed in the territories were most likely to work in the community health sector (41.8%).

- Just over 10.5% of the RN workforce was employed in a rural or remote area in 2012, the lowest proportion among all the Canadian regulated nursing groups.
- The number of nurse practitioners (NPs) employed in nursing almost doubled between 2008 and 2012, from 1,626 to 3,157. However, NPs still make up only 1% of the RN workforce.
- Even though a majority of NPs worked outside hospitals in 2012 (59.8%), the percentage has fallen from 69.2% in 2008.

Visit CIHI to download the report *Regulated Nurses, 2012* (<https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2385>).

## Cuts to Nurse Staffing Levels Pose a Risk to Patients and Society, Warns International Council of Nurses' Workforce Forum

Nurse leaders at the 19th International Council of Nurses Workforce Forum have issued a warning that unsafe nurse staffing levels pose a risk to patients and society. Following a recent gathering of nurse leaders from nine countries in Dublin, Ireland, in September, the ICN Workforce Forum reaffirmed that nurses are key contributors to society through cost-effective planning and delivery of quality-assured healthcare services in all settings. The forum has issued a communiqué, which can be found on the ICN website ([www.icn.ch/vmchk/English/Workload-Measurement-in-Determining-Staffing-Levels.html](http://www.icn.ch/vmchk/English/Workload-Measurement-in-Determining-Staffing-Levels.html)), calling for governments and employers to protect our communities by providing safe nurse staffing levels in order to ensure high-quality patient outcomes.

Forum delegates expressed growing concern about the impacts of budget cuts, staffing moratoriums and the erosion of workplace conditions on patient and worker safety. They called on all governments to make evidence-based decisions ensuring required nursing numbers in order to secure desired patient outcomes and safe working practices. In addition, forum members called on nurse leaders to speak out and take action in the interest of patients and nursing care, and to draw attention to unsafe working conditions and other barriers to safe care.

The ICN Workforce Forum meets annually to deliberate on common trends affecting nurses' capacity to deliver safe and effective patient care. Issues discussed at the 19th Forum included safe staffing levels, the 24/7 work environment within the continuum of care and the economic value of nurses to society.

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## **Federal Government Announces New Quality Initiatives**

### **Improve Patient Safety**

At the opening of Canada's Virtual Forum on Patient Safety and Quality in October, Rona Ambrose, Canada's minister of health, announced \$38.1 million over five years in funding for the Canadian Patient Safety Institute (CPSI) to help improve patient safety.

The CPSI will lead a new strategy to address key areas that will result in better and faster improvements in patient safety. The strategy will initially focus on working with partners, including governments, healthcare practitioners and patients, to drive change in medication safety, surgical care safety, infection control and home care safety.

### **Reduce Medication Incidents in Canada**

As part of Canadian Patient Safety Week in late October, Canada's Ministry of Health also announced funding for the Institute for Safe Medication Practices Canada (ISMP Canada) to help reduce serious medication incidents in Canada.

Problems such as confusing labels and packages, and miscommunication, can lead to medication incidents that can often be serious and have devastating consequences for patients and families. With Health Canada's support, ISMP Canada will continue to implement and expand the Canadian Medication Incident Reporting and Prevention System (CMIRPS), which collects and shares information on medication incidents in order to prevent other patients from suffering needlessly.

This investment is part of Health Canada's ongoing commitment to improve drug safety. Recently, the department launched its Plain Language Labelling Initiative, which aims to improve the safe use of drugs by making drug labels and safety information easier to read and understand. Information gathered through CMIRPS assists Health Canada in its work to improve drug labels, which contributes to

Canadians' understanding of over-the-counter and prescription drugs and their risks.

### **Adopt New Blood Regulations**

The new Blood Regulations were developed after extensive consultations with the public, stakeholders, provincial and territorial governments, Canadian Blood Services and Héma-Québec. Having standalone regulations specific to blood and its components will serve to strengthen pre-existing requirements related to donor suitability assessment, collection, testing, labelling, storage, distribution and importation. The regulations will officially come into force in one year to allow establishments to meet the new requirements.

Ensuring that Canadians have access to safe blood has been the cornerstone of Health Canada's response to the Krever Commission of Inquiry on the Blood System in Canada; these new regulations complete the government's response to the Krever Inquiry.

Canada continues to be a world leader in blood safety, as recognized by the World Health Organization.

