

# 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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Issue #4 – Fall 2006

## Message from the Provincial Chief Nursing Officer



This will be my final newsletter as Provincial Chief Nursing Officer, as I move to a new role with VON Canada. I have truly been blessed

to be in this role for the last three and a half years, and am proud of how far nursing has come. We have worked in partnership to move the agenda for nursing forward, from the late career initiative, to the new graduate strategy, clinical simulation, lift initiative, mentorship/preceptorship initiative, full-time strategy, Nurse Practitioner Task Team and many more initiatives.

I would like to thank everyone who supported me throughout my time here. I am truly grateful for the community of nursing that we have. I have met nurses from every sector, in every role and in communities across the province. What has been clear to me throughout my tenure is that nursing is an amazing profession.

The depth of the profession became clear to me when my dad passed away. He was in ICU for six days and was comatose for the last days of his life. I have three sisters, none of whom is a health care professional. I watched as they reflected on the nursing care and saw the true meaning of our profession.

When the nurses were titrating his Propofol to bring him in and out of consciousness, testing his neurological status, my sister who is a lawyer said, "I didn't know nurses could do that". I explained to her that nursing is a knowledge-based profession and nurses have an independent scope of practice. They work in partnership with other professions, and make critical decisions frequently. Nurses are knowledge workers.

One day, as we were returning from lunch, and we were walking into the room, we heard the nurse talking to my dad, telling him what she was going to do, making calming statements to ease his anxiety. My sister who is an accountant said, "Why do they talk to him, he's in a coma?" I explained that there is research that shows that people in a coma can hear what is said, and that nurses are knowledgeable about current research. I also explained that a nurse is who you are, not what you do. It's the interaction you have, and the ability to ease suffering that makes nursing unique. Nurses touch people's lives.

When we made the decision to take Dad off life support, we approached the nurse about organ donation. She spent over an hour with us to explain what the options were, explaining to my mom that some of the questions she would be asked would be sensitive. She took time to tell us what would happen, and make sure we were comfortable with our decision. My sister who is a teacher said, "So, nurses are teachers too." Nurses teach.

But, the final moment when I truly reflected on our profession was after they took Dad off life support and we gathered around his bedside, my mom asked, "How long?" I told her we didn't know, and that no one could predict. It could be hours, or days. And we sat and stared at each other, waiting for the inevitable. It was then that the nurse caring for Dad pulled up a chair and said, "Tell me about your dad." That simple statement allowed us to open up, and we grieved.... We talked about all of the things we loved about our dad, and some of the things that drove us crazy, like how he used to unplug the phone when we talked too long. Without the nurse's comment, I don't know what would have happened. In her quiet way, she facilitated the process for a family to cope with the circumstances we were faced with. She embodied the core and essence of nursing. Nurses are knowledge workers, they touch people's lives, they teach, but most of all, nurses care.

I have been blessed to be a nurse for 23 years. If I had to do it all again, I would choose to be a nurse in a heartbeat! I have been blessed to be the Provincial Chief Nursing Officer for three and a half years. I thank each and every one of you who supported me throughout this time. I am grateful for all nurses who make a difference in people's lives in many, many ways. There are good things ahead for nursing, and I look forward to being a part of that future.

A handwritten signature in black ink that reads "Sue Matthews".

*Sue Matthews*  
Provincial Chief Nursing Officer  
2003 – 2006

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## Message from Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division

On behalf of the Health Human Resources Strategy Division, I would like to take this opportunity to thank Dr. Sue Matthews for the significant leadership she has provided during her time with the Ontario Ministry of Health and Long-Term Care. I would also like to offer my sincere congratulations on her new position as the National Executive Director, Disease Management and Chief of Practice for Ontario at VON Canada. This new role will no doubt lead to exciting challenges and achievements as Sue brings her vision and wide-ranging expertise to these areas.

In her role as the Provincial Chief Nursing Officer, Sue has led the development of the Ontario Nursing Strategy and many other key initiatives aimed at improving the work lives of nurses and supporting high quality care for patients, clients and residents. Sue has also been instrumental in strengthening partnerships within the nursing and larger health care communities. She has continuously inspired many to think innovatively and collaboratively as we work together in the transformation of our health care system.

