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Winnipeg, Manitoba
Beautiful nurses, those in the room and those online …

I stand before you today very proud to be the 46th president of the Canadian Nurses Association. CNA was born under the able leadership of Mary Agnes Snively on October 12, 1908. The accomplishments of our national association over the past 106 years have been stellar; CNA has kept its steadfast focus on health and on nursing.

Good afternoon everyone. Thank you very much for the opportunity to present my thoughts about the priorities of CNA over the term of my presidency.

Let me begin by extending my deepest thanks for the unwavering and passionate leadership of Dr. Barb Mildon over the past two years. Barb’s dedication to nursing and to CNA is felt every single day, and she has spent countless hours steering the ship on complex issues facing CNA. Under Barb’s leadership, we have navigated the intricacies of governance renewal to comply with Canada’s new legislation. Barb, you have solidified the foundation on which we can now build. And I know you are the happiest president of CNA. It’s fantastic.

I would also like to extend my thanks to our CEO, Anne Sutherland Boal, and her staff for their leadership and efforts and for making this convention so successful. Beautiful.

I applaud our president-elect candidates for putting their names forward to lead our great organization and congratulate Barb Shellian for your successful candidacy. I look forward to working very closely with you.

Thank you to Manitoba and CRNM for being wonderful hosts, to Cathy Rippin-Sisler and Diane Wilson Mate, and to the steering group who is overseeing the process to deliver a professional voice for nursing in Manitoba.

And I want to acknowledge my beautiful family and my son, Alykhan, who is here with me. My daughter Alyshah is writing her final exams in Toronto and could not be here. I always say my two angels live in my left ventricle!

It’s with this foundation of support from my peers and love from my family that I embark on my journey as CNA president — a journey that I am privileged to take with you all. This journey starts now. I will immediately work with CNA on a new strategic plan that will guide the association through the next four years. A key piece of that plan will be how CNA will use next year’s federal election as a platform for our position on health outcomes and our health system.
I have had the wonderful pleasure to visit many parts of our great country in the past two years, consulting with amazing nurses at all levels regarding the path forward for CNA. Recurrently, the theme I heard in my cross-country consultations is about embracing a bold focus on behalf of health and on behalf of nursing and to align our profession of nursing — almost 300,000 strong across the country.

With endorsement from CNA’s board of directors, the tagline that will define my presidency is the following:

- Unleash the power of registered nurses

With the three action lines of:

- Advocate through action
- Expand scope of practice
- Lead always

So why unleash the power of registered nurses? Let me explain. I thought Evan Solomon’s presentation was a beautiful lead into this.

Canada’s health-care system is fundamental to Canadian culture and identity. Tommy Douglas envisioned an acute care system solidly supported by a strong primary and public health system to help Canadians stay healthy.

As an immigrant to Canada, and as a global volunteer, the value of our universal and publicly funded health system is certainly not lost on me. Our family came to Canada in search of two things — Alykhan often asks me, “Why such a cold country?” And I would say we came here for two things. One, is good health, and the other is good education. We chose Canada from many other countries because the values of inclusiveness, pluralism and diversity spoke to us.

Though health care continues as a number one priority for Canadians, and a majority of us continue to choose to sustain the public nature of our precious system, polls and surveys tell us that Canadians are looking for a change.

As a country, we rate overall, average or below average — particularly in the areas of access to primary care, wait times, health promotion and avoidable hospitalization. We clearly need a national strategy to deal with an aging population. We urgently need to integrate health services across the continuum of care, especially given the dramatic increases in life expectancy and chronic disease prevalence. In each of our provinces and territories attempts have been made to reform the system, but the aspirations of Canadians — the heart we must speak to, the why we must sort out — have not been realized. The very principles of the
Canada Health Act, the things that define the value of Canadians, are at risk given that one in six Canadians, almost 5 million of us, do not have access to a primary care provider. For those who do, almost two-thirds say it’s hard to get care outside of their clinic’s regular hours. And only 44 per cent of Canadian primary care practices have after-hours care of any kind. Despite the evidence that proves the value of community-based health-care delivery, over 60 per cent of the more than 200 billion dollars spent annually on health care is spent on hospitals, drugs and physicians.

