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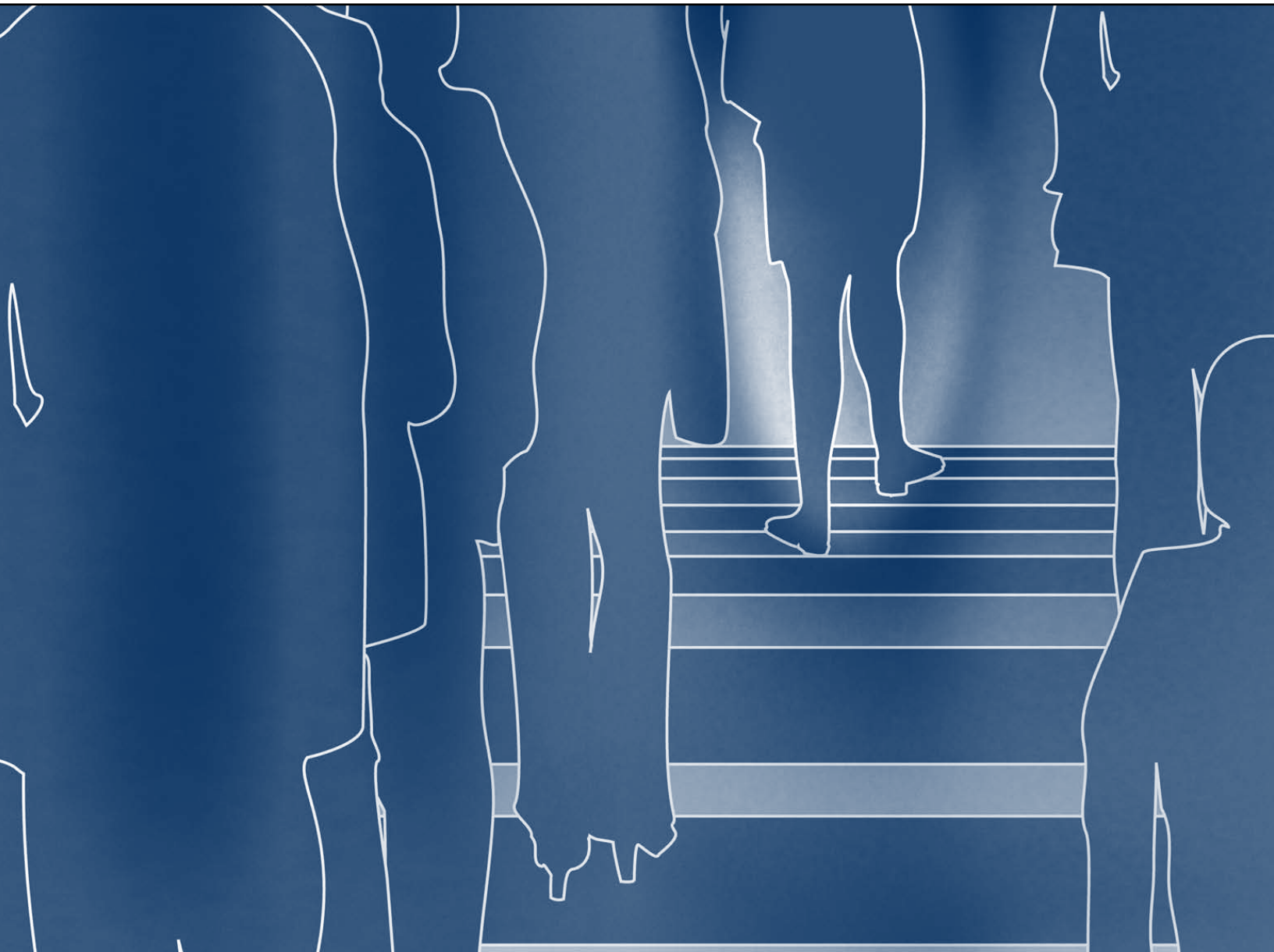
CANADIAN NURSES ASSOCIATION

REGISTERED NURSES:
ON THE FRONT LINES OF WAIT TIMES



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INTRODUCTION

Canadians are very concerned about wait times for health care. In fact, according to the 10th annual edition of the Health Care in Canada Survey, the issue of wait times was identified as the most important health care concern facing Canada today, among both members of the Canadian public and health care providers (Berman, 2007). Concerns about wait times, health care spending and the economic downturn are challenging the sustainability of our health-care system; however, registered nurses are providing real solutions by leading meaningful system changes that improve access to care and support the sustainability of the publicly funded health system.

