

# Manitoba Nursing Strategy

## Three Year Progress Report

March 2003



# **Manitoba Nursing Strategy: Three Year Progress Report**

The Manitoba Nursing Strategy announced March 1, 2000 included five points:

1. Increase the supply of nurses
2. Improve access to staff development for nurses
3. Improve the utilization of nurses
4. Improve working conditions
5. Increase nurses' opportunities to provide input into decision-making

## Action/Impact

### 1. Increased Supply of Nurses:

#### *Action:*

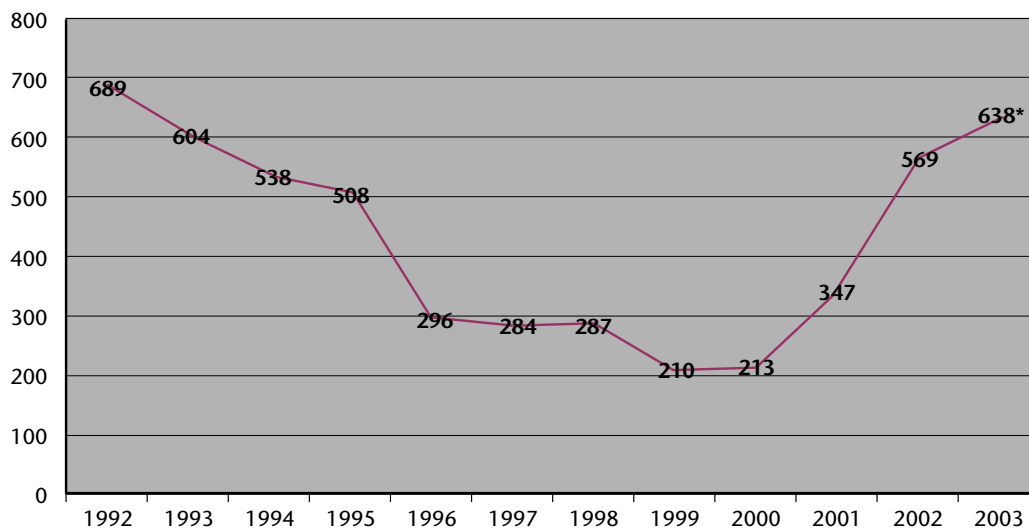
- Manitoba Health gave approval to the University of Manitoba's Faculty of Nursing to allocate a portion of funding, under the Manitoba Nursing Education Strategy, to launch an aggressive recruitment campaign for two years.
- In order to get more registered nurses into the workforce as quickly as possible, departmental funding supported the University of Manitoba Faculty of Nursing in introducing a new option to appeal to students with a degree in another discipline. This "second degree" option enables students to obtain a bachelor of nursing in two years. In 2000, 73 students were admitted to this stream; more than 80 were admitted in 2002.
- In September 2000, the province introduced a 25-month diploma program for Registered Nurses. Over 90 students were admitted to the diploma program at the Red River College that year. In each year thereafter, approximately 100 students were admitted to the program. In addition, in order to maintain enrolments, the College admits LPNs into the program with advanced standing in order to replace students who drop out of the program.
- In September 2001, 23 students were admitted to the first year of the newly established Francophone Nursing Diploma program offered by the Collège universitaire de Saint-Boniface.
- In 2000, the number of seats in the Licensed Practical Nursing program, offered by the Assiniboine Community College with support from the Province, were increased from 90 to 190.
- In 2001, approval was given to Brandon University to offer all four years of the Bachelor of Science in Psychiatric Nursing in Winnipeg as well as Brandon.
- In 2000, the Province allocated 100 nursing positions (65 RN and 35 LPN), under the Provincial Nominee Program.
- Manitoba's Nurses' Recruitment and Retention Fund provides up to \$2,000 to pay for 80 per cent of the cost of nursing refresher programs and up to \$5,000 to help off-set the cost of moving to Manitoba.

