The Nursing Secretariat News

Office of the Provincial Chief Nursing Officer

A forum for Ontario's nursing community, the Joint Provincial Nursing Committee and the Nursing Secretariat.

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Opening Message from the Provincial Chief Nursing Officer

I was recently asked about the factors that influence a person's choice to be a nurse, and once in the profession, what keeps nurses coming back. My initial response was that there are 140,000 nurses in Ontario, and I expect that there are 140,000 reasons why each went into and stays in nursing.

However, upon reflection, and discussion with my peers, colleagues and friends who are nurses, the overwhelming response from them was, "the ability to make a difference in people's lives," or to have "meaningful work."

This made me reflect on the way that I have made a difference in people's lives, and how my career has been driven by a need to have meaning in my work. In my early career, I spent several years on a general surgical unit. I was highly technically proficient, and described my work through a description of the tasks that nurses do. I defined my practice by the fact that I was good at starting IVs and that I could care for multiple patients with TPN or sump drains, central lines, etc.

After a year in surgery, I took a second position in the sexual assault centre in the hospital where I worked. One night at about four in the morning, I was paged and arrived at the hospital to come face-to-face with a 16-year-old girl who the police said had been sexually assaulted by "the Scarborough rapist." I spent about nine hours with this young woman, and never did any of the tasks that had typically defined my practice. The only "task" I did was the forensic evidence collection kit, which took less than one hour of the nine I spent with her. I transitioned her to the next phase of her journey – social work referrals, etc., and after the nine hours, sent her home with her parents and went home myself. She was a person who profoundly affected me – one of the patients and experiences I will carry with me forever. We all have them, the people who affect you as much as you affect them.

Several months later, I saw her in a mall at Christmas time. The mall was busy, but I saw her on the other side of the aisle shopping with a friend. My instinct was to hide from her as I thought the last thing she needed at Christmas time, was to be reminded of her horrible experience, but I was too late. She saw me. She grabbed her friend's hand, wove through the throngs of Christmas shoppers, and gave me one of the biggest hugs I have ever received in my life. Then she said to her friend, "This woman saved my life!" At that moment, it became clear to me what nursing really is: the ability to make a difference in people's lives. It's not the tasks that we do (they are just a means to an end) that define our profession, but rather the meaning in what we do.

Nursing is physically, intellectually and emotionally demanding work. However, the rewards are in the emotions that we also receive, and these keep us coming back. As nurses we get as much as we give in many ways. The people who we will take with us forever, the ones we have had a special connection with, remind us of why we went into the profession, and they will keep us coming back. This Nursing Week, reflect on your reason for becoming a nurse, reflect on how you have made a difference in people's lives, and remember those persons with whom you have made that special connection. Celebrate yourselves and your colleagues, and most of all, let's celebrate nursing!

Sue Matthews
Provincial Chief Nursing Officer

Ontario

A Message from the Honourable George Smitherman, Minister of Health and Long-Term Care

It is with great pleasure that I salute the thousands of nurses working throughout our province as we mark Nursing Week in Ontario. Nurses are the heart and soul of our health care system and a critical part of our plan to keep Ontarians healthy, reduce wait times and provide better access to nurses and doctors.

This year's theme for Nursing Week – *Nursing: Promoting Healthy Choices for Healthy Living* – is truly appropriate. In your role as health care professionals you are indeed helping to educate the residents of this province about the importance of healthy lifestyles.

Last year, we made a commitment that we would invest in Ontario nurses and that we would invest in quality work environment programs to better utilize the skills of nurses and nurse practitioners. As we mark Nursing Week, I am pleased to report our progress.

We have established a $40-million fund to retain nurses in Ontario hospitals and expand knowledge and educational opportunities for nurses. This initiative equips nurses with the knowledge and skills needed for today's and tomorrow's health care environment. We have invested in clinical simulators to better educate nurses, and in things like ceiling-mounted bed lifts to help create a safer workplace for nurses. We are improving access to care in many rural and northern communities by creating more nurse practitioners in Ontario. And of course Family Health Teams, which rely on nurses to help deliver comprehensive care to patients, are now operating throughout the province.

Nurses are a key part of the team delivering health care in Ontario. I am proud to be part of the Nursing Week celebration and to have this opportunity to commend the exceptional work and commitment of all nurses across our province.

