REGISTERED NURSES: STEPPING UP TO TRANSFORM HEALTH CARE
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KEY MESSAGES

• Registered nurses are the largest group of health professionals in the country. Harnessing their full capacity offers the best possibility for transforming our health-care system.

• Ensuring that registered nurses are in work environments that enable them to practise to their full scope will accelerate nursing innovation and better-quality patient care.

• Nursing interventions make it possible to design a cost-effective health system that is responsive to the evolving needs of the population.

• Nurse-led models of care are optimizing health, improving access to care, reducing pain and suffering, and saving the health system millions of dollars.

• Nurse-led programs enable patients with complex chronic conditions to be effectively and appropriately cared for in the community.

• Diabetes, hypertension, obesity, COPD and other chronic diseases can be effectively managed through specialty care and nurse-led primary health-care services.

• Primary care nursing services, which include screening programs, education, preventative care, clinical support, case management and navigation, enable patients to understand how to reduce the risks of acquiring a chronic disease and to better manage that disease.

• Nurses are successfully helping clients achieve their health goals by implementing evidence-based practice guidelines and techniques, such as coaching and motivational interviewing.

• Focusing more nursing resources on prevention and extending their reach to populations at greatest risk for poor health may reap the greatest gains in population health.
INTRODUCTION

Despite having one of the world’s most expensive health-care systems, Canadians are still waiting for care. Over the past 10 years, the cost of health care in Canada has increased by 100 per cent, from close to $100 billion to over $200 billion (Canadian Institute for Health Information [CIHI], 2012b). In that time, much effort has been dedicated to reducing wait times for priority surgeries and diagnostic tests. But the system is still struggling to keep up with increasing demands, both for these procedures and for care in other priority areas (CIHI, 2013a). Currently, it can take a whole day to receive care in an emergency department, three months or more to see a specialist, more than four months to have elective surgery and as much as six to twelve months for the elderly waiting in hospital beds to find accommodation in a residential care facility (CIHI, 2012a).

Clearly, it’s time to steer our health system in a new direction. Together, we must sufficiently address the health and social disparities between Canadians, better meet the needs of our aging population and do more to prevent and manage chronic diseases. Without these changes, the demand for costly acute care interventions will continue to outpace the system’s ability to provide service. In 2012, the National Expert Commission (Canadian Nurses Association [CNA], 2012) completed its work, guided by a framework emphasizing better health, better patient care and better value for our health-care dollars and the essential role nurses will play in achieving these ends. The Commission’s report, A Nursing Call to Action: The Health of our Nation, the Future of our Health System, recommends a cost-effective, wellness-based model of care that places greater emphasis on primary care, health promotion, and the prevention and management of chronic diseases. It also proposes a realignment of services, away from acute care facilities and into the communities where people live, work, learn and play.

Registered nurses are stepping up their action on health-care transformation and demonstrating their commitment as a leading force for change. In several jurisdictions across Canada nurses have taken the lead in developing new programs, redesigning processes and adopting new technologies that improve the delivery of services across the continuum, from primary care to the end of life. Nurse-led programs are helping patients self-manage chronic diseases to reduce emergency room visits and hospitalizations and offering treatments that would otherwise mean patients enduring long waits to see a specialist. Nurse-led models of care are optimizing health, improving access to care, reducing pain and suffering, and saving the health system millions of dollars.

Registered nurses are working to meet the expectations of Canadians for more accessible, sustainable, efficient and effective health systems and services (Nanos, 2012). They are engaged in leading practices that enhance the health-care experience for Canadians and their families, improve the health of the population and maximize the value for every dollar spent on health care.
HOW RNs ARE DRIVING HEALTH-CARE TRANSFORMATION

Canada’s health-care systems benefit from the strength of more than 270,000 registered nurses (CIHI, 2013b). Most work on the front lines, providing direct care to patients across the care continuum, from birth to the end of life. The remaining nurses are educators, policy advisors, researchers and administrators. All are leaders — of both people and change — and fully engaged in health transformation. These nurses see their positive impact on patients and the system, while understanding the challenges that lie ahead and the solutions required for improvement.

Through examples of the many innovative ways registered nurses are contributing to a better health-care system, this paper seeks to stimulate the process of knowledge translation in order to propel a transformative change agenda and the culture to support it. The paper follows the Principles to Guide Health Care Transformation in Canada (CNA & Canadian Medical Association, 2011), illustrating how registered nurses are putting those principles into action.