More than 250,000 registered nurses are working in Canada, most of them on the front lines providing direct care to people in community settings and in long-term care institutions, hospitals and other facilities (Canadian Institute for Health Information, 2007). Since they see the effects of wait times first hand, nurses understand the need for health care reform, and they are taking action to provide affordable and accessible health services to all Canadians. By working in expanded roles, registered nurses and advanced practice nurses are providing more entry points in the health system. Nurses are promoting better health, preventing disease and reducing the demand for more health services. Nurses are working in collaboration with other health care professionals to enhance the productivity of the team and are providing quality care and better health outcomes. Finally, nurses are embracing technology to gain efficiencies and provide more service.

PUTTING WAIT TIMES IN CONTEXT

The Canadian Nurses Association and its members advocate for timely access to service along the entire continuum of care. In contrast, the First Ministers' 10-Year Plan to Strengthen Health Care commits to reducing wait times in only five areas: cancer care, hip/knee replacement surgery, cataract surgery, cardiac surgery and diagnostic imaging. Within the context of the 10-Year Plan, the commitment to reducing wait times points to a lack of capacity in the system for selected medical services, and intense effort has been directed over the years toward improving access for this narrow range of services. Registered nurses, however, know that the solutions to reducing wait times must be more comprehensive and must provide access to a broader range of health care services.

Nurses acknowledge the role of clients in maintaining their health and the factors that create demand for health care services. Nurses recognize the opportunity that exists to reduce the demand for service at all stages of life by promoting health, preventing injury and illness, and better managing chronic diseases. They understand the contribution that the range of health care providers can make in the delivery of care, and they know that capacity can be enhanced by addressing workforce shortages, optimizing the full use of professionals' skills and adopting more technology. It is within this context of examining health services as a system that real change can be made. Only then can we effectively remove barriers to access and focus on the provision of comprehensive, timely and sustainable health services.

WHAT ARE NURSES SAYING ABOUT WAIT TIMES?

Across the country, nurses are speaking out about wait times and access to care. In a recent commentary on access to cardiovascular services, the Canadian Council of Cardiovascular Nurses (CCCN) pointed out that "nurses occupy creative, cost-effective roles directly aimed at reducing wait times" (Eastwood et al., 2008). The CCCN affirms that nurses, along with health care consumers and other members of the health care team, can find solutions to ease the problem of wait times within the publicly funded health system (Eastwood et al., 2008).

Registered nurses and nurse practitioners from coast to coast have reported that their work has improved access for patients who require both primary health care and specialized care. Alietha Martin, a nurse practitioner in Kelowna, states: "Some of the clients … have been waiting more than a year to see a renal care provider and, with my work in the area, the long wait lists have been virtually eliminated" (Bisa, 2008). In Halifax, Patsy Smith, RN, project lead of the Nursing in Your Family Practice Program, noted the impact of nurses working in primary care teams at the Capital District Health Authority. Quoted in *Ottawa Life Magazine* (Administrator, June 2008), she stated that "even in the early stages, teams were reporting an increase in the number of patients who are being seen, and there has been considerable improvement in timely access to care. This has been accomplished while enhancing comprehensive chronic disease management, prevention, and health promotion."