George Smitherman
Minister

Lift Initiative *update*

In 2004/05, $60M was allocated to long-term care (LTC) homes and hospitals to purchase patient lifting equipment and to provide lift transfer education programs. This initiative was designed to decrease and prevent the risk for musculoskeletal injuries for nurses, patients and residents. In 2005/06, the Diagnostic Medical Equipment Fund committed an additional $29M for patient lifting equipment. A centralized bulk purchasing process was used for the purchasing of lifting equipment in 2005/06 (negotiations for pricing were done centrally rather than by individual homes and hospitals).

The benefits of proceeding with centralized purchasing were to:

- ensure quality and value of products purchased
- establish equity in equipment pricing and features
- reduce administrative costs
- ensure a fair and transparent process.

As part of this process, vendor fairs were held in six cities across the province including: London, Hamilton, Toronto, Kingston, Ottawa and Sudbury. Each venue had up to sixteen vendors participating in the fair, displaying a variety of patient/resident lift equipment ranging from ceiling lifts to bariatric lifts. The fairs were well received and more than 700 participants attended. Participants were able to view the equipment, ask questions and make an informed decision on the type of lifts they wished to purchase. Centralized negotiations were also successfully held with 13 vendors across the province. This process resulted in significant cost savings and equity for all LTC homes and hospitals on warranty, service, and education about the patient lifts. As a result of cost savings achieved from the bulk purchasing initiative, the MOHLTC was able to allocate additional funds for the purchase of bariatric lifts for both LTC homes and hospitals.

Hubs of *Excellence*

Over the past two years, the government has invested $20M in clinical simulation equipment for all schools of nursing in Ontario. This equipment will help nursing students become better prepared through hands-on practice before they start in their clinical placements at the point of care. As part of this investment, the government has allocated $2.9M for the creation of "Hubs of Excellence" for the following priority areas: Critical Care Education; Operating Room Education; Aboriginal Nursing Education; Rural Nursing Education; Remote Nursing Education; and Northern Nursing Education. Hubs of Excellence will promote enhanced collaboration between nursing schools and sharing of best practices regarding their individual area of specialty (e.g., Northern Nursing Education, Rural Nursing Education, etc.), to ensure that nursing education is responsive to the changing needs of the health care system.

A call for applications for the development of the Hubs of Excellence was issued and decisions were made by the government in early 2006. The Nursing Secretariat would like to thank all of the schools who submitted proposals for the various Hubs of Excellence. All applications demonstrated a variety of innovative methods for delivering high-quality nursing education to interested students across the province. Each of the following schools were selected as a Hub of Excellence:

- ***Critical Care Education***: *RFP pending*
- ***Northern Nursing Education***: *Trent University*
- ***Rural Nursing Education***: *George Brown College*
- ***Aboriginal Nursing Education***: *Mohawk College of Applied Arts and Technology*
- ***Operating Room Education***: *Algonquin College of Applied Arts and Technology*

Congratulations to the above schools. We look forward to learning from you and are excited about the potential of your endeavours!

Nursing Strategy *update*

2005 was our second year of investments to support the recruitment and retention of nurses at various stages of their career. The Nursing Strategy includes five initiatives: The New Graduate Initiative; the Late Career Nurse Initiative; The Mentorship/ Preceptorship Initiative; The Patient Lift Initiative; and The Clinical Simulation Initiative. The request for applications for the 2005/06 cycle closed on September 16, 2005 and we received over 1,100 applications. Successful agencies have been notified and have started to implement their programs.

The Nursing Secretariat has received feedback from some organizations that have implemented various Nursing Strategy Initiatives.

Anecdotally, we have heard:

- The New Graduate Initiative has helped hospitals in border towns become competitive with hospitals in other jurisdictions in recruiting new graduates and in offering extended orientations that has led many to take permanent positions.
- Late Career roles have been developed that include mentoring initiatives, comprehensive patient liaison and patient teaching initiatives, implementation of best practice guidelines and other exciting professional development roles for late career nurses.

A big thank you to the hundreds of organizations that applied for funds under the Nursing Strategy.

Public Education *Campaign*

As you will have already heard, the Ministry of Health and Long-Term Care has partnered with the College of Nurses of Ontario, Ontario Nurses' Association, Registered Nurses' Association of Ontario and Registered Practical Nurses Association of Ontario on a public education campaign. This campaign is a component of the ministry's health human resources strategy, which recognizes the integral and evolving role of nurses in the delivery of quality health care.

The campaign will reinforce the message that nurses are highly qualified and are key members of the team strengthening health care in Ontario.