ENHANCING THE HEALTH-CARE EXPERIENCE

Patient-centred care

As Canada looks for new ways to provide accessible health services, our attention must focus on the patient. Inherent in the nurse’s role as a direct service provider is to be uniquely connected with patients and families in all health- and illness-related events throughout the lifespan. This type of patient-centred interaction is what will bring authentic value and credibility to the design of systems and practices for transforming care.

Many jurisdictions across Canada have moved forward with innovations that recognize the value of registered nurses and their role in shifting the paradigm through which care is delivered. These new and emerging models of care offer patients more health-care options and better coordination of services, both within and across the care continuum. Nurse-led models of care offer a comprehensive approach that includes prevention, patient education, chronic-disease management, holistic assessment, and treatment and care-coordination (in collaboration with other health and service providers) that address the social determinants of health (Virani, 2012).

Specifically, we’ve seen (1) new nurse-led programs that extend services beyond acute care facilities into locations that consider the patient’s best interest and preference; (2) nurse-led models of care and interprofessional team practices that make it easier for patients to access care; (3) highly skilled nurses in specialty practices like wound care that provide treatments for patients who would otherwise have to wait to see a specialist; and (4) new nurse-practitioner models of care that make hospital admissions and discharges easier for patients.
Nurse-led programs are also giving patients more opportunity to be involved in their care decisions. By focusing on prevention and self-management, for example, patients with chronic disease are setting and achieving their own goals and gaining better control of their lives and conditions.

Shifting more services from acute care to community settings has required better collaboration within and between program areas. To meet this demand, nurse coordinators are facilitating the continuity of care between service providers while ensuring that each provider is aware of the patient’s needs and preferences.

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**Nurse navigator reduces wait times for lung cancer patients**

The nurse navigator in the Niagara Health System’s new Lung Diagnostic Assessment Program has been given responsibility for coordinating all services, including diagnostic tests, referrals to doctors and specialists, and ensuring that the patient is informed and supported along the way. After the first year with this program, the time from referral to diagnosis decreased by an average of 68 days (Niagara Health System, n.d.).

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**Nurse practitioners improve care for long-term residents**

Having a nurse practitioner at Winnipeg’s Lion’s and Kildonan Personal Care Centres’ long-term care facilities means that residents are assessed more often and concerns are monitored more closely. After three years of on-site nurse-practitioner services at the two facilities, their emergency department visits decreased by 43 per cent. Anti-psychotic medication use also went down, going from 15.3 to 6.7 per cent at Lions and from 35.2 to 11.5 per cent at Kildonan (Armstrong, 2011).

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**Heart function clinic nurses help patients receive care sooner**

Unlike other health centres, patients in the heart function clinic at St. Mary’s General Hospital in Kitchener are not assigned to a specific physician. Instead, the cardiologists there work on rotation while highly skilled registered nurses and nurse practitioners provide much of the care. Nurses use standardized protocols to guide their practice and provide on-site treatments, such as IV medications, to reduce the need for emergency visits. Since appointment times aren’t limited by a physician’s schedule, patients can often be seen the same day they become ill. In the 2011-2012 fiscal year, the clinic accommodated 1425 patient visits and also helped avoid an estimated 169 hospitalizations or emergency department visits (Noyes, 2012).
**Nurse-led clinics offer families better access to care**

In January 2012, Manitoba Health opened a Quick Care Clinic in Winnipeg for patients requiring assessment and treatment of minor health concerns. The clinic is staffed with registered nurses and nurse practitioners and offers extended hours in the evenings, weekends and holidays. Accommodating more than 1,700 patient visits in less than a year, the Quick Care Clinic accommodated more than 1,700 patient visits and is seen as a cost-effective alternative to the emergency department. There are now four Quick Care clinics operating in the province (CBC News, 2012).

**Interprofessional team reduces breast cancer patient wait times**

Nurses at St. Joseph’s Hospital breast care centre in London are improving patient access and easing the pathway of care. To do so, a nurse practitioner handles the central referral process, booking the appointments and prioritizing patients by greatest need. Nurse navigators and advanced practice nurses then coordinate all other aspects of the care. Also offering extended hours for breast imaging and same-day imaging and biopsy, the nurses were able to reduce wait times from diagnosis to surgery by six weeks while doubling the number of patients being assessed (St. Joseph’s Health Care, 2013).