We look forward to future opportunities to collaborate with VON Canada and other health care organizations in our commitment to keep Ontarians healthy and ensure that they receive the highest possible standard of care. This includes the work being done through the government's health human resources strategy, HealthForceOntario, which will ensure that the province has the right supply and mix of health care professionals both now and in years to come. We also congratulate Sherri Huckstep who will serve as Acting PCNO. Sherri brings critical commitment and experience to ensure the immediate continuity of this role.



*Joshua Tepper*  
Assistant Deputy Minister

## Registered Practical Nurse (RPN) Initiation of Procedures

At the request of the College of Nurses of Ontario (CNO), the Ontario government made changes to a regulation under the Nursing Act, 1991, which allow RPNs in Ontario to initiate certain controlled act procedures. That means that Ontario RPNs, in some circumstances, can make an independent decision without a doctor's order to perform those procedures. This is known as initiation. Although RPNs have already been performing these procedures, the independent authority to initiate them is new.

Further information about what this means for RPN practice in Ontario, including a list of the specific procedures RPNs are now authorized to initiate, can be obtained through the College of Nurses of Ontario ([www.cno.org](http://www.cno.org)). RPNs interested in learning more about the impact this will have on their practice, should also consult with their employers as it is possible that employer policies – or other legislation – may place limitations on their ability to initiate procedures.

## New Graduate Promise

The Government of Ontario is committed to making Ontario the place of choice for health professionals to work. Despite large numbers of retirements anticipated over the next five years, many new graduates have difficulty finding full-time employment upon graduation. In an increasingly competitive market for nursing human resources, it is critical for Ontario to retain new graduates both in the province and in the profession, by providing them with employment options and adequate mentoring and support as they transition to practice.

As part of our plan to attract and retain nurses, the Minister of Health and Long-Term Care announced in May, 2006 that every new nursing graduate will have the opportunity to work full time in the province beginning in 2007. With nearly 4,000 nursing students expected to graduate in 2007, partnerships with employers and schools will be essential to the successful matching and integration of graduates into the workforce. To ensure that the province is able to meet this important commitment, a Minister's Task Force was struck to examine current workforce trends and provide recommendations to the Minister. The Task Force was Chaired by Tom Closson, former CEO of the University Health Network and was comprised of stakeholders representing all sectors, professional associations and the research community. Recommendations will be presented to the Minister in the fall of 2006 for his consideration.

# Nursing Strategy Update

A call for applications for the 2006/07 New Graduate and Late Career Initiatives was held in May, 2006.

This is the third year that the nursing strategy initiatives have been in place and the level of enthusiasm and interest from across the province has been tremendous.

Employers have worked closely with nurses to create new roles for late career nurses, giving them the important opportunity to use their considerable knowledge and experience to contribute to better patient care, improved work environments and more supports for their nursing peers. Many nurses have reported feeling energized in their careers because of this experience.

At a recent event, a late career nurse shared with the Provincial Chief Nursing Officer that she was so excited about the opportunities created by the Late Career Initiative that she recently bought “three new uniforms and a new pair of duty shoes”. This initiative has been instrumental in communicating to nurses how valued they are at the front lines of the health care system.

In today’s complex environment, the transition to practice holds many challenges for new graduates. Mentoring and adequate orientation offers the opportunity for new graduates to gain confidence in the skills they have learned, establish relationships with other nurses and become fully integrated into practice in Ontario. To date, over 2,000 new graduates have benefited from the opportunity to gain valuable full-time work experience while working in a supernumerary position.

# Nursing Retention Fund (NRF) Update

## Support for retention of nurses in public hospitals

The January announcement of the establishment of a Nursing Retention Fund by the Minister of Health and Long-Term Care, is a key strategy aimed at ensuring the stability of nursing positions in Ontario public hospitals.

This ministry fund will provide financial support to public hospitals for costs related to training, education, wages, benefits, or a percentage in lieu of benefits for nurses while in training. This support can be provided for up to six months. This is to enable nurses to expand their knowledge, work in other clinical areas, and work in expanded roles within the hospital where there are vacancies; as an alternative to layoffs and/or reduction in hours. This fund does not allow for reimbursement for traditional orientation and training costs for positions.

