

# ONP UPDATE

Office of Nursing Policy Health Canada

**OCTOBER 2003**

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## REPORT OF THE NATIONAL ADVISORY COMMITTEE ON SARS & PUBLIC HEALTH

In May 2003, Federal Minister of Health, the Honourable Anne McLellan, created the National Advisory Committee on SARS and Public Health. Recently, this committee released its report entitled "*Learning From SARS: Renewal of Public Health in Canada*".

Minister McLellan welcomed the report, "... the Government of Canada will, in partnership with the provinces and territories, public health community and key international organizations, to ensure that we build a system that can act decisively, quickly and seamlessly, in response to public threats of all kinds, "

ONP wishes to acknowledge and thank Ms. Kaaren Neufeld and Dr. Mary Ferguson-Paré for their exceptional contributions to the committee.

The committee presents a comprehensive vision for public health, providing strategic advice for how to promote a sustainable public health system for Canada. The report integrates key principles of public health, including: **health protection, disease / injury prevention, population health assessment, disease & risk factor surveillance & health promotion** with the reality of the SARS outbreak. Without these integral elements, Canada's ability to forecast and manage infectious diseases (and other threats) will be undermined.

The committee delivered over seventy recommendations, highlights are listed below.

- Establish a *Canadian Agency for Public Health*, scope of practice:
  - infectious disease, prevention & control
  - microbiology reference laboratories
  - emergency preparedness & response
  - chemical exposures
  - poison control
  - environmental health
  - chronic disease prevention & control
  - injury prevention & control
  - perinatal & child health
  - human development programs
  - health promotion
  - tobacco & drug control
  - screening
  - occupational health
  - food protection
  - radiation protection
  - knowledge translation
  - research
  - infrastructure
  - international collaboration.

This agency would have a "catalytic role" in the development of a national public health strategy.

- Appoint a Chief Public Health Officer of Canada, reporting to the Federal Minister of Health.
- Establish a National Public Health Advisory Board to advise the CPHO.
- New Funding for Public Health - three targeted programs include: communicable disease control & surveillance, national immunization strategy & a public health partnerships program to reinforce core public health functions at the local level.
- Communicable Disease Control & Health Emergency Management - multidisciplinary planning to create integrated protocols for outbreak management, emergency

planning & crisis communications.

- Laboratory Infrastructure - immediate review of public health lab capacity in Canada, including their role in surveillance, & overall efforts to enhance lab capacity.

- Legal & Ethical Issues - renew legislative frameworks, & develop an ethical framework to guide health systems during emergency public health situations

- Research Capacity - enhanced public health research capacity, specifically for communicable disease control & epidemiology

- International Issues - contribute to surveillance & outbreak management capacity in developing countries, develop international consortium to detect emerging infectious diseases & evidence based travel screening

- Clinical and Local Public Health- integrate & coordinate response systems between public health & health care

- Health Human Resources - national strategy to renew public health HR, explore opportunities to create & support training positions / programs, strategies to minimize adverse impact of outbreaks on students.

Following release of the report, a teleconference of nursing stakeholders was organized to discuss the recommendations & highlight key messages. Overall, support for the report was strong, and there was commitment to advocating for many of the recommendations. Follow up is being planned, we will report back in a future newsletter.

## CANADIAN INSTITUTE FOR HEALTH INFORMATION - WORKFORCE TRENDS OF LPNs IN CANADA

**This first-ever national report on Licensed Practical Nurses (LPNs), provides a comprehensive look at the second largest group of health care workers. In 2002, there were 60,123 LPNs employed in practical nursing in Canada**

The report uses 2002 data, and shows wide variations in the number of LPNs across the country. The number of LPNs per capita ranged from a low of 10.3 LPNs per 10,000 population in BC to a high of 51.9 in Newfoundland.

The place of work of the LPN workforce also varied, with 55% of Quebec's LPNs working in long-term care, compared to 17% of those in Saskatchewan. In total, 36.4% of Canada's LPNs worked in long-term care, 47.9% in hospitals, 6.5% in the community, and 7.3% in other settings.

Highlights include:

- About 42% of LPNs worked full-time, with 16.6% working on a casual basis.
- The average age of LPNs is 44.2 years, 15.1% of LPNs were 55 or older.
- Women make up 93.2% of the LPN workforce.
- The great majority of LPNs are Canadian graduates. Of all Canadian graduates working in Canada, over 90% were employed in the same jurisdiction as their initial place of graduation in practical nursing.