**Quality**

As our health system shifts to new models of care, Canadians need to know that they will receive appropriate and high-quality care. These models will mean that registered nurses use their expertise in new areas: community-based care, primary care and the prevention and management of chronic diseases.

Fortunately, just as registered nurses have historically delivered high-quality care, they are well-prepared to meet these challenges. All registered nurses, including nurse practitioners and clinical nurse specialists, maintain and continually develop competencies in the areas in which they work. Best-practice evidence guides their clinical decisions and, apart from their clinical expertise, nurses have a profound understanding of the factors inside and outside the health-care system that determine health. For these and other reasons, nurses are ideally-positioned to be a key entry point into the system and to provide comprehensive services, including health education, preventative care and treatment, as well as the coordination of care with other health- and social-service providers.

The evidence indeed shows nurses leading the way to a better health system. We’re seeing more timely access to care, higher levels of patient satisfaction, better health outcomes, and improved service integration and care coordination. The role of nurses in relation to such improvements has not gone unnoticed. A review by the Ontario Ministry of Health and Long-Term Care noted that the treatment approach provided by a “specialist nurse-led multidisciplinary team” was effective in reducing wound healing times by eight weeks...

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and decreasing treatment costs by about $18,000 per person (Browne, Birch, & Thabane, 2012). Similarly, an evaluation of the new nurse navigator roles, established in 14 new diagnostic assessment programs across Ontario, show that the average time to receive a diagnosis was reduced by 50 per cent, while the severity of symptoms such as anxiety, pain and fatigue were reduced by more than 30 per cent (Virani, 2012).

Such nursing-led innovations and quality improvements of patient care can be even further enhanced by allowing registered nurses to work at their full scopes of practice.

**Specialty wound-care nurses improve clinical outcomes for home care clients**

A research synthesis by researchers in Alberta showed that healing times improved, health-care costs decreased and fewer hospital interventions were needed when specialty-trained wound-care nurses (enterostomal therapy) were involved in the care of home-care clients (Baich, Wilson, & Cummings, 2010).

**Nurse case-manager model improves treatment for osteoporosis patients**

The nurse case-manager model was shown to improve treatment results when researchers in Edmonton compared it to a proven quality-improvement process involving primary care physicians in treating osteoporosis. Among randomly assigned wrist-fracture patients receiving followup either through a physician or nurse case-manager, approximately 30 per cent more patients received appropriate testing and medication when their care was managed by the nurse (Majumdar et al., 2011).

**Clinical nurse specialists and nursing leaders develop a new COPD model of care**

BreatheWELL at Home, a short-term Fraser Health program established through a home health-, acute-, residential- and primary-care partnership, is designed to help clients gain more control over their COPD and reduce the need for acute-care interventions. Clients set their own goals to manage the symptoms and acute episodes while receiving advanced clinical nursing support, coaching and education through home visits and telehealth. Based on hospital records six months before and after the program began, ER visits came down 28 per cent, acute admissions 35 per cent and hospital days 16 per cent in the prototype year (Fraser & Park, 2013). Commenting on these results, Cindy Burnett, the program’s clinical nurse educator notes that “registered nurses have expressed significant job satisfaction in assisting clients to better understand the complexities of their conditions, resulting in greater confidence in self-management and in improved overall health” (personal communication, March 12, 2013).
Using RNAO’s best practice nursing guidelines reduces falls in long-term care

A national falls prevention collaborative involving 32 long-term care facilities, along with the Registered Nurses’ Association of Ontario (RNAO) and the Canadian Patient Safety Institute, showed that using RNAO’s best practice guidelines in combination with a quality improvement intervention resulted in 40 per cent fewer falls and injuries from falls (MacLaurin & McConnell, 2011).

Flow nurse saves time in the emergency department

The flow nurse at Kingston General Hospital supports the efficient flow of patients by performing a number of essential tasks: (1) assessing patients and prioritizing care, (2) diverting patients with non-urgent concerns to a fast-track area, (3) expediting patients off the ambulance stretchers, (4) ordering tests, (5) administering standard procedures, and (6) assisting with other activities that help patients move more rapidly through the department. A key benefit of this role is the flow nurse’s ability to quickly identify patients in distress and get them the medical attention they need. One surgeon was quoted as saying (to a patient), “I didn’t save your life. The flow nurse did!” (Sheahan & Bigda-Peyton, 2011, p. 84).