We know that by 2026, seniors will constitute more than one out of every five Canadians. Many of these costs are related to chronic disease, multiple morbidity and episodic illness management.

The inequities within our beautiful country call out to us. Among the Inuit and First Nations communities, the indigenous populations of our country, suicide rates are almost 11 times higher; infant mortality is three times that of the general population; and life expectancy is 15 years shorter than non-aboriginal peoples.

While much discourse about health is focused on transforming the health-care system, we know that a majority of our health status is in fact influenced by social determinants of health that include income, employment, housing, social support and others. According to the organization Canada Without Poverty, Canada’s poverty rate in 2011 ranged between 10 and 20 per cent.

The question, then, we must ask ourselves as nurses is: What role will we play in shaping the future of health and health care? We cannot underestimate the ethical and political meaning of being the largest profession in the health-care workforce and the trust that the public has placed on us. This trust means we have not just the ability, but the accountability to make sure that our voices and actions are brought forward. We have a responsibility to unleash our power and to fulfill our calling to those we serve. Unleash, for me, means to release the full glory of our voice and action, our solutions and our outcomes.

CNA’s greatest opportunity to unleash the power of registered nurses lies in advocating through action, expanding scope of practice, and leading always.

Let me address the first theme. I commit to you on behalf of our board that underlying theme of our entire advocacy-to-action efforts will be an explicit commitment to preserve our publicly funded universal health-care system and equity of access to determinants of health and health care! This is the why of our advocacy efforts. Our nursing values unite us on these matters.
While CNA continues to be responsive to a broad range of issues, it is my belief that we must develop a deep focus in one or two national priorities where registered nurses can make a unique contribution. Guided by the resolutions we passed at our annual general meeting, an example of a focused effort could be the health of our First Nations communities. Regardless of the areas we will choose to focus on, when CNA meets with political leaders and asks for improvements to our health-care system, we will do so with clear, relevant, realistic and evidence-based goals and offer tangible solutions.

To give you an example, the next time we meet with a Liberal roundtable on seniors care, we will no longer be citing our ask as we need a seniors care strategy for Canada. Instead, we will unearth from the evidence that we have the beautiful models of care — that are team-led, nurse-sensitive, nurse-led, nurse-participating solutions — that are working for seniors care (often in other parts of the world, actually), unearth that evidence and bring it to bear and put the solutions on the table with a tangible ask.

The ask cannot be a broad strategy, it’s a message that’s lost on nurses that interact with us and it’s lost on the politicians for whom health care is not the area of expertise. So the asks have to be very tangible. In our very history, we have beautiful examples of policy advocacy actions on the nursing aspect of things where our asks have been clear; for example, baccalaureate will be the entry-to-practice for nursing. The ask is clear. You can see the light at the end of the tunnel; you can march to that light at the end of the tunnel. If we can figure out similar asks on the health side of things, I think our messages will become crisper and our asks clearer, and then we will step up with our actions to make those actions happen.

As CNA strives for change, we will engage the public to work with us. I strongly believe that igniting the voices of Canadians and moving that voice in front of our advocacy-to-action efforts will yield the momentum for change and creation of solutions that are desired by those that we serve. Canadians need to believe that we are side by side and partnered with them in moving forward.

To unleash our full potential, we also need to tap into harmony within our profession to bring our strong voice forward. Through our jurisdictions, our individual members, our specialty networks and others, CNA will act on the resolution passed at our AGM to harness our members — and, in particular, our direct care members — in our work.

This in fact requires that we turn the triangle upside down. The messages are no longer only directed to politicians, they are directed to the people who elect them so they can mobilize action behind the things that we are unleashing the potential on. We will also continue to leverage our partnerships and collaboration with others.
such as the Canadian Medical Association to strengthen the collective voice of health leaders.