#### *Impact:*

- The University of Manitoba's recruitment campaign and the priority given to nursing appear to be working as demonstrated by the renewed enthusiasm for nursing in Manitoba. All nursing programs are fully subscribed.
- The province increased the number of admissions to all nursing programs. For programs leading to registration as a RN, admissions grew from less than 250 students/year during the late 1990s to over 400 BN + 123 diploma students in September 2001. For programs leading to registration as Licensed Practical Nurses (LPNs), admissions grew from less than 60 to 235 during the same time period. Admissions to the program leading to a Bachelor of Science in Psychiatric Nursing (BScPN) grew from 27 in 1999 to program capacity (50/year) with the introduction of a Winnipeg site. In addition, in 2000, Brandon University offered the BScPN by distance via Campus Manitoba and 18 students enrolled. In 2001, Brandon University offered the BScPN an additional path for distance delivery, the Canadian Virtual University. Five students enrolled at this site.

- As of February 6, 2003, 349 nurses have received financial assistance from the Nurses' Recruitment and Retention Fund to enroll in nursing refresher programs in exchange for a one year return of service. Of these nurses, 154 have successfully completed their programs and are working in Manitoba. Another 157 are still enrolled in the refresher programs with the expectation of returning to Manitoba's nursing workforce.
- As of February 21, 2003, 606 nurses have received relocation assistance from the Nurses' Recruitment and Retention Fund, to come to Manitoba and work. More than half of these have been recruited from British Columbia, Alberta, Ontario, and the U.S.A.
- In 1999 there were 210 nursing graduates. That number has tripled to an expected 638 in 2003:

*Total Nursing Graduates (RN, LPN, RPN)*



\* Estimated

Source: Manitoba Health

- The total number of nurses being trained in all years of nursing programs has more than doubled since 1999.

### *Total Enrolments*

<b>Program</b>	<b>2002/2003</b>	<b>1999/2000</b>
U of M 4-Year BN	1,654	910
RRC Accelerated Diploma	202	0 (no program)
CUSB Diploma Nursing	46	0 (no program)
RPN	199	99
LPN	408	160*
<b>Total</b>	<b>2,509</b>	<b>1,169</b>

\* estimated

- The number of students in first year of registered nursing programs increased.

### *Number of Students in First Year of Registered Nursing Programs*

<b>Program</b>	<b>2002/2003</b>	<b>1999/2000</b>
Bachelor of Nursing (all sites)	488	345
Accelerated Nursing Diploma at Red River College	100	0
Collège universitaire de Saint-Boniface	31	0
<b>Total</b>	<b>619</b>	<b>345</b>

## 2. Staff Development Funding:

### *Action*

- A \$3 million Continuing Education Fund is available to the regional health authorities to support continuing education for nurses in front-line positions.
- As of September 2002, over 1,800 nurses have received funding for individual courses and conferences. Over 195 group sessions have been presented throughout the RHAs, with over 3,950 nurses attending.
- Continuing education is offered to nurses in rural and northern Manitoba through the MBTelehealth network. The continuing educational opportunities via the network include such topics as wound management, palliative care and advanced cardiac life support.

### *Impact*

- Nursing stakeholders indicate that staff development is very important to nurses and supports nurse retention, workplace morale and the quality of patient care.