Collectively, nurses provide rich insight into the factors that contribute to the length of wait times in health care and offer viable solutions for improving access to care. A survey conducted by Ipsos-Reid Corporation (July 2004) revealed that access to care was a primary concern for nurses. Findings from the survey showed that:

- 91 per cent of nurses were concerned about the impact that wait times have on the health of patients;
- 91 per cent of nurses believe that there are too few nurses in community health and that there will not be enough community nurses to meet health care needs in five years' time; and
- factors identified as having a negative impact on access to services were health workforce shortages (93 per cent of nurses), inappropriate use of emergency rooms (84 per cent), inadequate supply of hospital beds or medical equipment (83 per cent), and the occupancy of acute care beds by patients waiting for transfers to other care facilities (80 per cent).

The issue of wait times was again a prominent concern identified by nurses in the 10th annual edition of the Health Care in Canada Survey (Berman, 2007). In this survey, nurses expressed further views about access to health care and health care reform:

- 66 per cent of nurses stated that Canadians are receiving quality health services.
- 58 per cent of nurses believe that timely access to the health system over the past two years had worsened.

- 61 per cent of nurses believe that timely access to health care services will worsen over the next five years.
- 69 per cent of nurses believe that Canada's health system requires some major reform.
- There was widespread support from nurses for incentives that encourage more wellness promotion and disease prevention education and interventions (91 per cent), more home and community care programs (91 per cent), higher medical and nursing school enrolment levels (91 per cent), increased funding for health research (88 per cent), the adoption of new health care technologies (87 per cent), and increased investments to help patients manage their chronic illness (83 per cent).

WHAT ARE NURSES DOING ABOUT WAIT TIMES?

1. RNs in Canada are improving wait times by providing more entry points in the health system.

In Canada, nurses are reducing the pressure on health care services and improving access to care. Registered nurses, including nurse practitioners and clinical nurse specialists, are increasing their knowledge and developing their clinical skills to provide excellence in nursing care. They are taking the lead in interprofessional care teams, working in specialty practices, and managing patient care in hospitals and in primary care, long-term care and other settings.

A growing number of registered nurses hold a valid certification credential in a nursing specialty. These highly skilled nurses have met rigorous requirements to adhere to national standards of practice and to confirm their competence in a specialty area.

Clinical nurse specialists practice at an advanced level, leading the nursing care of specific client populations who have complex health issues. These nurses apply their specialized clinical knowledge and understanding of the broader health system to integrate, coordinate and provide high-quality health care services.

Nurse practitioners provide a range of advanced practice health services to individuals of all ages, families and communities across Canada. "Nurse practitioners are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice" (Canadian Nurse Practitioner Initiative, 2006).

There is increasing evidence to show that when their roles are optimized, nurses are providing more service and helping to reduce wait times.

At the Hospital for Sick Children in Toronto, a registered nurse-managed "Express Chemotherapy" clinic was initiated to improve care delivery in the outpatient clinic. The pilot project evaluation demonstrated decreased wait times for patients eligible to receive treatment through this fast-tracking system, reduced physician workload and better utilization of nursing resources (Hendershot et al., 2005). Since the project was implemented more than five years ago, hundreds of children have benefited from this nurse-managed clinic.

Registered nurses and clinical nurse specialists in Canada are working as patient navigators in programs requiring complex coordination such as cardiac care and cancer care. At the Windsor Regional Cancer Centre, the nurse navigator plays a vital role in providing a central point of access and in coordinating the diagnostic process in the Lung Diagnostic Assessment Program. Through central access and diagnostic coordination, the median wait time from suspicion to diagnosis was reduced from 120 days to 44 days in the first 10 months of the program (Sauvé, 2008).

A clinical nurse specialist at the Royal Columbian Hospital in New Westminster developed the Reimer-Kent Postoperative Wellness Model to support rapid recovery for cardiac surgery patients. The new model, with focused efforts to prevent pain and postoperative complications, significantly reduces the time that patients spend in hospital and has enabled twice the number of cardiac procedures to be performed (J. Reimer-Kent, Personal Communication, March 16, 2009). In 2007, this model was successfully implemented for colon resection patients and resulted in a 50 per cent reduction in the median postoperative length of stay (Irving, 2008). The model has now been implemented for all general surgery patients at the Royal Columbian Hospital.

