A nursing call to action

The health of our nation, the future of our health system

National Expert Commission
Final Report of the National Expert Commission

Canadian Nurses Association Annual Meeting

Monday, June 18, 2012
Vancouver, British Columbia

Co-chairs
Marlene Smadu, RN, EdD
Maureen A. McTeer, BA, MA, LLB, LLM LLD (hon)
Why this Commission?

Why now?

• CNA has a long history of contributing to and leading public policy, health policy, and nursing policy debates.

• Impending expiry of the 2004 First Ministers’ Ten-Year Plan to Strengthen Health Care.

• CNA wanted to more effectively position nurses as credible and informed, contributing transformative solutions to policy decision-making.

• CNA recognized the need to increase the rigour of nursing’s policy dialogue, and shift the public discourse by nurses and about the nursing profession.
Mandate

• Generate policy solutions that support transformation of Canada’s publicly funded, not-for-profit health system…
  • Shift and realign health services with evolving population health needs
  • More effective use of existing health-care professionals and health services.
  • Focus on nursing impacts that can be realized across the lifespan, moving beyond acute care to encompass community-based services within a broad framework of primary health-care principles.
  • Explore affordable and innovative solutions to the health system challenges posed by aging across the lifespan and by the burden of chronic disease across Canadian society
Considerations & limitations

Recommendations of the Commission must...

- Maintain or strengthen **universal access** to effective, satisfying and evidence-driven health services for Canadians where they live, work, learn and play.
- Be grounded in broad principles of **primary health care, community-driven care and population health improvement**.
- Communicate the current and potential **roles and contributions of registered nurses** in all roles/categories, including clinical nurse specialists and nurse practitioners, in health services delivery and system transformation.
- **Respect jurisdictional members** of CNA and their respective regulatory and professional powers and responsibilities.
- **Respect the legislated and constitutional powers and responsibilities** of federal, provincial and territorial governments.
Focus of deliverables

- evidence
- analysis
- synthesis
- recommendations

1. Canadian health care and nursing in the 21st century

2. Sustainability and affordability of the system

3. Innovation, system transformation and realignment

- Operate within budget established by CNA
Who we are

nursing medicine policy law business economics academia

Marlene Smadu RN, EdD, co-chair
Maureen A. McTeer BA, MA, LLB, LLM, LLD (hon), co-chair
The Hon. Sharon Carstairs PC, BA, MAT, LLD (hons)
Thomas d’Aquino BA, JD, LLD, LLM
Robert Evans OC, PhD
Robert Fraser RN, MN
Francine Girard RN, PhD
Vickie Kaminski RN, BScN, MBA
Julie Lys RN, NP, MN
Sioban Nelson RN, PhD, FCAHS
Charmaine Roye BSc, MDCM, FRCSC
Heather Smith RN
Rachel Bard RN, MAEd (ex officio)
Judith Shamian RN, PhD, LLD (hon), DSci (hon), FAAN (ex officio)
Michael Villeneuve RN, MSc (ex officio)

Secretariat

Donna Dewar PMP, ITIL
Senka Pivac HonBA, MSc
Laurie Sourani BA, LLB
Joy Varona
Michael Villeneuve RN, MSc

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How we worked

inquiry    discovery    analysis    synthesis    recommendations

1. Quarterly meetings of Commissioners

2. Background research conducted and three research syntheses commissioned

3. Public polling

4. Written submissions received

5. Consultation with the public, nurses and other care providers, government leaders and others
Consulting Canadians
2011-2012

- Commissioners
- YMCA (n=19)
- CNA president’s tour
- E E-consultations
What we heard

Emerging most strongly as priorities for nurses, other professionals and the public during our consultations across Canada were four unifying themes:

**Lead system transformation**
- Accelerate the transition from acute care to community-based care, and promote greater integration amongst health service providers.

**Focus on the social, economic, environmental and Indigenous determinants of health**
- Rising inequality and poverty are affecting the health of Canadians; we need to address these and other root causes of poorer health and use of the health-care system.
What we heard

Promote healthy lifestyles

• Canadians need clearer guidance and support when it comes to healthy living.

Strengthen the voice of advocacy for and by nurses

• Nurses are solutions to many of the problems before us. We heard a call for nurses to be champions for excellent care and caring in all clinical settings, and especially to champion primary and preventative care. Nurses are a trusted and prominent voice advocating on behalf of Canadians and in partnership with other professionals.
BUILDING ON STRENGTHS

Taking Action to Improve the Health and Healing of First Nations, Inuit and Métis People, Families and Communities

A Roundtable Dialogue

March 27, 2012

His Excellency
The Right Honourable David Johnston, C.C., C.M.M., C.O.M., C.D., Governor General and Commander-in-Chief of Canada

Her Excellency Sharon Johnston, C.C.
Fast facts

Number of First Nations communities across Canada under drinking water advisories as of March 31, 2012.