## CANADIAN INSTITUTE FOR HEALTH INFORMATION - WORKFORCE TRENDS OF RPNs IN CANADA

**This first-ever national report on Registered Psychiatric Nurses (RPNs) establishes a foundation for health human resources planning of the RPN workforce.**

The report shows that 42% of all active-practising RPNs working in Psychiatric Nursing in Canada are employed in British Columbia, 21% in Alberta, 19% in Manitoba and 18% in Saskatchewan. RPNs are a separate nursing profession and are educated and regulated only in the four western Canadian provinces (Manitoba, Saskatchewan, Alberta and BritishColumbia). All data is from 2002.

Highlights include:

- Male RPNs make up 24.0% of the workforce, over 40.0% of them work in British Columbia.
- The average age of Canadian RPNs is 45.7 Currently, 20.2% of Canada's RPN workforce is aged 55 or greater.
- Over 60% of RPNs practicing in psychiatric nursing were working full-time.
- Close to 90.0% of RPNs are Canadian graduates.

ONP welcomes both reports as important contributions consistent with recommendations from the Canadian Nurses Advisory Committee, and with other calls for data to support health human resources planning for the nursing workforce in Canada.

For further information on both reports: [www.cihi.ca](http://www.cihi.ca)

## CANADIAN PUBLIC HEALTH ASSOCIATION -NEW CEO

### ONP congratulates Dr. Elinor Wilson on her appointment as the Chief Executive Officer of CPHA.

Dr. Wilson's appointment is effective December 1, 2003.

Over the past three decades, Dr. Wilson has gained national and international recognition as a leader in public health, particularly in health promotion, chronic disease prevention and tobacco control. Building on extensive training in nursing, management and health sciences (she holds a doctorate in Administration Management and a Masters degree in Health Sciences), Dr. Wilson's broad experience spans the voluntary sector, government, professional organizations, and academia. Dr. Wilson comes to CPHA from the Heart and Stroke Foundation of Canada, where she established and directed the Office of External Relations and has served as Chief Science Officer since 1998. For further information: [www.cpha.ca](http://www.cpha.ca)

## CANADIAN COLLEGE OF HEALTH SERVICE EXECUTIVES – NEW CEO

### Congratulations to Dr. John Hylton on his appointment as President and CEO of CCHSE.

Dr. Hylton was President & CEO of the Council for Health Research in Canada. Earlier in his career, he served as a senior administrator in government and in the non-profit sector. He also has extensive experience as a

university educator, trustee and consultant. Dr. Hylton holds a degree from St. Francis Xavier University, Carleton University, and the University of California at Berkley. For further information: <http://www.cchse.org/>

## WHO ISSUES CONSENSUS DOCUMENT ON SARS

### The World Health Organization (WHO) has issued a consensus document, summarizing findings from international research, on the epidemiology of SARS.

The report represents the views of experts in public health, epidemiology, and clinical virology, and draws on experiences from all the main outbreak sites as well as a large number of recently published studies and unpublished documents. It also incorporates information from ongoing weekly teleconferences of the WHO Ad Hoc Working Group on the Epidemiology of SARS.

The report addresses several lingering concerns about the disease and reaches conclusions about some. These conclusions help WHO determine whether recommendations made during the course of the outbreak remain valid, in light of the most recent and complete evidence, for responding to a possible recurrence of SARS.

Highlights of the report, include:

- **The report found no evidence that SARS is an airborne disease.**

- **Health care workers were at special risk.** Health care workers, especially those involved in procedures generating aerosols, accounted for 21% of all cases, ranging from 3% of reported

probable cases in the USA to 43% in Canada. In some cases, transmission occurred despite the fact that staff were wearing masks, eye protection, gowns, and gloves. In a few other cases, transmission occurred following brief exposure to patients with mild symptoms.

- **The risk of transmission is greatest at around day 10 of illness.** Maximum virus excretion from the respiratory tract occurs on about day 10 of illness and then declines. However, there are some exceptions in which transmission occurred following exposure to a patient in the earliest days of infection.

- **No evidence of transmission 10 days after fever has resolved.** This finding supports present WHO recommendations for the management of contacts and for hospital discharge policies.

- **Children are rarely affected by SARS.** To date, there have been two reported cases of transmission from children to adults and no reports of transmission from children to other children. Further investigation is required to determine whether children may have asymptomatic or mild infections.

- **Risk of in-flight transmission.** Five international flights have been associated with the transmission of SARS from symptomatic probable cases to passengers or crew. The report found no evidence of confirmed transmission on flights after the 27 March travel advisory in which WHO recommended exit screening and other measures to reduce opportunities spread.

For further information: [www.who.int/csr/sars/archive/epi/consensus/en/](http://www.who.int/csr/sars/archive/epi/consensus/en/)

## WORKLIFE BALANCE IN CANADA IN THE NEW MILLENNIUM

**This is the second of a series of six reports analyzing the data from the National Study on Balancing Work, Family and Lifestyle.**

Drs. Linda Duxbury of Carleton University and Chris Higgins of the University of Western Ontario are conducting the national study on work-life balance.