Canadian researchers examined the clinical practice model of nurse practitioners in long-term care homes in Ontario. Results from the study showed that contact made by a nurse practitioner prevented hospitalization of residents in 39-43 per cent of the cases (McAiney et al., 2008). The role of nurse practitioners in Ontario long-term care homes has been found to "improve quality of resident care and staff skills" and to facilitate "more efficient use of MD resources" (DiCenso et al., 2007).

Medical researchers conducted a review of 36 international studies analyzing the impact of nurse practitioners in emergency departments. The researchers concluded that nurse practitioners can reduce wait times and can provide a high quality of care and a high level of satisfaction among patients (Carter & Chochinov, 2007).

Registered nurses in Canada are beginning to move into new roles and practice areas that provide more access to care. In British Columbia, there are provisions for registered nurses in remote nursing practice to dispense or administer a limited number of Schedule 1 medications without an order. These nurses are able to diagnose and treat illnesses with Schedule 1 medications after they have successfully completed a certified practice course approved by the College of Registered Nurses of British Columbia.

Nurse prescribing is a common practice in other countries. In the United Kingdom, community nurses have been prescribing medication on a limited basis since 1986, and legislative changes over the years have allowed community nurses and nurses working in other clinical areas to prescribe a broader range of drugs and provide greater access to care (Barclay, November 21, 2005). A growing body of evidence demonstrates that nurses working in expanded roles have a positive effect on reducing wait times. As registered nurses and advanced practice nurses in Canada continue to work in expanded roles and in a wider range of clinical specialties and alternate health care delivery models, they will provide more services and further reduce wait times.

2. RNs in Canada are reducing wait times by promoting better health.

According to the World Health Organization (n.d.), "at least 80% of cases of premature heart disease, stroke and type 2 diabetes and 40% of cancer cases could be prevented [in Canada] through healthy diet, regular physical activity and avoidance of tobacco products." Registered nurses understand that to effect real change in wait times and in the health care budget, Canada must shift the focus from sickness to wellness-based care, giving priority to both prevention and management of chronic diseases.

Registered nurses are contributing to new models of health care that emphasize healthy living, illness prevention and chronic disease management strategies. Nurses are helping people to improve their health and, at the same time, are reducing the demand for services and helping to reduce wait times for health care.

Capital Health in Edmonton implemented a new model of multidisciplinary health care teams to improve the management of diabetes and other chronic diseases. The "Primary Care Networks" are a departure from the acute care model and offer a range of prevention and treatment services, including regional diabetes screening, patient education, patient monitoring and treatment of chronic diseases. Since the implementation of the diabetes program, "wait times to see a specialist have been reduced from several months to several weeks or days, and the number of new referrals has almost tripled as the capacity of the system has increased" (Every, 2007).

The University of Ottawa Heart Institute administers an effective smoking cessation program. Nurses are taking this program to the bedsides of hospitalized patients across the country to help them quit smoking. The success of the program is evident in the fact that 50 per cent of the participants remain smoke free at their six-month follow-up assessment (University of Ottawa Heart Institute, October 16, 2006).

Canadian researchers studied the effects of having a registered nurse provide health promotion and preventive care to elderly home care clients. They found a significant increase in mental health functioning scores, a significant decline in the prevalence of depression, a lower cost per person for prescription drugs, and greater improvements in physical functioning among home care clients who received health promotion services from a registered nurse in comparison with those clients who received only the usual home care services (Markle-Reid et al., 2006).

There is much more work to do to promote healthy living and better self-care. Nurses can further reduce the demand for health care services by integrating strategies at all points of care that promote health, prevent injury and illness, and better manage chronic diseases.

3. RNs in Canada are reducing wait times by maximizing the use of their skills and enhancing the productivity of the health care team.

In times of global health workforce shortages, it is important for the skills of health professionals to be used as effectively as possible. Interprofessional collaboration is an approach that maximizes the contribution of physicians, nurses, pharmacists, social workers, dieticians and other members of the team.