**3. Improving Utilization of Nurses:**

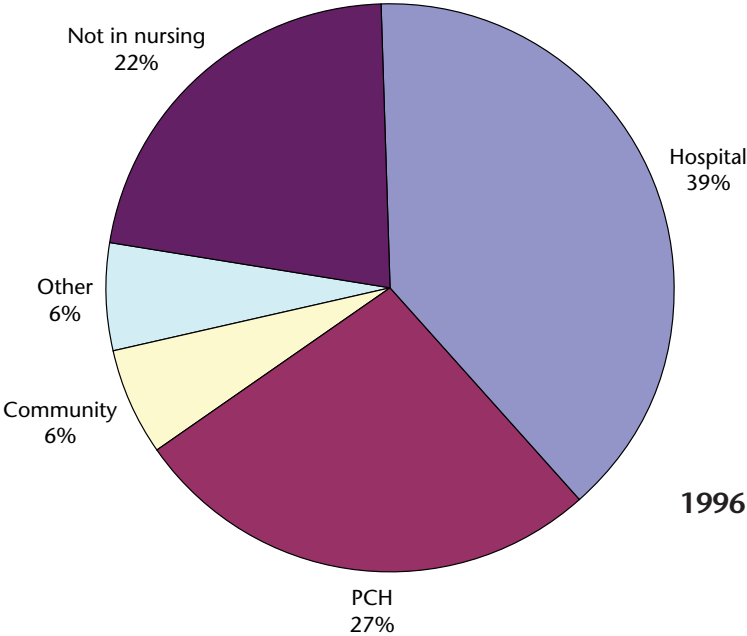
*Action*

- Regional Health Authorities have been encouraged to utilize more LPNs in acute care settings, including tertiary centres.
- The Health Sciences Centre conducted a pilot project with the view of re-introducing LPNs to surgical units. The pilot was a success and LPN positions were made permanent on the two units involved.
- In 2001, the College of Licensed Practical Nurses was provided funding to explore the feasibility of utilizing LPNs in operating rooms and dialysis units. A report of its findings is pending.
- During the most recent round of bargaining with the Manitoba Nurses’ Union, the establishment of a Provincial Joint Committee on Full-time/Part-time Nursing Staff Ratios was negotiated. This committee has agreed upon an ambitious 6-point action plan to increase full-time positions. The committee has been meeting and will be, among other things: reviewing ratios within specific facilities and making recommendations, which will create more full-time positions.

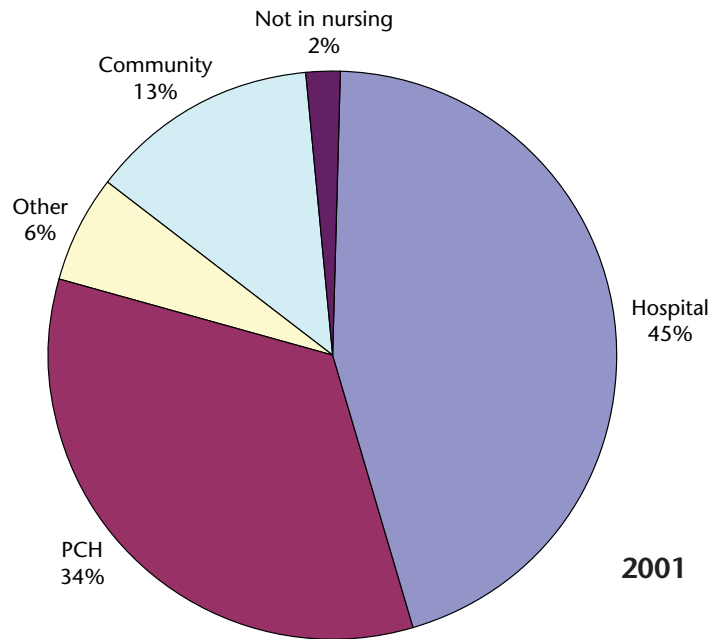
*Impact:*

- All health authorities are utilizing more LPNs. For instance, the Winnipeg Regional Health Authority (WRHA) currently employs LPNs in all sectors (acute care, long term care and community). Programs of the WRHA currently employing LPNs include: child health, dialysis, emergency, family medicine, home care, oncology, personal care homes, primary care, rehab/geriatrics and surgery.
- The number of active practising LPNs has increased from 2,384 in 1996 to 2,439 in 2001.
- The number of LPNs working in hospitals increased from 964 in 1996 to 1,098 in 2001.