Nurse practitioner-led model of care enhances patient and family confidence

Since July 2012, nurse practitioners (NP) at Lakeridge Health in Whitby, Ontario, have been admitting and discharging patients, diagnosing their conditions and administering their treatments. This expanded NP scope of practice has given patients more timely access to care and allowed more efficient use of hospital services. Results from a recent survey (Acorn, n.d.) showed that patients and families are confident with the care team (98 per cent of respondents), are pleased with the NPs’ availability (97 per cent), say their health concerns are promptly treated (92 per cent) and are comfortable with the care decisions being made (92 per cent). Michelle Acorn, an NP working within this new model of care, recently noted the extent to which “improved safety, enhanced quality of care and the increased value of hospital services are evident at Lakeridge Health” (2013).
Health Promotion and Illness Prevention

The surest way to resolve the problem of health care wait times is to improve Canadians’ health. After all, a healthy population has a lot less need for health care. That’s why promoting healthy living while preventing and managing disease are becoming increasingly important as our population ages and obesity, diabetes, cardiovascular disease and other preventable health concerns place more demands on the system.

Canada has a history of success with health-promotion initiatives. For example, countrywide efforts to reduce tobacco use have had a significant impact on our population: smoking rates in Canada are now among the lowest of the OECD countries (Conference Board of Canada, 2013). Such an achievement requires the collaborative action of partners across many sectors, and nurses have been and continue to be involved at all strategic levels, including public policy and prevention and smoking-cessation initiatives.

Similarly, nurses are working with individuals, families and community partners to promote positive lifestyle behaviours and confront the many behavioural and social factors affecting health. For example, school nurses work with students, families and teachers to address nutrition, mental wellness, sexual health, tobacco and drugs and other issues relevant to the student population.

Primary care nursing initiatives also hold an important place in prevention and management of chronic diseases. Primary care holds promise for better access to care and better management of all aspects of health care through an approach that coordinates multidisciplined services and sectors. Nursing services that include screening programs, education, preventative care, clinical support and self-management help patients understand how they can reduce their risks for acquiring a chronic disease and how their disease can be better managed. Techniques such as coaching and motivational interviewing combined with best practice clinical guidelines are now being used by nurses with success in helping clients achieve their health goals.

Nurses can do much more to promote wellness and reduce the risk for preventable diseases. Redirecting nursing resources to the area of prevention and extending their reach to populations at greatest risk for poor health may reap the greatest gains in population health.
Nurses helping patients reduce their risk for cancer, heart disease and diabetes

RN Shelley Bible became involved in the “better project” at Edmonton’s Grey Nuns Family Medicine Centre as a prevention practitioner, using the project’s “better tools,” which are based on high-quality clinical practice guidelines, to assess patients’ individual risk for chronic disease. Through evidence-based shared decision-making and motivational interviewing, she empowers patients to create health improvement goals that focus on their individual priorities. The “better project” began as a randomized controlled trial with nearly 800 participants in Alberta and Ontario (Canadian Partnership Against Cancer, 2013). Preliminary results suggest that patients who received an individualized visit from the prevention practitioner achieved more of their screening and prevention targets than those who did not (K. Honshorst, personal communication, February 28, 2013).

Nurse-initiated health promotion improves health and quality of life among frail older adults

A study of home care clients in Ontario’s Halton region showed improved mental-health functioning, depression scores and perception of social support among clients receiving nurse-led health-promotion interventions (compared with typical home care services). As part of their health-promotion activities, nurses conducted monthly home visits, completed health assessments, identified health risks and established opportunities for health education and coordinating services. No incremental costs were associated with these value-added nursing interventions (Markle-Reid, Browne, & Gafni, 2013).

Public health nurses support at-risk parents and their infants

Public health nurses in B.C. are implementing the Nurse-Family Partnership Program for at-risk parents and their infants. In this model, specially trained nurses provide in-home visits as well as pregnancy and parenting support until the child reaches two years of age. Research shows at least five dollars is saved in reduced health and social costs for every dollar invested in the partnership (Healthy Families B.C., 2012; Healthy Families B.C., n.d.). This successful model has also been employed in Hamilton, Ontario.