121
Organizing framework

Better health
Better care
Better value
Best nursing

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Findings... and messages

What we learned, what we heard

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The need for change

more of us… living longer than ever… more visibly diverse… sicker

New models of organization and funding…

• should be centred on what individuals and families need, rather than on how providers and organizations want to function.

• should treat the individual as a whole person, part of a family and community, not just a collection of body parts and problems.

• should broaden the health-care system beyond hospitals and other institutions to offer care in the community and at home.

• should address the social, economic, environmental and Indigenous determinants of health — especially poverty, housing, food insecurity, and social exclusion — that play such major roles in determining our individual health.
The need for change
more of us… living longer than ever… more visibly diverse… sicker

• need to draw upon the progress made in Canada to develop public health and population-based policies and programs to ensure the greatest possible health outcomes for all Canadians.

• should ensure all health professionals, including nurses, work to their full scope of practice.

• should be financed by public health insurance and monitored for effectiveness and efficiency.
Most of good health comes from factors that have nothing to do with health care.

Income, housing, food insecurity and social exclusion are four major determinants that generate and reproduce health inequality over the life course (Muntaner et al, 2012).
75 per cent of good health is the result of factors beyond direct health care...

It is the ratio of social service expenditures to health service expenditures that is associated with better health, not the amount spent on health care (Browne et al, 2012).
Better care

Fixing the system we have

• Wait times
• Access
• Safety/quality
• Communication
• Patient-centredness
• Electronic health records

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**Better care**

Expanding to the system we need

- Prevention of illness and injury
- Promotion of health and wellness
- Personal responsibility
- Improved quality of life and death in long-term care

- We are not inclined to call for more doctors or nurses

We must

- Move beyond episodic, urgent, acute care to accessible, integrated services and programs
- Base services on a foundation of patient/family-centred primary health care, accessible as much as possible in home and community
- Use the most up-to-date technology, evidence, clinical guidelines and best practices
**Better value**

$200 billion

...what Canadians spent on health care in 2011.

- The world’s sixth most expensive health-care system per capita
- Controlling for inflation >50% higher in 2010 than 1996
- We get a “B” grade on health outcomes and system performance
- Dead last on a number of key measures (quality and safety, some access measures, patient-centredness, electronic records)
- Communication with system users sometimes “abysmal”
Fast facts

$47 trillion

Estimated cost to the global economy over the next 20 years from cancer, diabetes, mental illness, heart disease and respiratory illnesses.
Better value

Because the status quo is not an option.

The Canadian Nurses Association launched its National Expert Commission to recommend ways to optimize nursing contributions to a system that simply must change. Canada’s nurses have a unique role in supporting and sustaining the health of Canadians and have solutions to offer.

Watch for the Commission’s report in June 2012, highlighting nurse-led innovations and transformative public policy solutions.

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Visit us at [http://www.cna-aic.ca/expertcommission](http://www.cna-aic.ca/expertcommission) to find out more.

- If we did nothing but pay attention to better chronic disease management the Commission believes we could essentially wipe out the worry about “sustainability.”

- 5,200 acute care beds per day (14% of all beds) are occupied by ALC patients, 20 per cent of whom stay more than a month after they no longer require acute care.

- There is room to do better within the existing system.

Continuing to fund acute, episodic care at the expense of preventing and treating non-communicable diseases simply perpetuates ineffective, inefficient and costly care.

RNAO, 2011

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Better value

Why change hasn’t happened

• Political courage and decision-making to move away from acute care

• Public knowledge of health and health-care options; personal responsibility for health

• Funding models including fee-for-service model

There is a pressing need to invest in homecare, but also to change the approach and funding structure. Maintenance in community also requires the establishment of adapted primary care that specifically gives nurses the levers to practise their profession to the fullest and thus provide patients with complete, continuous services in the community.

OIIQ, 2012
Best nursing

• Nurses are under-employed/under-utilized.

• Nursing innovations improve health outcomes, improve quality/safety and delivery of care, and/or improve value for the dollars we invest.

• Knowledge and practice of nursing aligns perfectly with the current health needs of Canadians: aging, chronic disease and dying.