This report conceptualizes work-life conflict broadly to include role overload, work to family interference, family to work interference, work to family spillover and caregiver strain.

For further information:  
[www.hc-sc.gc.ca/pphb-dgspsp/publicat/work-travail/report2/index.html](http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/work-travail/report2/index.html)

## \$7.5 MILLION FEDERAL INVESTMENT FOR RESEARCH ON DISTANCE LEARNING

**On October 15, 2003, the federal government announced a \$7.5 million contribution to LORNET (Learning Objects Repositories Network), a new research project of the National Sciences & Engineering Research Council of Canada (NSERC) that will develop tools needed to create effective, interactive web-based training courses and programs.**

LORNET's research will be carried out in collaboration with six universities: the Université du Québec's Télé-université, the University of Waterloo, Simon Fraser University, the University of Saskatchewan, the University of

Ottawa, and Ecole Polytechnique de Montréal.

In addition, to validate the technologies developed by this network and ensure their transfer, over thirty partners from the public and private sectors will contribute close to \$1 million to the project. They will also contribute expertise and resources to ensure that the research results are disseminated widely.

The network plans to provide training each year to some 40 graduate students and six postdoctoral fellows. LORNET is supported by NSERC through its Research Networks Grants Program. The objective of this program is to foster the creation of knowledge and expertise through large-scale multidisciplinary research projects; collaboration between university- and college-based researchers and other sectors; transfer of knowledge and expertise to Canadian-based organizations; training of highly qualified personnel; and other social and economic benefits to Canada.

For further information:  
<http://www.nserc.ca/index.htm>

## CONGRATULATIONS!

**ONP congratulates Dr. Heather K. Spence Laschinger, Professor & Associate Director of Nursing Research, University of Western Ontario, who received the Elizabeth McWilliams Miller Award for Excellence in Research.**

Presented by the Sigma Theta Tau International Honor Society of Nursing, this award recognizes extraordinary excellence in research internationally.

Dr. Laschinger's research interests include: workplace empowerment, impact of working conditions on nurses' work attitudes and behaviours, relationship between organizational empowerment and nurses' emotional and physical health, competency development in health profession education, and health promotion counseling self-efficacy.

**ONP congratulates Dr. Mary Ferguson-Paré, Vice President Professional Affairs and Chief Nurse Executive of University Health Network who is the winner of the Ontario Hospital Association's 2003 Award of Excellence in Nursing Leadership.**

Mary was selected from 15 candidates as the first recipient of the annual award, for her qualities of leadership and for "demonstrating a career-long commitment to the nursing profession from a research, practice and management perspective." The award was presented at the OHA Convention and Exhibition.

## ONP NEWS

We are pleased to announce that Sandra MacDonald-Rencz will join ONP as Senior Policy Advisor effective November 7<sup>th</sup>. Welcome Sandra!

Did you notice our new address on page one? ONP has joined much of the larger Health Canada community on Tunney's Pasture. Please update your contact information accordingly.

## CALL FOR PAPERS – CONTINUITY & TRANSITIONAL CARE

The Canadian Journal of Nursing Research invites papers that describe research studies, present a systematic review, address methodological issues, or provide an analysis of theoretical issues related to continuity of care. Manuscripts reporting on studies that have been undertaken either in Canada or internationally are also welcomed. Submission Deadline - November 30, 2003 .

Continuity of care is a commonly used term in nursing and in health-care circles. The continuity-of-care Concept is considered an aim and a philosophy of care at both the clinical level and the policy level. Most clinicians consider it a standard of care encompassing discharge planning, transitional care, coordinated care, continuing care, and community care. Guest Editor: Dr. Margaret B. Harrison.

Please send manuscripts to: The Editor, CJNR, c/o Joanna toti at: [joanna.toti@mccgill.ca](mailto:joanna.toti@mccgill.ca)

## CONFERENCES

SRNA, CRNM, AARN & RNABC  
*Time for Action: Policy in Action  
Towards Excellence in Nursing –  
2<sup>nd</sup> Western Canadian Nurse  
Leaders Forum*  
Nov 12-14, 2003  
Radisson Hotel Saskatoon SK  
[www.srna.org](http://www.srna.org)

RNAO and RPNAO  
*3rd annual Healthy Workplaces in  
Action (2003) International  
Conference*  
November 20-21, 2003

Westin Prince Hotel, Toronto ON  
The deadline for abstract  
submission was June 30, 2003.  
For further information:  
[http://www.mao.org/html/PDF/H  
WE\\_Nov03.pdf](http://www.mao.org/html/PDF/HWE_Nov03.pdf)

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