Nurse-led asthma education program helps children take control of their disease

RN Shawna McGhan and her team at the Alberta Asthma Centre have developed a program that gives school-age children the skills and confidence to help them manage their own conditions. The Roaring Adventures of Puff (RAP) is a series of six fun-lunch lessons offered by registered nurses and certified asthma educators. The children learn how to avoid asthma triggers, properly use their medications and engage in activities that keep them healthy (Alberta Asthma Centre, 2013). The results of a Manitoba-based study comparing school absences before and after the RAP program showed significantly fewer school days missed (Stewart et al., 2011). The study concluded that RAP had “significant and clinically relevant benefits for the child, family and school.”
School nurse integration project increases student access to health services

A partnership between Alberta Health Services and Grande Prairie public schools has made it possible to station public health nurses in local high schools. The nurses provide health support and counselling on a range of topics, including healthy eating, mental wellness, smoking cessation and sexual health. During a one-year pilot project, a public health nurse gave 74 health-related classroom presentations and had 1,000 appointments with students (Alberta Health Services, 2012).

Equitable

Not everyone has the resources to choose good health. Many people throughout Canada face socioeconomic circumstances that lead to poor physical and mental health. Lack of social support, low income, early childhood experiences, unemployment, social exclusion, limited access to health services, low education and literacy are all factors that influence life choices and health outcomes.

People who are poor are at greater risk for poor health. A lack of income means a limited ability to find a safe place to live, buy healthy food or meet other basic needs. Canadian research shows that people with the lowest incomes are far more likely to have multiple chronic health diseases and mental health concerns than people with higher incomes (Browne et al., 2012). But even though people with low income have more health problems, they don’t always get the care they need.

It can be difficult to access health services when a person has limited means. Making and keeping appointments, paying for prescriptions, accessing transportation or a health card can be challenges for those who don’t have the resources (Lightman, Mitchell, & Wilson, 2008). Likewise, low education and literacy levels can make it difficult for people to understand recommendations offered by health-care providers, which compromises their ability to follow through with the suggested plan of care and use health information to their advantage.

In response, nurses are reaching out to communities that have the greatest need. Clinics and outreach programs are being set up in communities where clients live and congregate. Nurse practitioners and registered nurses can be found in nontraditional locations such as mobile vans, the streets, community centres, store-front locations, shelters and other settings clients can easily access. They are reaching the homeless, new Canadians, aboriginal people, youth, young parents and their children, vulnerable seniors, and people struggling with mental health problems and addictions. In addition to providing primary care and prevention services, nurses are part of interprofessional collaborative teams and community organizations that assist clients with access to shelter, food, employment and other health and social services.

It is through collaborative actions on the social determinants of health that we may achieve the greatest gains for our entire population.
Primary care nurses reach out to people living on the margins

Mobile outreach street health, also known as MOSH, was born out of a need to address gaps in health care for the homeless and other underserved populations. Initiated by RN Patti Melanson and partners from 12 other community agencies, this primary health care program now offers services six days per week. The health-care team is composed of RNs, an occupational therapist and a physician, who see 20 to 30 people per day. In addition to clinical treatments, the team offers relationship-based care and uses a harm reduction approach to help clients improve their health (P. Melanson, personal communication, March 11, 2013; North End Community Health Centre, 2013).

Nurse practitioner-paramedic team take mobile clinic to the streets

Saskatoon’s “health bus” is a welcoming place where inner-city clients can receive treatment for their common illnesses and injuries. Parked within easy access at a different location each day, the health-bus nurse addresses reproductive health needs, chronic diseases and infections that may have otherwise gone untreated. Of 3,278 clients who received health-bus care in 2011-2012, 50 per cent were new Canadians and 41 per cent were aboriginal (Saskatoon Health Region, 2012).

Community Connect training program helps keep seniors safe and independent

Ottawa Public Health is launching a new program that identifies vulnerable seniors to keep them safe and independent. The Community Connect training program will prepare postal workers, bank tellers and other service providers who have regular contact with older adults, to recognize when an older person may be isolated or at risk for deteriorating mental or physical health so they can refer them to a public health nurse (PHN). With that referral, PHNs phone and/or make a home visit to assess the older person’s situation and use their network of community partners to address a broad range of health, social and economic concerns. An estimated 10,000 or more seniors in Ottawa are isolated and at risk of losing their independence (K. Ngo, personal communication, March 11, 2013).