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## **Accreditation Canada Report Identifies Opportunities to Improve Safety in Care Transitions in Canadian Healthcare Organizations**

In its annual Canadian Health Accreditation Report, Safety in Canadian Health Care Organizations: A Focus on Transitions in Care and Required Organizational Practices, Accreditation Canada spotlights care transitions – handovers at shift changes, patient transfers, discharges and referrals – in Canadian healthcare organizations and finds opportunities for improvement.

In 2012, 277 healthcare organizations across the country were assessed by Accreditation Canada surveyors, including physicians, nurses, pharmacists and therapists, using the rigorous Qmentum program. Qmentum features standards and Required Organizational Practices (ROPs) – evidence-based practices to mitigate risk – that provide organizations with a roadmap for pursuing quality in health services delivery. By examining transition points across all services and programs as patients experience care, Qmentum supports the concept of patient care as a shared responsibility among providers, patients and their families.

Results indicate that participating healthcare organizations achieved a high level of compliance with standards related to coordinating services

across the continuum of care. However, there was a drop in compliance with follow-up to evaluate the effectiveness of those transitions, highlighting a key opportunity for improvement in the health-care system.

The data also reveal that while efforts to improve medication reconciliation – a significant component in care transitions – are increasing (compliance rates were up 11% to 71% at admission and up 12% to 62% at transfer/discharge over the previous year), the relatively low compliance rate remains an area that organizations should continue to focus on.

Accreditation Canada is committed to improving quality and safety in health services and continues to enhance the accreditation program. As research and leading practice identify opportunities to improve care transitions, that content is embedded in the standards and ROPs.

### **Tripartite Partners Signify New Path Forward with Historic Transfer of Health Services for BC First Nations**

In a historic first, the Canadian government has transferred all health programs and services for BC First Nations previously administered by Health Canada to the new First Nations Health Authority (FNHA). Through the Tripartite BC First Nations Health Plan, partners are taking a new path forward in their relationship with the ultimate goal of elevating the health status of BC First Nations community members.

This transfer of services has been several years in the making and was outlined in a number of guiding documents and agreements, including the 2011 British Columbia Tripartite Framework Agreement on First Nation Health Governance. The Framework Agreement paved the way for the federal government to transfer the planning, design, management and delivery of First Nations health programs to the new FNHA. The new approach enables the FNHA to incorporate First Nations' cultural knowledge, beliefs, values and models of healing into the design and delivery of health programs that better meet the needs of First Nations communities.

The work of the FNHA does not replace or duplicate the role or services of the BC Ministry of Health and Regional Health Authorities but collaborates, coordinates and integrates respective health programs and services to achieve better health outcomes for BC First Nations, addressing services gaps through new partnerships, closer collaboration and health systems innovation.

### **CFHI Supports Canadian Improvement Projects Targeting Better Population Health, Healthcare and Value**

The Canadian Foundation for Healthcare Improvement (CFHI) announced the nine Canadian healthcare delivery organizations from Ontario, Newfoundland and Labrador, Quebec and Alberta that it will support in Triple Aim improvement initiatives with the United States-based Institute for Healthcare Improvement (IHI). Since it was first introduced in 2007, the IHI's Triple Aim initiatives have enabled organizations from around the world to achieve better care for individuals, better health for populations and lower per capita costs of care.

In conjunction with IHI Triple Aim staff and faculty, CFHI will provide expert guidance – adapted for the Canadian context and aligned with provincial priorities – to the Canadian teams.

Based on six phases of pilot testing with over 130 organizations around the world since 2006, IHI recommends a change process that includes identification of target populations; definition of system aims and measures; development of a portfolio of project work that is sufficiently strong to move system-level results; and rapid testing and scale-up that is adapted to local needs and conditions. IHI believes the organizations and communities that do this work effectively incorporate a range of community determinants of health, empower individuals and families, substantially broaden the role and impact of primary care and other community-based services, and ensure a seamless journey through the system of care throughout a person's life. This can lead to less complex and much more coordinated care, decreased burden of illness and integration to allow independent stakeholders to align with the needs of the population.