In a collaborative practice, nurses complement the work of physicians and other health professionals by creating synergies that benefit the patient and the health system. The team-based approach facilitates a clear understanding of roles, provides an opportunity to optimally utilize the range of skills sets, and improves communication, continuity of care and patient safety.

New collaborative models of care have been shown to improve access to health services and better utilize existing human resources.

Primary Health Care at Capital District Health Authority in Halifax has started an innovative program to support collaborative teams of registered nurses and fee-for-service physicians. Phase one of a comprehensive evaluation showed that after only 18 months, 50 per cent of the "closed" practices are accepting new patients (which was not possible prior to integrating a family practice nurse) and 90 per cent of the physician respondents indicated that the level of care they are able to provide to patients has improved (P. Smith, Personal Communication, 2009).

The Alberta Bone and Joint Health Institute's "new approach to hip and knee replacements" includes collaboration by a multidisciplinary team of health care professionals from pre-surgery assessment to post-surgical recovery. This new approach has successfully reduced the average wait time between referral to first orthopedic consultation from 145 working days to 21 days and the average wait time from consultation to surgery from 290 working days to 37 days (Canadian Health Services Research Foundation, March 2008).

At several Ontario hospitals, registered nurses have been trained to work as anesthesia assistants and are part of the anesthesia teams that care for surgical patients. The collaboration between nurses and anesthesiologists has resulted in an increase in the number of patients who are receiving surgery. For example, the anesthesia team model has "doubled the throughput of cataract patients while maintaining patient safety" (Trypuc & Hudson, 2005).

Registered nurses with additional training are working in collaboration with surgeons and anesthesiologists in several Canadian hospitals as the surgical first assistant – a role traditionally held by family physicians. The registered nurse first assistant (RNFA) role has helped to reduce wait times and has ensured that elective procedures are not cancelled owing to a lack of available doctors (Giannidis, January 2005).

Registered nurses can have a much greater impact on access to care if they use the full range of competencies. As more interprofessional teams work together, nurses will create greater efficiencies in the health system.

4. RNs in Canada are reducing wait times by providing quality care and better health outcomes.

According to the Canadian Adverse Events Study, the incidence of adverse events in Canadian hospitals occurs at a rate of 7.5 per 100 hospital admissions (Baker et al., 2004). In addition to causing unintended harm for patients and families, adverse events create an additional burden on the health system. An estimated 1.1 million additional hospital days each year result from adverse events in Canadian hospitals (Canadian Institute for Health Information, 2004).

Registered nurses have an important role in providing quality care and in assisting patients to achieve an improved state of health. By performing skilled assessments and providing early identification of problems, registered nurses can reduce the risk of adverse events.

It stands to reason that better care would lead to better patient outcomes. Evidence shows that the care provided by registered nurses is associated with fewer adverse events and better health outcomes.

Researchers have studied the relationship between staffing levels in long-term care facilities and resident outcomes. A sample of nearly 1,400 residents showed that an increase in direct care by registered nurses was associated with fewer complications such as weight loss and pressure ulcers and fewer hospitalizations. The researchers concluded that assigning more registered nursing time was clinically important in reducing adverse outcomes among residents of long-term care facilities (Horn, Buerhaus, Bergstrom & Smout, 2005).

A study of hospital patients examined the relationship between the amount of care provided by nurses and health outcomes. The researchers found that a higher proportion of hours of care provided by registered nurses was associated with shorter lengths of stay and lower rates of urinary tract infections, pneumonia, shock and cardiac arrest (Needleman et al., 2002).

Maintaining an adequate supply of registered nurses is essential to improving both quality of care and access to services. More care provided by registered nurses will reduce both complications and the need for more service.

5. RNs in Canada are reducing wait times by embracing technology.

Information and communication technologies (ICT) offer a promising solution to the wait time issue. Nurses are using telehealth, electronic health records, decision support systems and other technologies to support clinical, education, administrative, research and other health system initiatives.