Nurse practitioners improve access to care for aboriginal women

A team of nurse practitioners and a midwife provide reproductive health services for up to 3,000 aboriginal women in Fort Qu’Appelle and nearby Saskatchewan rural communities at the All Nations Healing Hospital. The team offers prenatal and postnatal care, contraception, testing and treatment for sexually transmitted diseases and support for other culturally based health services (Government of Saskatchewan, 2012a).
**RICHER improves access to care for disadvantaged children**

The RICHER initiative (responsive, intersectoral-interdisciplinary, child-community, health, education and research) is a collaborative approach in which public health, primary care, tertiary care and community agencies work together to help parents manage their children’s developmental and health-care needs. Under RICHER, nurse practitioners, pediatricians and specialists provide clinical services at schools, daycares, community centres and other places children and families gather. Clinicians and community partners also meet weekly to discuss the approaches that work best for each of the families. This model improves access to care for children from impoverished families and empowers parents to become more involved in care (Lynam, Scott, Loock, & Wong, 2011).

**IMPROVING VALUE FOR MONEY**

**Canadians need access to quality health care today.**

Sustainable

Canadians need access to quality health care today. They also need to know the system will meet their future health-care needs and the needs of our changing population. To meet these needs, our health system clearly requires a new approach — one that is cost-effective and can ensure quality and accessible health services across the continuum of care.

Nursing interventions are showing it is possible to design a cost-effective health system able to respond to changing population health needs by taking health care out of hospital hallways and delivering it in the community at a much lower cost. For example, Browne et al. (2012) estimated that Ontario could have saved $273,750,000 in 2010 by supporting patients at home — at double the maximum levels of home care — instead of an acute care facility while they waited for a long-term care bed. Similarly, a nurse-led outreach team in the Hamilton area saved an estimated $1.5-$3.5 million annually in avoided hospital transfers, hospital days and alternate levels of care by providing clinical services to long-term care residents in their homes rather than the hospital (Hamilton Niagara Haldimand Brant LHIN, 2011).

Nurses in specialty practices have also demonstrated cost-effective and innovative approaches to chronic care. Specialty trained wound-care nurses, with advanced knowledge and skill in managing complicated wounds, can reduce costs using a best practice approach. Wound Care Alliance Canada estimates (2012) that adopting nursing best practices in wound care could potentially result in annual savings of $390 million.

In addition, collaborative practice models of care using teams of doctors and nurses is a more efficient use of health human resources. In fact, such collaborative practice may offer the greatest promise for a sustainable health system. When nurses are working at their full scopes of practice and in expanded roles, they can provide care to additional patients and free-up time for physicians to handle more complex cases. Nurses in primary care practices can improve access to care, enhance preventative health services and reduce the growing burden of chronic disease. Obesity, diabetes, hypertension and other
chronic problems can be effectively managed by primary care nurses. Nurses working in collaborative practices with medical specialists have also shown that advanced nursing clinical skills can effectively manage complex chronic conditions for patients, who would otherwise experience long wait times to see a specialist or require more hospital care.

As well, new technology has made it possible for nurses to care for more patients and manage that care more efficiently. Quick access to clinical data means that nurses are acting faster on health concerns and making better clinical decisions. Tracking systems are now being used to monitor supplies and reduce administrative time and costs, while mobile devices and web-based programs are allowing nurses to manage care for more people from a distance.

As Canada continues to implement new ways of providing health services, research is adding the evidence to inform the design of programs with proven outcomes and the best use of health human resources. In a research synthesis commissioned by the Canadian Nurses Association through the Canadian Health Services Research Foundation (Virani, 2012) nurse-led models of care were found to “provide equal or better care when compared to physician-led models of care.” Nurse-led models are cost-effective, comprehensive and address the social supports for vulnerable patients to better manage their health concerns. Expanding the nursing scope of practice and adjusting resources to support more nurse-led initiatives is an effective strategy for enhancing the sustainability of our publicly funded health system.