Watch for the radio, newspaper and television advertisements which portray a range of activities within the profession as well as media stories about real nurses.

> *"This funding has allowed us to give our new RPN grad the opportunity to learn more about wound care. She is excited about her job in long-term care, knowing that she is improving her skills and preparing to offer the best care for her residents."*
>
> Michelle Vermeeren
> General Manager
> The Village of Wentworth Heights

> *"The nursing strategy funding allowed Bridgepoint Health to prepare new graduates for the provision of excellent care with an enhanced mentor program. The result has seen new graduates incorporated into the clinical areas faster and performing at a higher competence level."*
>
> Carol E. Ringer R.N., Ph.D.
> Vice-President Professional Practice & CNE,
> Bridgepoint Health

> *"This funding has supported nurses at all levels of practice from novice to expert.*
>
> *The Nursing Strategy has allowed nursing staff at Hamilton Health Sciences to think and work in new ways. The Late Career funding provided seasoned nurses time away from the bedside to follow their interests and share their wisdom with other nurses, while new graduates benefited tremendously from the formal supports."*
>
> Nancy Fram
> Vice President Professional Affairs &
> Chief Nursing Executive, Hamilton
> Health Sciences

Primary Health Care Nurse Practitioner (PHCNP) *update*

We've worked on a range of initiatives to promote access to PHCNP services across the province:

- changes to the Ontario Drug Benefit Formulary – facilitating more timely access to medications for nurse practitioner (NP) clients who are ODB recipients
- changes to regulation 581 under the Highway Traffic Act to enable Registered Nurses in the Extended Class [RN(EC)s] to complete disabled person parking permits for their clients
- a new $2.2 M investment to increase funding levels for close to 130 PHCNP positions in communities across the province, allowing for more equitable compensation to make it easier for recruitment and retention
- a new and innovative policy to offer agencies greater flexibility and support communities to "grow their own" NP. Geared to filling long-term vacancies, the program allows agencies to sponsor an RN to receive his/her NP education in exchange for a return-of-service commitment, and
- a one-time $400,000 investment to support continuing education for PHCNPs – to ensure they have access to relevant ongoing education that supports their ability to provide quality primary health care.

Meanwhile, the NP Task Team established to oversee implementation of the recommendations contained in the *Report on the Integration of Primary Health Care NPs into the Province of Ontario* has established four working groups to assist in meeting its mandate:

1. scope of practice and accountability
2. education and human resources planning
3. funding
4. communications and public education.

Working groups include representatives from stakeholder organizations and government. They have tackled some important issues and taken a great interest in their mandates. We expect the Task Team's work to be completed by the fall of 2006.

This progress is only possible because of the positive collaboration across the MOHLTC, other ministries, and of course, with stakeholders. We look forward to continuing this work to enable PHCNPs to do what they do best: to provide excellent primary health care to their clients.

Focus on Nursing Research: *The Nursing Plan*

The Nursing Plan was first implemented in 1999 as a result of recommendations generated from the Nursing Task Force Report: *Good Nursing, Good Health: An Investment for the 21st Century.* The primary aim of the Nursing Plan is to collect meaningful data regarding the status of nursing services within acute care organizations in Ontario. In 2004, a series of consultations were undertaken with Chief Nursing Executives and other selected stakeholders in Ontario, to ascertain the relevance of the information contained in the Nursing Plan. Those involved included nursing leaders representing all sectors and geographic settings from hospitals, academia, long-term care, community agencies and government.

A revised hospital template was developed based on the suggestions and was implemented in the fall of 2005. The template was designed to include information beyond "just the numbers" (i.e., FTEs and actual number of nurses) and also beyond nursing at the point of care. This Nursing Plan also included information about leadership infrastructures, manager span of control, orientation hours, and access to advanced practice nursing colleagues such as clinical nurse specialists, educators and NPs, as these factors all contribute to a quality practice setting. The Nursing Plan also provided opportunities for written comments regarding current challenges as well as opportunities to share their experiences with successful innovations.

The MOHLTC is using the data that has been submitted to improve provincial health human resource planning and to inform policy decision-making. However, it is intended that senior nurse leaders will use this information for their own organizational health human resource planning. This report is intended to "tell a story," rather than to merely report on a variety of sources of data. Nursing leaders are encouraged to discuss the report widely within their organizations, regarding the current and future opportunities and challenges being presented by our complex health care environment.