I also believe that unleashing the scope of practice of RNs across the continuum of care is critical for transformation. We are all familiar with the issues of scope of practice in our profession. Let’s instead view this issue as an opportunity to find and enact solutions that we know work. For instance, RNs prescribing can open the door to enhanced and equitable access for all Canadians.

We will do so by developing a national framework and strategy, and also by reaching out to chief nurses in all levels of government, so that we can influence the decisions that impact the day-to-day nursing practice in the best interest of the health of Canadians. Part of this task is that we must rebuild the nursing leadership roles that have been lost, ensure they get filled and then ensure again that the voice gets unleashed on behalf of health, health care and nursing.

Additionally, I want to nurture leadership in every registered nurse because I know it’s not only found in a job title. It exists right now within each of you. I recently found inspiration in Brook Davis when I travelled for the annual general meeting of the Yukon Registered Nurses Association. Brook is a registered nurse in a small Yukon community called Carcross. [YRNA president] Sean Secord took me there and I’ll never forget Sean and Joy — you showed me the most beautiful part of Canada, and the territories are going to remain very near to my heart as I provide leadership to our beautiful organization. Brook works with an expanded scope of practice, including nurse prescribing, which enables her to take charge of her community’s health. And she partners with the people she serves, making them and their good health her number one priority. She leads always. I was inspired by her because she is just one nurse, one out of the nearly 300,000 of us. Learning about her made me think: if this is the power of change from one nurse, the potential for change from our entire profession seems limitless.

Lastly, I will commit to lead always. For instance, through my president’s columns in the Canadian Nurse I will showcase RNs who are inspirational, who are making powerful contributions leading to real and significant outcomes that will inspire other nurses across the country. If all of us use narratives and stories of powerful differences that nurses make every day, and ensure that the narrative of nursing is a positive narrative, we will shift the perception of nursing as the go-to profession to seek solutions for health and health care! It’s imperative that we ourselves portray ourselves in a positive way. Be familiar with the evidence that exists. To be unsure of the evidence and to state that it doesn’t exist — and therefore, we are not sure, and therefore, we are not aligned with others in a goal that is the foremost goal: basic access to the
first point of contact in health care — is not the way to go. The positive narratives of nursing matter because they will shift over time the perceptions about nursing.

Constant throughout my three priorities of advocacy through action, expanded scope of practice and lead always will be an undercurrent of accountability. And I know accountability is a laden word; it has many interpretations. As registered nurses, we are all accountable to the health of Canada’s public. As the national professional association, CNA and I, as your president, are accountable to each one of you. This means engaging with you on collaborative projects, sharing progress and results of our work, evaluating the effectiveness of our efforts and, above all, being transparent.

I now want to introduce you to an image that has the elements of what I think is needed for all our efforts to be successful. The CNA coat of arms hangs majestically at CNA House in Ottawa. Let me highlight the features of the coat of arms.

First and foremost, the lamp is highlighted as the most widely recognized symbol of nursing since Florence Nightingale’s service in Crimea.

Above the lamp, three triangles symbolize the people we serve: the founding communities of First Nations/Inuit francophones and anglophones. Gold represents the generosity and long duration of the profession; red represents fortitude, strength, magnanimity and life.
The crest. The lion emphasizes CNA’s role as defender of the profession and of the principles of the Canada Health Act. The scroll represents the act itself and the association’s advocacy role.

The Latin motto, scientia, sapientia, humanitas — knowledge, wisdom and humanity — reflects our values and virtues.

The supports come from the white harts, whose grace and swiftness exemplify nurses’ work; they show the support of nurses for CNA. The compartment of maple leaves, one for each province and territory, symbolizes the communities served by nurses and represents new life, new beginnings and new knowledge for patients and nurses.

CNA’s coat of arms showcases for me that, if we are to truly realize our accountability on behalf of the people we serve, we need unity and alignment within the profession, collaboration and partnership with others, and imagination and courage in our voice and action.

Today, I give you my unwavering commitment to use my time, energy and experience to lead real transformation across our country. Surely Canadians deserve this. Thank you so much.