*Employment Setting: Active Practising LPNs  
As reported by LPNs on the Annual Registration Forms*

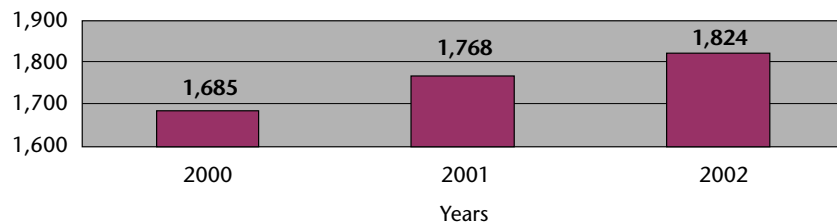


*Employment Setting: Active Practising LPNs  
As reported by LPNs on the Annual Registration Forms*



- The Manitoba Nursing Research Institute reported that, in surveys of graduates of the BN program, the number who indicated obtaining full-time work has more than doubled over the last three years, from 23 per cent in May 1999 to 58 per cent in May 2002.
- The percentage of LPNs, working full time increased from 25.2 per cent in 1996 to 32.5 per cent in 2001.
- The number of permanent LPN positions increased from 1,685 in 2000 to 1,824 in 2002:

*Permanent Positions For LPNs  
As reported by RHAs during annual nursing vacancy survey*





#### 4. Improving Working Conditions for Nurses:

##### *Action*

- The report of the Worklife Taskforce was released in June 2001. The Manitoba Nursing Advisory Council is actively monitoring the implementation of the recommendations contained in the report.
- \$700,000 from the nursing strategy budget has been earmarked to assist regional health authorities in addressing safety issues as identified by Manitoba's Quality of Worklife Task Force. This was the top priority identified by the Joint Nursing Council for immediate action.
- In 2000, an additional \$1.5 million was reallocated to the WRHA to purchase basic equipment which was identified by nurses for workplace improvement. Such equipment as IV pumps, wheelchairs, blood pressure devices, IV poles, commodes and oximeters were purchased and allocated to acute care and long term care facilities throughout the WRHA.
- In 2001, \$500,000 was provided to install piped-in oxygen and suction equipment in the Women's Hospital at Health Sciences Centre. The installation makes it easier for nurses to provide post-operative care at the Women's Hospital and to focus on patient care. Before the installation of piped-in gases, oxygen tanks and suction machines were wheeled around the surgical unit. Nurses indicated this was awkward for nurses and potentially hazardous to both staff and patients.

##### *Impact*

- Nursing stakeholders indicate that having the necessary equipment to provide care is important to nurses and promotes the retention and morale of nurses as well as contributes to quality care.

## 5. Increasing Input into Decision-Making:

### *Action*

- During the most recent round of bargaining with the Manitoba Nurses' Union, the establishment of a Provincial Joint Committee on Full-time/Part-time Nursing Staff Ratios was negotiated. This committee is an attempt to work in collaboration with nurses rather than in the traditional "top-down" manner.
- During the most recent round of bargaining with the Manitoba Nurses' Union, the establishment of a Joint Nursing Council was negotiated. The Council has met three times, to date, and will be providing advice on such issues as working conditions, recruitment and retention of nurses, improvement of patient care. One of the first actions of the council was to recommend earmarking \$700,000 to address safety concerns of nurses.
- The Manitoba Nursing Advisory Council was announced in June 2001. Membership of the council includes individuals from educational institutions, nursing regulatory bodies, unions representing nurses and nursing support staff, regional health authorities, the Department of Advanced Education, Department of Education, Training & Youth and the Department of Health. Under the direction of the Minister of Health, through Departmental staff, the MNAC provides comprehensive nursing expert advice on nursing matters, reviews options to address nursing issues, and supports the implementation of the Province's nursing strategy.
- Legislation was amended to enable nurses to participate on the boards of regional health authorities and health facilities.

### *Impact*

- Nurses are being involved in more health care decision-making that affects them.