Since the official launch of the Nursing Retention Fund in June, some hospital executives have inquired about funding eligibility for their specific projects. It is expected that many of them will be submitting applications; a few have already been submitted. The management committee is pleased to see organizations responding to this initiative; it demonstrates their awareness of the changing roles of nurses, their value to the health care system, and the role they play in providing quality patient care.

The fund management committee wishes to encourage all executives of public hospitals to take advantage of this opportunity, and remind all potential applicants of the need for a signed MOHLTC approved service change of which a copy must be submitted along with the application. This is the basic mandatory eligibility criterion by which all applicants will be assessed for funds through this initiative.

Funding through the NRF initiative will terminate on March 31, 2010. However, applications may be sent in at anytime, but must be received no later than February 15, 2010. Applications received after this date will not be considered.

### For more information:

Visit the NRF website at: [www.nursingretentionfund.ca](http://www.nursingretentionfund.ca) or contact

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The fund management committee is comprised of RNAO, ONA and RPNAO Presidents and Executive Directors.

*Glencia Brookes-Dos Santos  
Project Coordinator, Nursing Retention Fund*

# Innovative New Program to Reduce Nurse Practitioner Vacancies

Earlier this year, a new and innovative program to assist communities to recruit and retain nurse practitioners (NPs) was announced.

The ministry has been funding nurse practitioner positions for the past several years. Some sites, no matter how hard they've tried, have had long term difficulty recruiting nurse practitioners. Most of these sites are located in underserved communities with limited access to primary health care services.

**The Grow Your Own Nurse Practitioner Program** was developed to assist these sites. This program allows an agency, that has previously been awarded government funding for a nurse practitioner position, the flexibility to use those funds to sponsor a local Registered Nurse to

obtain his/her NP education. The intent is to fill the vacancy with a nurse practitioner from within or living near the community – to promote long-term retention in the position.

This has been an extremely positive program for the nurses who have been able to participate. Registered Nurses who meet the program's eligibility requirements are able to pursue their nurse practitioner education while the ministry covers salary, tuition fees and some related education costs. In exchange for the sponsorship, nurses are required to fulfill a two to three year return of service commitment.

The program addresses the number one barrier that most nurses face in pursuing additional education – income loss. That said, it does require a great deal of thought and commitment

among agencies and nurses alike – this is the start of a long-term relationship for both.

Like so many other programs, the success of this initiative relies on partnership, including partnership within the ministry, since many divisions work closely together to implement this program. It also involves partnerships within communities, as agencies and nurses come together to promote sustainable access to comprehensive primary health care services closer to home. This is what we call a win-win situation for all.

To find out more, go to:

**[www.health.gov.on.ca/english/providers/program/nursing\\_sec/materials.html](http://www.health.gov.on.ca/english/providers/program/nursing_sec/materials.html)**

## Critical Care Strategy

In 2004/05 the MOHLTC launched the Critical Care Strategy to improve quality of care and system performance in adult critical care services in Ontario, with an emphasis on investments that improve access, quality and system level resource management. The Final Report of the Ontario Critical Care Steering Committee (March, 2005) recommended that professional staff working in critical care should be required to meet standards and core competencies that are recognized provincially.

In October 2005, the Ontario Critical Care Expert Panel established the Critical Care Nursing Training Standards Task Group. This Task Group included critical care nurse leaders from across the province and staff support from the Nursing Secretariat and Critical Care Secretariat. The task group is responsible for:

