

Ontario Task Force on Nursing Reports

In the September/October issue of CJONA we published a news release from the Ontario Ministry of Health announcing the creation of a provincial task force to examine nursing services in Ontario. Specifically the task force was to address how changes in the profession have affected the delivery of health care services, and to recommend how the province's health system can be improved through nursing services.

The report of the task force "Good Nursing, Good Health" was completed January 1999 and the recommendations released by Health Minister Elizabeth Witmer in February 1999. The task force was chaired by Susan J. Strelieff, MA, MBA and consisted of two staff nurses (1 RN and 1 RPN), representatives from nursing organizations, community care services, long term care, hospital services, and the academic community. The Nursing Effectiveness, Utilization and Outcomes Research Unit (NRU) at the University of Toronto and McMaster University contributed significantly to the review through environmental and statistical analyses. In addition the task force met in five Ontario centres to hear presentations from nurses, student nurses, employers, educators, health care providers and health care consumers. Written submissions were received from approximately 75 other groups.

Some of the issues presented to the task force reflect the challenges facing nurses today. Nurses and consumers identified that replacing full-time nurses with part-time, casuals, and unregulated workers reduces continuity of care and the amount of nursing time available to the patient and does not lead to quality of care.

There is research linking adequate levels of nursing staff to improved patient outcomes to support this concern. There was also recognition

of the fact that nurses play a role as patient advocates to assist patients in making choices and to effectively utilize the health care system; all this requires time.

Many stakeholders supported basic education for RNs at the baccalaureate level as is recommended by the College of Nurses of Ontario (CNO) effective in the year 2005. CNO will recommend on core competencies and basic education for the RPN in the fall of 1999. (CNO is the regulatory body for RNs and RPNs in Ontario). The need for stronger emphasis on continued and advanced education was identified to deal with new technologies and more complex care in hospitals, as well as increases in community based care and treatments.

Summary of Recommendations

A. Short term: Six months or less

1. Ensure that no further losses to aggregate professional nursing positions take place across all spectrums of health care delivery and immediately invest, on a permanent basis, \$375 million to create additional permanent front line nursing positions before the Year 2000. The first \$125 million of this investment should be made, no later than March 31, 1999, to create additional permanent front line positions across all sectors of the health care system.

It is further recommended that a specific portion of the \$375 million be directed to the employment of trained and qualified nurse practitioners.

While there may be areas of urgent need for nursing services in the short term, the remainder of the investment (\$250 million) will be determined by a method of funding nursing services that ensures health care consumers receive appropriate nursing care regardless of the setting in which it is received. (See recommendation 5)

2. In order to improve patient outcomes and the level of nursing services provided to consumers, it is recommended that ongoing structured opportunities be provided for RNs and RPNs to participate in a meaningful way in decisions that affect patient care on both a corporate and an operational level. In addition, health care delivery organizations must ensure that there is specific responsibility and accountability, at a senior management level, for professional nursing resources. It is recommended that this be achieved through amendments to relevant legislation.

It is also recommended that the Ministry of Health work with health care facilities and educational institutions to ensure nurses are prepared for their ongoing leadership roles.

3. To ensure that nursing resources are available to health care consumers and are based on reliable, relevant and timely evidence, it is recommended that the Ministry of Health invest an additional \$1 million annually for research to support a comprehensive nursing resource database. This database can be used to determine the appropriate number and skill mix of professional nurses and non-professional providers for optimal patient outcomes.

4. Continuity and quality of care are highly dependent on the retention of experienced and knowledgeable nurses and require not only a sufficient number of permanent positions for RNs and RPNs but also a working environment that offers flexibility and professional satisfaction. It is therefore recommended that employers of nurses mount pilot projects to test alternative models of nursing care (e.g. flexible hours, environments that enable nurses to develop clinical skills, etc.) and that these models be evaluated to assess the impact on client outcomes and the working environment for nurses.

In order to ensure ongoing access to continuity and quality of care by nurses in the community, and the

recruitment of nurses in this sector, it is recommended that the Ministry of Health, employers and nurses work together to address inequities in the remuneration of nurses for home nursing services.

To heighten awareness of the nursing profession and to encourage young women and men to choose a career in nursing, it is recommended that the professional nursing associations, with the support of the Ministry of Health, mount a comprehensive marketing and communications plan.

B.) Medium-term: 6 to 18 months

5. To ensure that health care consumers have access to appropriate nursing services, regardless of the setting in which they receive them, the Ministry of Health must develop a comprehensive method of funding nursing services by November 1999. This funding method should be:

- responsive to the changing needs of the health care consumer
- based on performance standards for nursing services that promote quality outcomes: and
- based on health information systems that provide comprehensive and reliable data on nursing services, workload and productivity.

6. To ensure that decisions about nurse staffing and patient care are based upon the best information available, the Ministry of Health must ensure that information systems used for health care planning, delivery of services and funding provide comprehensive data on health care consumer status, nursing interventions and client outcomes. These information systems must include comprehensive and realistic information on nursing workload and productivity and should support client outcomes identified above.

7. In order to ensure continued access to quality health services, we must support our existing educated and experienced RN and RPN workforce

and ensure that health care consumers continue to receive quality nursing services from professional nurses. In the future, to ensure professional nurses have the right mix of knowledge, skills and experience, the following is recommended:

a) Make the BScN the College of Nurses of Ontario (CNO's) minimum entry-to-practice requirement for new RNs beginning in the year 2005, consistent with the CNO's recent recommendation on RN entry to practice competencies, and confirm that all RNs registered with the CNO before that time continue to be eligible under the new system.

b) Lengthen the college program for future RPNs from three to four semesters (pending completion of the CNO's work on competencies and education requirements for RPNs) and confirm that all RPNs registered with CNO before that time continue to be eligible under the new system.

c) Remove barriers and add financial incentives for partnering between community colleges and universities to provide relevant, accessible and portable education programs for RNs and RPNs.

d) Provide a flexible environment through financial incentives for nurses and their employers, to ensure timely and affordable access to continuing and advanced education. This flexible environment should include designated funds to support and facilitate continuing and advanced education for nurses, including sabbaticals, job exchanges, etc.

e) Establish clinical models in practice environments to allow nurses to gain expertise in clinical areas and be recognized for these additional skills.

f) Provide sufficient financial resources to employers to provide time and opportunities for experienced nurses to teach new nurses.

8. To ensure that these recommendations are continuously reviewed, evaluated and adjusted, as required, to meet changing needs, we recommend that a process be established to monitor their implementation, effectiveness and outcomes. We further recommend that the Joint Provincial Nursing Committee be charged with this responsibility.

All of the recommendations are timely and a decade or more overdue. It remains to be seen whether the current government will carry through with the proposals. We await the outcome with guarded optimism! (Ed.)

Reference

Good nursing, good health: An investment for the 21st century. Report of the Nursing Task Force, January 1999. Toronto, ON: Queen's Printer.