– Sara Lankshear,
Relevé Consulting Services

Nursing Secretariat *Staff Biographies*

1 **Sue Matthews** is the Provincial Chief Nursing Officer (PCNO). In this role, Sue advises on health and public policy from a nursing perspective. She also provides leadership and support for the provincial Nursing Strategy and other initiatives to strengthen the profession.

2 **Sherri Huckstep** is the Manager of the Nursing Secretariat and her work is driven by a strong interest in health human resources planning and creating healthy work environments for nurses. Sherri provides leadership to the Nursing Secretariat staff and helps to coordinate Nursing Strategy initiatives.

3 **Annette Ellenor** is a Senior Policy Analyst and has led key initiatives, including the Ontario Patient Lift Strategy.

4 **Rosanne Jabbour** is a Senior Policy Analyst with lead responsibilities for Nurse Practitioner initiatives.

5 **Sophia Ikura-MacMillan** is a Senior Policy Analyst and was the lead on implementing the Nursing Strategy. She is currently supporting the development of the ministry's long-term plan for recruitment and retention strategies, as well as forecasting and planning activities.

6 **Lynn Macfie** is a Senior Policy Analyst who brings policy experience and knowledge of government decision-making processes to the team.

7 **Dianne Martin** is a Senior Policy Analyst and is currently the lead on issues specific to Registered Practical Nurses, as well as a support for policy development in the Secretariat. She also provides leadership for the Nursing Education Initiative.

8 **Dan Singh** is a Policy Analyst at the Nursing Secretariat. He has worked on both the Nursing Strategy and Patient Lift Initiatives.

9 **Julia Cho** is a Knowledge Transfer Specialist working with the Nursing Secretariat to provide leadership in developing strategies to enhance the integration of research in policy development.

10 **Antonella (Donna) Ricci** is currently the Scheduler for the PCNO and previously worked as the Administrative Assistant to the team. Donna has helped to coordinate the Ontario Patient Lift Strategy and the Nursing Strategy Initiatives.

11 **Valerie Russell** is the Executive Assistant (EA) to the PCNO. Valerie manages the daily activities of the PCNO and assists in coordinating the Secretariat's activities.

12 **Dawn Henry** is the Administrative Assistant at the Nursing Secretariat. She provides administrative support on a variety of initiatives.

13 **Leslie Zubilewich** is the Research Administrative Assistant and is involved in the administrative aspects related to knowledge transfer (KT) activities for the Nursing Secretariat.

CNO Web-Based *Data Portal Project*

The College of Nurses of Ontario (CNO) is developing an online portal that will allow users to create custom queries of data reported in the CNO's annual membership statistics reports. This project was developed after discussions with the Nursing Secretariat about increasing access to the CNO's data and aims to meet the data needs of various stakeholders. The first phase of the project is funded by the Ministry of Health and Long-Term Care. The launch date of the portal is scheduled for June of this year.

Scope of Data

The initial release of the portal will allow for access to 14 years worth of data collected on the CNO's annual renewal form. The data available will be a subset of the renewal data and will include demographic, employment and practice status. In all cases, the data provided will protect the confidentiality of CNO members and will follow privacy legislation. In future phases, additional data collected by the CNO will be considered for inclusion in the portal.

Benefits

The portal will be provided through the CNO's website and will be available to anyone with access to the internet. Three benefits of this project include:

1. 24-hour access to the CNO's most current published data
2. users' ability to set the parameters for the data being requested
3. more options for stakeholders when researching nursing human resource data collected by the CNO.

– Brent Knowles, CNO

PCNO's Itinerary for Nursing Week – *May 8-12, 2006*

Sue Matthews, PCNO will be visiting a variety of communities across Ontario during this year's Nursing Week. Look for news about events and activities in the following communities:

Monday, May 8th	• North York General Hospital • Toronto East General Hospital • Casey House Hospice • St. Joseph's Health Centre
Tuesday, May 9th	• Princess Court Long Term Care • Dryden Area Health Services • Dryden Regional Health Centre
Wednesday, May 10th	• Manitoulin Lodge • Manitoulin Health Centre • Manitoulin Centennial Manor
Thursday, May 11th	• St. Joseph's Health Care London-Marian Villa • Cambridge Memorial Hospital • Maplehurst Correctional Complex
Friday, May 12th	• Queensway Carleton Hospital • Children's Hospital of Eastern Ontario • Ottawa Public Health

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