



October 26, 2009

Dr. Nigel Murray
President and Chief Executive Officer
Fraser Health Authority
#300, 10334 – 152A Street
Surrey, BC V3R 7P8

Dear Dr. Murray:

The Canadian Nurses Association (CNA) is the national professional voice of registered nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system. In keeping with this mandate, I am writing to follow up with your recent decision to eliminate from your executive team the positions of chief nurse executive/vice president, professional practice and integration, and vice president, quality and health services.

CNA notes that both of these positions were held by registered nurses. We understand that the quality portfolio has been reassigned to the vice president of medicine, and that the CNE/professional practice portfolio has been removed from a line position within the executive team and re-assigned as a staff position to an executive director who reports to a vice president.

These changes are of concern to CNA in light of evidence that demonstrates nursing leadership as an essential element for healthy professional practice environments where nurses can provide quality nursing care. To create vibrant, safe and innovative practice settings, nurse executives in all organizations that deliver health care must sit at senior decision-making tables and be delegated the authority and resources to implement high-quality care practices.¹

The chief nurse executive (CNE), in ensuring that quality standards are met,² must have the authority and resources necessary. This is best facilitated when the CNE reports directly to the CEO and, as a member of the senior executive team, has the responsibility of keeping the board informed and advised on quality of care and the professional practice of health-care providers.

Evidence shows that a CNE in a line role has the authority and resources to empower quality and professional practice and has a positive impact on patient, provider and health system outcomes, including patient safety, nursing recruitment and retention, and quality of care.³

¹ Canadian Nurses Association. (in press). *Nursing leadership* [position statement]. Ottawa: Author.

² Ibid.

³ Englebright, J., & Perlin, J. (2008). The chief nurse executive role in large healthcare systems. *Nursing Administration Quarterly*, 32(3), 188-194; Laschinger, H., & Wong, C. (2007). *A profile of the structure and impact of nursing management in Canadian hospitals*. [final report for CHSRF open grants competition]. Ottawa: Canadian Health Services Research Foundation; American Organization of Nurse Executives. (2004). *Principles and elements of a healthful practice/work environment*. Author.

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Accordingly, jurisdictions such as Ontario have implemented legislation requiring hospitals to appoint a chief nursing executive who reports directly to the administrator and is responsible for the nursing services provided.⁴ In creating the role of CNE in 2006 and having it report to the CEO, Fraser Health was a leader and recognized the importance of this role.

CNA urges you to reconsider the placement of the CNE within your organization's executive structure to ensure that the quality and system performance portfolio is strengthened through an equal co-leadership model between the executive leads for medicine and nursing. We will be monitoring the impact such decisions have on the quality of patient care.

We would welcome your feedback and response to this communication.

Sincerely,

A handwritten signature in black ink, appearing to read 'R Bard', written in a cursive style.

Rachel Bard, RN, M.Ed
Chief Executive Officer

cc Mr. Gordon Barefoot, Chair, Fraser Health Board of Directors
Mr. Brian Gillespie, Chair, Fraser Health Board Quality Committee
Mr. Kevin Falcon, Minister of Health Services, British Columbia

⁴ Government of Ontario. (2003). *Public Hospitals Act* [Ontario regulation 64/03]. Toronto: Author.