• Public and other professionals looking to nurses for leadership and saying, “do it, act!” (i.e. real action, not just talk about action).
Best nursing

- Browne and team classified nursing intervention studies where at least 50 per cent of the intervention was nurse-provided.
- Some involved nurse replacement (for physician) models and in others, nurses were used to supplement the “usual” care, either alone or as part of a multi-disciplinary team.
- Some of their findings…

14 more effective
- 12 less costly
- 2 same cost

7 equally effective and less costly

5 equally effective, same cost
Time for action

Enough talking...here is our plan.

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Nine actions for transformation

1. Top five in 5 years
2. Put individuals, families and communities first
3. Implement primary health care for all
4. Invest strategically to improve the factors that improve health
5. Pay attention to Canadians at risk of falling behind
6. Think health
7. Ensure quality and safety in health care
8. Prepare the providers
9. Use technology to its fullest
Our plan…

Nine actions for transformation

1. Top five in 5 years

A birthday gift to ourselves. Canada will celebrate its 150th birthday in 2017 and the Commission challenges all Canadians to ensure our country ranks in the top five nations for five key health outcomes to mark that milestone.
2. **Put individuals, families and communities first**

*Pan-Canadian goals — local solutions.* Reaching “Top Five” status requires health services be designed to meet the diverse and changing health and wellness needs of Canadians. We need a world-leading model of care delivery that will achieve national goals through local solutions tailored to communities and the people who live in them.
Our plan…

Nine actions for transformation

3. Implement primary health care for all

We can achieve and afford health for all. To achieve “Top Five” status, a network of primary health care services for all Canadians should be in place by 2017, merging health and social-service workers in multi-disciplinary teams, working in consultation with the citizens they serve.
Our plan…

Nine actions for transformation

4. **Invest strategically to improve the factors that improve health**

*Rebalance the ways we invest in health.* Many social, economic, environmental and Indigenous factors and conditions affect human health; access to health care is just one of them, yet we focus health spending on care for illnesses. We need to invest more strategically to improve factors that determine health, focusing particularly on poverty, inadequate housing, food insecurity, and social exclusion.
5. Pay attention to Canadians at risk of falling behind

*Focus resources where they are most needed.* Identify the health and care needs of vulnerable and marginalized people and communities at increased risk of health problems, then focus health resources where they will do the most good. Aboriginal people, children, older Canadians, those with low incomes, the disabled and some racial and ethnic groups are often at greater risk.
Our plan...

Nine actions for transformation

6. **Think health**

*We urge governments to integrate health in all policies.* All governments should create processes to support healthier lives for Canadians. All proposed policies, laws and public programs should be assessed for their impact on health before they are implemented.
Our plan...

Nine actions for transformation

7. **Ensure quality and safety in health care**

*Above all do no harm.* Safe, high-quality health care and services should be a national goal, with common standards based on evidence and measures tracked and monitored to ensure that goal is met. Health professionals, health-care organizations and governments must be accountable for meeting the high standards Canadians have a right to expect.
Our plan...

Nine actions for transformation

8. **Prepare the providers**

    *A new system needs new service providers.* Turning around health and health care systems the way we envision will require radical change in health care education. New topics, teaching methods, science and research are all needed to prepare health professionals for a very different health system.
Our plan...

Nine actions for transformation

9. **Use technology to its fullest**

21\textsuperscript{st} century health care demands 21\textsuperscript{st} century tools. We need an unparalleled escalation in our use of technology to drive a transformed health care system. Properly used, today’s technology has the potential to provide rapid access to evidence and best practices for providers, to information and education for citizens and tools for communication and collaboration among health care providers — all of which will enhance patient safety.
Our report
www.cna-aiic.ca/expertcommission

Everything is on our web site

• Main final report
• 28 supporting documents (e.g. fact sheets, nursing innovation summaries)
• 3 commissioned research syntheses (CHSRF)
• Summary of public polling conducted for the Commission by Nanos Research
• Written submissions to the Commission
• Summary of the professional and public (YMCA Canada) cross-Canada consultations by LBP MASS
• References and bibliography
Transformation is possible

We come down firmly on the side of a large-scale transformation to care that, above all, is focused on...

• The needs of Canadians and their families;

• High functioning teams over solo practices; and

• Proactive, safe, effective, affordable health promotion and treatment services that are informed by evidence and delivered in timely ways, in communities and in the places where Canadians live, work, learn and play.

Nurses are a mighty force for change.

Canadians expect nurses to harness that power and act...
Thank you... et merci

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