Over the course of 10 months, teams will focus on getting results in all three dimensions of the Triple Aim. Canadian teams and their population focus include:

- Alberta Health Services, North Zone – Top users from the complex high-needs population with addictions and mental health diagnoses;
- Alberta Health Services, Edmonton Zone – High-risk, high-cost emergency department patients (health system users who account for the largest percentage of health expenditures);
- Grey Bruce Health Services, Ontario – Patients living with chronic obstructive pulmonary disease (COPD);

- Peel Public Health, Ontario – Homeless and under-housed population;
- Women's College Hospital, Toronto – High-needs, high-cost patients (1–5% high users with complex conditions) whose healthcare needs are better met outside emergency departments and inpatient wards.
- Canadian Mental Health Association, Toronto Branch – High-risk, high-cost individuals living with serious mental illness, nicotine dependency and other substance abuse issues (18–65 years old) who are at risk for developing chronic diseases.
- McGill University Health Centre, Montreal – High-risk, high-cost stroke population;
- Central Health, Newfoundland – High-risk, high-cost residents of the Central Region of Newfoundland who have a diagnosis of one or more chronic diseases; and
- Eastern Health, Newfoundland – Patients occupying alternative level of care (ALC) beds including high-risk, high-cost individuals as well as frail elderly patients.

All nine organizations are part of a larger international cohort participating in the 2013 IHI Triple Aim Improvement Community, which includes organizations from the United States, Denmark, Sweden and the United Kingdom. Teams went through a vigorous selection process.

See more at: [www.cfhi-fcass.ca/NewsAndEvents/NewsReleases/NewsItem/2013/10/24/cfhi-supports-canadian-improvement-projects-targeting-better-population-health-healthcare-and-value#sthash.fbkqjcek.dpuf](http://www.cfhi-fcass.ca/NewsAndEvents/NewsReleases/NewsItem/2013/10/24/cfhi-supports-canadian-improvement-projects-targeting-better-population-health-healthcare-and-value#sthash.fbkqjcek.dpuf).

### Federal Government Strengthens Health Research in Alberta

The Canadian and Alberta governments recently announced the launch of the Alberta SUPPORT Unit for patient-oriented research. SUPPORT (Support for People and Patient-Oriented Research and Trials) Units are provincial or regional centres designed to support those engaged in patient-oriented research. They are locally accessible, multidisciplinary clusters of research resources, policy knowledge and patient perspective. They provide the necessary expertise to pursue patient-oriented research and help lead reforms in response to locally driven healthcare needs.

All provinces and territories are working collaboratively on this pan-Canadian initiative,

with SUPPORT Units to be established in regions throughout the country.

The SUPPORT Units are part of Canada's Strategy for Patient-Oriented Research (SPOR). SPOR is a national coalition of federal, provincial and territorial partners (patient advocates, provincial health authorities, academic health centres, charities, philanthropic organizations, the pharmaceutical sector) dedicated to the integration of research into care – the right patient receives the right treatment at the right time.

Patient-oriented research focuses on patient-identified priorities. It produces information for decision-makers and healthcare providers that will improve healthcare practices, therapies and policies. It ensures that new and innovative diagnostic and therapeutic approaches are applied whenever and wherever needed.

For more information about SPOR and SUPPORT Units, visit: [www.cihr-irsc.gc.ca/spor.html](http://www.cihr-irsc.gc.ca/spor.html).

### \$10-Million Gift to Support Leading-Edge Cancer Care at Mount Sinai Hospital

Isadore and Rosalie Sharp Name Christopher Sharp Cancer Centre  
Toronto's Mount Sinai Hospital recently announced that Isadore and Rosalie Sharp have made an extraordinary \$10-million gift that will further strengthen the hospital's position as one of the largest (non-regional) specialized cancer programs in Ontario. The newly named Christopher Sharp Cancer Centre will transform the experience for the close to 2,000 patients a year who come to Mount Sinai for cancer surgery and for those who receive medical oncology treatment, including 4,000 chemotherapy patients. The establishment of the centre is the latest infusion of support for the Campaign to Renew Sinai, the largest campaign in the hospital's history that will see the revitalization of its facilities and growth of its internationally recognized clinical and research programs.

This gift follows a \$5-million donation made in 2007 in honour of Mr. and Mrs. Sharp's late son, Christopher, who died of cancer in 1978, recognized through the naming of the Christopher Sharp Centre for Surgical Oncology. With this new gift announcement of \$10 million, the total \$15-million investment will be focused on the new Christopher Sharp Cancer Centre, which will build on the specialized oncology programs for

which Mount Sinai Hospital is internationally recognized: breast, urologic (bladder and prostate), sarcoma, head and neck and GI/colorectal/abdominal cancers. The outstanding clinical care

at the Christopher Sharp Cancer Centre will be integrated with the cancer research programs at Mount Sinai's Lunenfeld-Tanenbaum Research Institute.

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