- › Identifying and articulating adult critical care nurse core competencies and training standards for Ontario. The Standards for Critical Care Nursing proposed by the Task Group are competency based and build on and integrate the standards of the Canadian Association of Critical Care Nurses and the College of Nurses of Ontario.
- › Recommending methods of training to ensure that all nurses are able to meet the identified standards. This includes the development of an e-learning strategy, which will lead to certification in critical care nursing. The e-learning strategy will also provide additional access to critical care training for all Ontario nurses, regardless of location, and incorporates a flexible, self-paced learning method. For nurses who have already been practicing in critical care, the Task Group has proposed development of different pathways to evaluate nurses' prior learning and grant credit for this learning. The development of an Objective Structured Clinical Examination (OSCE) is one such tool.
- › Recommending that hospital-based and college-based programs be audited to evaluate the quality and content of didactic and clinical training and that the results of these audits be used to fund appropriate training for critical care nurses throughout the province. Training should be supported only for those sites whose education programs meet the standards developed by the Task Group, thus contributing to the creation of a portable nurse credential.
- › Establishing a \$4.5M annual fund to increase the number of trained nurses in critical care settings by assisting hospitals with costs of educating critical care nurses to the new provincial standards. Funds will flow to Ontario hospitals based on an annual application process. This will be an iterative process as college and hospital programs move into compliance with the standards and the e-learning option becomes available in 2007.

For more information regarding this initiative, see the Critical Care Nurse Training Standards Task Group Final Report in the Health Human Resources Section of the Critical Care Secretariat website. The website can be accessed at the following URL:

**[www.health.gov.on.ca/criticalcare](http://www.health.gov.on.ca/criticalcare)**



## New Roles

### Surgical First Assist

As Ontario tries to move forward with its aggressive Wait Times Strategy, Ontario's surgeons face an unrealistic burden to perform additional surgeries needed to reduce wait times. Without the availability of the appropriate surgical staff, the number of surgeries performed remains constant and wait times increase.

As part of HealthForceOntario, an announcement was recently made regarding the Surgical First Assist (SFA) role which will help address the shortage of practitioners that traditionally function as the assistant during surgery. SFAs will function collaboratively with the surgeon and operating room team to ensure performance of a safe operation with optimal patient outcomes.

Health professionals who can currently fill this role are Registered Nurses (RNs). These professionals must have the educational preparation required to practice in the role. RNs wishing to practice in the SFA role will require additional expertise and education that is beyond that which is developed through their experience as a Perioperative Care Nurse.

The additional knowledge, skill and decision making abilities required for the SFA can be achieved through a formal first assistant educational program that includes a surgeon-mentored clinical component.

### Nurse Endoscopist

The Ministry of Health and Long-Term Care recently announced the Nurse Endoscopist role as part of the HealthForceOntario Strategy. This new role is focused on educating and training nurses to perform flexible sigmoidoscopies for colorectal cancer screening.

The burden of colorectal cancer is large and growing in Ontario. Colorectal cancer is the second leading cause of cancer death and the leading cause of non-tobacco related death. In 2006, more than 8,100 people will be diagnosed with colorectal cancer and 3,100 people will die from colorectal cancer in Ontario. Screening for colorectal cancer saves lives. The probability of curing cancer is 90 per cent when it is detected early compared to 10 per cent for advanced-stage disease (Cancer Care Ontario, 2006).

Currently there are two pilot sites enrolled in the flexible sigmoidoscopy training program, one at Women's College Hospital and the other at Princess Margaret Hospital. These pilot sites are expected to graduate Nurse Endoscopists by the end of 2006. New pilot sites will be brought on board as this initiative continues to roll out.

## Focus on Nursing Research

The Nursing Research Fund (NRF) of the Ministry of Health and Long-Term Care supports nursing research that focuses on the management, organization and effectiveness of nursing human resources and services. In addition, the research supports the development, implementation and evaluation of the nursing strategy for Ontario. These research projects support the priorities of the Nursing Secretariat, build capacity, support evidence-based decision making and facilitate collaboration among researchers and decision-makers.

Funds granted through the NRF are provided for targeted research, larger programs of research and through calls for specific research priorities to inform policy. The following are examples of research currently funded through the NRF.

### Health Outcomes for Better Information and Care Update

Starting this fall, the Health Outcomes for Better Information and Care (HOBIC) initiative will be implemented in 25 early adopter organizations across the acute care, complex continuing care, long-term care and home care sectors, in the Hamilton - Niagara - Haldimand - Brant Local Health Integration Network (LHIN) and the North Simcoe Muskoka LHIN. HOBIC is part of the province's Information Management Strategy.