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**Innovative cardiology nurse practitioner clinic reduces cardiac patient wait times**

Supported by a collaborative team of nurse practitioners and cardiologists, who provide outpatient assessment and consultations for low-risk cardiology patients, the clinic reduced the cardiology referrals wait list by 600 patients (in a six-month pilot program) while receiving high satisfaction rates from both patients and referring physicians (Nova Scotia Health, 2011).

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**Specialist nurses generate health-system savings**

A review by the Ontario Ministry of Health and Long-Term Care showed that the treatment approach of a “specialist nurse-led multidisciplinary team” was effective in reducing wound healing times by eight weeks and treatment costs by about $18,000 per person (Browne et al., 2012).
**Care centre uses technology to improve wound care practices and reduce costs**

The North Simcoe Muskoka Community Care Access Centre’s web-based “how2track” system monitors wound care clinical-practice data and reports clinical and cost outcomes. Nurses enter clinical data into the “how2track” device. After combining the new data with an existing database of best practice treatment options, the system generates reports to help the manager and care teams monitor patient outcomes and identify a more effective use of resources. In 2011, North Simcoe Muskoka hospitals achieved an estimated $760,000 in cost savings by reducing the number of deep-tissue injuries. Another $800,000 in nursing time was realized in one year when the Community Care Access Centre changed its practice of daily dressing changes for some home care clients. The savings were redirected to support other priority areas (Canadian Home Care Association, 2012).

**Nurses use eShift to care for more palliative care patients at home**

Ontario’s Southwest Community Access Care Centres are using an eShift service-delivery approach to enhance nurses’ capacity to manage patient care. The new model allows care for up to four patients per shift, whereas the usual community care nurse/patient ratio is 1:1 on the night shift. The eShift web-based technology enables off-site palliative care nurses to communicate with specially trained personal support workers (PSW) in the home. The PSW submits vital signs and other assessment information, allowing the nurse to closely monitor the patient. The nurse then responds by giving the PSW care instructions or making arrangements for a nurse to make a house call if necessary (Cancer Care Ontario, 2012).

**Nurse-led outreach team provides care to long-term residents, saves hospital-stay dollars**

Using a referral process, a team of seven nurse practitioners and one registered nurse at the Hamilton Niagara Haldimand Brant LHIN provide clinical services to 86 long-term care homes. While making 5,479 resident visits over a one-year period, the team avoided 39,624 potential hospital days and 2,105 emergency room visits (Hamilton Niagara Haldimand Brant LHIN, 2011).

**Accountable**

As health-care consumers, service providers, leaders and funders, we all have a responsibility for ensuring our health services are effective and our resources used appropriately. To ensure that the structure of our health system is effective, and that it can respond to changing needs, we need sound leadership, clearly articulated lines of responsibility for funding and service provision, and reliable mechanisms to report and measure the system’s performance. Patients, care providers and the public will enhance system accountability when they are informed, use services responsibly and contribute to system improvements.

... we all have a responsibility for ensuring our health services are effective and our resources used appropriately.
Registered nurses are responsible on several levels for ensuring that health services are provided effectively. Apart from their accountability in meeting professional standards, legislative requirements and policies to support safe and competent care, nurses are responsible to their patients, team members and organizations to ensure quality care and the efficient coordination of services. Nurses across the country are leading and participating in system-wide initiatives that improve patient safety, enhance quality of care and advance the health-related quality of life for all Canadians.

**Nurses take action to reconcile medication lists and improve patient safety**

Medication reconciliation is a process undertaken by nurses to ensure the list of medications is accurate and complete at the time of admission, transfer or discharge. Research has shown that 81 potential adverse drug events were avoided for every 290 patients when a nurse-pharmacist-led medication reconciliation process was in place (Feldman et al., 2012).

**Nurses use LEAN methods to provide better patient care**

In support of hospital-wide LEAN strategies to improve patient care, nurses at Winnipeg’s St. Boniface General Hospital lead and participate with team members and former patients in a process known as a “rapid improvement event” (RIE). RIEs are hands-on workshops where staff, physicians, patient representatives and hospital partners seek to eliminate waste to improve care. Recently, an RIE gave nurses an opportunity to share new evidence showing that patients were less likely to experience post-op delirium when they had access to their sensory appliances (such as hearing aids and glasses). With this information, the team established a process that would ensure these appliances remain with the patient. Today, with a 97 per cent compliance rate, patient satisfaction and participation in the surgical safety checklist has greatly improved. St. Boniface has now held more than 90 RIEs over the past four years. (W. Rudnick, personal communication, March 1, 2013).