Through the use of ICT, communication with patients and their families is made more quickly and accurately, resulting in shorter wait times and fewer errors. The use of ICT gives health-care providers timely access to the results of tests and procedures so that assessments, examinations and treatments are not repeated. It facilitates better coordination of services and better management of wait lists. All of those outcomes mean enhanced productivity, improved service and lower costs.

While much more investment in ICT is required in the Canadian health sector, nurses using ICT have demonstrated some definite solutions to ease the problem of access to care.

River Valley Health in New Brunswick has incorporated telehealth into its home care program, resulting in improved clinical responsiveness through daily monitoring. A study showed 85 per cent fewer hospital admissions and 55 per cent fewer visits to the emergency department among people enrolled in the program (Canadian Home Care Association [CHCA], 2006). Telehomecare, as it is commonly called, also reduces the frequency of home care visits that nurses need to make, thereby improving their productivity (CHCA, 2008).

Registered Nurses provide access to 24-hour health information and advice through call centre programs located across the country. Program evaluations of Canadian nursing advice services have demonstrated high caller satisfaction rates and decreases in non-urgent emergency department visits of up to 32 per cent (Stacey et al., 2004).

The Canadian Virtual Hospice (www.virtualhospice.ca) is an online resource that enables Canadians to connect directly with clinical nurse specialists and other palliative care experts and receive reliable end-of-life information and support. According to the website (n.d.), more than 700,000 visitors have viewed the site since it was launched in 2004, and more than 800 questions from Canadians have been answered through this service.

Telehealth monitoring and interactive voice response technology enable advanced practice nurses at the University of Ottawa Heart Institute to monitor, in their home, patients who have chronic diseases such as coronary artery disease and heart failure. The results of a study conducted in 2000-2002 on angina patients receiving home monitoring showed a reduction in hospital readmission rates by 51 per cent at three months and 45 per cent at one year (Woodend et al., 2008). Another study conducted in 2007 compared the hospital

readmission rates over a six-month period for a group of patients before they started the home monitoring program and over a six-month period for the patients after they started the program. Hospital readmission rates were reduced from 62 per cent in the period before the program started to 11 per cent in the period that patients were on the program (C. Struthers, Personal Communication, February 24, 2009).

Innovative approaches using technology can revolutionize Canada's health system. By adopting more technology in clinical practice, nurses will continue to increase productivity and provide quality care.

NURSES CAN DO MORE TO REDUCE WAIT TIMES

Registered nurses in established roles and nurses in advanced practice roles are leading the way to effective health system change. With adequate resources and support, nurses can provide more service, improve access to care and reduce wait times. As practitioners, consultants, researchers, policy leaders, administrators and educators, registered nurses can offer a greater contribution to the design and delivery of more efficient models of health care. These new models of care may include an emphasis on self-care and disease prevention, increased access points to care and new advanced roles in a wider range of clinical specialties.

Nurses must be supported to do more research that provides evidence for better approaches to quality care and to lead the development, implementation and evaluation of new health care programs that facilitate system efficiency. As leaders in telehealth services, registered nurses have demonstrated their ability to effectively integrate technology into clinical practice. The continued involvement of nurses is critical to the successful implementation of technology in health care. Nurses must participate in decisions concerning the selection of new technology, as well as in the implementation and evaluation of these new systems in clinical areas. Continued support for nurses to take leadership roles in interprofessional teams will more efficiently utilize nurses, physicians and other health human resources, provide better coordination of services and shorten wait times.

CONCLUSION

The issue of managing wait times in the health system is complex. Improving access to care requires a comprehensive system-wide approach. The First Ministers' wait management strategy, which commits to reducing wait times for five medical services, does not address the system. Pulling resources in one direction may only lead to bottlenecks in other parts of the system, causing further fragmentation. To provide universally accessible health services, we need meaningful system changes that will improve and sustain access to care for all Canadians.

Registered nurses play a key role on the front lines of patient care, and their leadership is essential to bringing about effective health system reform. Nurses offer innovative solutions for improving and maintaining universally accessible services within our not-for-profit, publicly funded health system.

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