Shannon Landry (North Simcoe Muskoka LHIN) and Dorothy Trimble (Hamilton - Niagara - Haldimand - Brant LHIN), both RNs, have been seconded to work with early adopter organizations to plan for the education of nurses and the collection of the HOBIC measures. A team of IT experts has been meeting with early adopter organizations to plan for the electronic collection of the measures.

This will enable the production of standardized data analysis reports. This information can then be used to plan for patient care and evaluate the effectiveness of care, as well as for resource allocation, performance measurement and research.

At the end of the day, HOBIC will make the contribution of nurses visible. It will allow us to accurately assess the impact that nurses have collectively on patient/client/resident health outcomes.

HOBIC recently won the Amethyst Award for excellence in the Ontario Public Service.

To find out about the early adopter sites and for more information about this initiative, visit the HOBIC webpage at [www.health.gov.on.ca/hobic](http://www.health.gov.on.ca/hobic)

*Peggy White, RN, MN  
HOBIC Project Leader*

## 2006 Awards Program for Innovation in Nursing Human Resources

The Change Foundation and the Nursing Secretariat, Ontario Ministry of Health and Long-Term Care are partnering once again and have launched the 2006 Awards Program for Innovation in Nursing Human Resources. These demonstration projects will help to pilot innovative strategies that focus on developing best practices in nursing human resources by:

- › Improving the safety of nurses
- › Supporting healthy work environments (e.g., strategies to improve inter and intra-professional relationships, work-life balance and nursing leadership development)
- › Designing nursing practice innovations to meet changing needs (e.g., strategies to increase the attractiveness of working in various sectors, etc.)

In addition, successful projects from the 2005 Awards Program for Innovation in Nursing Practice that require bridge funding to achieve sustainability or move to broader uptake will be considered. However, please note that 2005 Awards Program recipients who have already received bridge funding are not eligible for this call.

A maximum of \$100,000 will be awarded per project and will be paid out over the course of two years. As with the 2005 Awards Program for Innovation in Nursing Practice, a two-step process will be used for this initiative. The call for Letters of Intent was issued in early October, 2006. Successful applicants from this stage will be notified and asked to submit a full RFP for review. Notification of successful recipients from the 2006 Awards Program for Innovation in Nursing Human Resources is expected to take place in March, 2007.

We look forward to learning more about your innovative ideas and their potential impact on nursing practice and nursing human resources in Ontario.

**For more information and to view project updates from the 2005 Awards Program for Innovation in Nursing Practice, visit the Change Foundation website at [www.changefoundation.com](http://www.changefoundation.com) or contact Hasmik Beglaryan, Program Manager, [hbeglaryan@changefoundation.com](mailto:hbeglaryan@changefoundation.com)  
Phone: 416-205-1451**

## Nursing Plan: Phase 2

As part of the Nursing Secretariat's commitment to using high quality nursing data in Ontario, the revised Hospital Sector Nursing Plan was implemented in the Fall of 2005. The data provided from these nursing plan submissions included information beyond human resource information (i.e., Registered Nurse and Registered Practical Nurse Full-Time Equivalents, degree of overtime, full-time and part-time percentages) and included information regarding areas such as: nursing leadership infrastructure, amount of orientation provided, degree of involvement with nursing students, and manager span of control. To aid in the dissemination of the results, a Nursing Plan Report, which included provincial results and results according to hospital type, was distributed to all hospital Chief Nursing Officers. In addition to the report, a provincial Nursing Strategy Consultation meeting was held in March, 2006. It was well attended by over 300 nursing leaders representing all sectors and regions in Ontario. The first meeting of its kind, feedback from the participants indicated a strong preference for nursing plans to be developed for all sectors and similar provincial meetings to be held annually in order to develop a comprehensive strategy for nursing in Ontario.

As a result, the Nursing Secretariat has committed to expanding the nursing plan process to all sectors by 2007. The Hospital Sector Nursing Plan has been revised and includes feedback obtained through a web-based evaluation with Chief Nursing Officers. Nursing plans have also been developed for the long-term care, community and public health sectors. As with the Hospital Sector Nursing Plan, the data elements included for these sectors were developed in consultation with nursing leaders in their respective sectors.

The development of nursing plans for all sectors will provide valuable information depicting nursing at the provincial, regional and sector levels.

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