**Nurses reduce bed turnaround time and enhance patient safety**

A few years ago, when patients at Humber River Regional Hospital were being transferred from the emergency department (ED) to an inpatient unit, health-care providers were exchanging patient information in varied ways. As a result, lengthy delays in turnaround times and errors in communication were all-too common. But a new electronic ED transfer process, introduced in 2010, has enabled them to improve such delays and communication errors dramatically. Included in the process is a standardized electronic transfer-of-care report, which is reviewed online by both the ER and inpatient staff, then used as the basis for the telephone discussion between units. Results from the pilot project showed a reduction in bed turnover time from 6.5 hours to less than 3 hours at the Church site and from more than 5 hours to less than 4 hours at the Finch site. Also much improved was the accuracy of information exchanged between units, now at 100 per cent (Ontario Ministry of Health and Long-Term Care, 2011).
Home-first approach helps patient flow, brings care to more patients

The new home-first approach at Kitchener’s Grand River Hospital (GRH) has changed the usual thinking about where best to provide elderly care. Today, the care team makes every effort to discharge patients and get them back home, leaving long-term care and other community settings as secondary options. RN Selena Russell-Nurse, case manager at GRH, has a pivotal role working with patients, families and multidisciplinary teams to ensure the right supports are in place for a safe transition from hospital to home. This new approach has helped the hospital reduce alternate level-of-care days by 43 per cent (Waterloo Wellington LHIN, 2011).

Nurses and team members redesign work flow and improve access to care

By using LEAN methods, the multidisciplinary team at Regina’s Four Directions Community Health Centre was able to standardize their work process, reduce time in administrative activities and increase the available time for patients. As a result, the clinic has “increased its client capacity by 56 per cent, reduced the number of clients it has to turn away and reduced overtime for staff” (Government of Saskatchewan, 2012b).
WHAT’S NEXT?

Maximizing the role of RNs in primary care

A strong primary care system is important to the overall performance of our health-care system. It is now well-established that “countries with a strong primary care sector achieve superior health outcomes at lower cost” (Aggarwal & Hutchison, 2012). While Canada has made an effort to enhance our primary care system by implementing interprofessional teams in primary care, nurses have largely been underutilized. Allard, Frego, Katz and Halas (2010) showed that almost 40 per cent of registered nurses in family practice felt they were not working at their full scope of practice. Registered nurses in primary care roles can improve access to important services, including comprehensive health assessments, health education, screening and other preventative care, management of chronic diseases, and care coordination with other health and social-service providers.

Nursing care coordination

Nurse navigators have proven their value in the care of cancer and cardiovascular patients. While the health system is complex, nurses in navigator roles are able to coordinate care for patients, ensuring they move through the system appropriately and that they receive the care they need without delay. Their ability to support patients in managing their symptoms enhances the quality of care and can reduce the need for patients to seek additional medical attention or emergency care. Similarly, nurse navigators and case managers can offer value in the care of other population groups, such as patients with chronic diseases and elderly patients at risk for functional decline, particularly where better care coordination and integrating primary care services with other health and social-support services are necessary.

Autonomous RN prescribing

Nurse practitioners in Canada have the authority to autonomously diagnose, order tests, and prescribe medications. Many provinces and territories have some form of enhanced authority for RNs to dispense medications within a framework of delegated medical authority. Some jurisdictions have expanded RNs’ authority to diagnose and prescribe without a medical order when doing so (1) involves specific client populations within specified circumstances (e.g., specific practice settings), (2) is within the RN’s scope of practice (e.g. knowledge, skills, competence) and (3) uses approved decision support tools or protocols. Current work is occurring that would enable registered nurses to autonomously prescribe in the future. Registered nurses in other countries, including the U.K., Australia and Sweden, have been prescribing medications for many years, and previous research confirms that patients have easier access to care and high levels of satisfaction (Courtenay, Stenner, & Carey, 2010; Bhanbhro, Drennan, Grant, & Harris, 2011; O’Connell, Creedon, McCarthy, & Lehane, 2009). Extending prescribing authority to registered nurses will decrease wait times, improve health-care efficiencies and reduce the cost of health-care delivery.
REFERENCES


