

1. Introduction

A Nursing Call to Action recognizes the leadership power of our profession and how we can drive improvements to the health-care system and the health of all Canadians.

From the nine-point plan of action that the National Expert Commission presented in June 2012, CNA developed 11 distinct projects to bring these recommendations to life, and boldly go where so many reports before ours have not — **action**.

The Expert Commission work as a whole represents the first time our nursing profession has spearheaded transformation on this large of a scale. Needless to say, we are very excited about this work and we are grateful for the help, the ideas and the enthusiasm coming from our membership and other nursing partners.

2. Top 5 in 5

The lead recommendation of the Expert Commission was to ensure Canada ranks among the top five nations for five key population health status and system performance indicators in the next five years — by the time Canada celebrates its 150th birthday in 2017.

This recommendation springs from a troubling mismatch between health spending and results in Canada.

Now exceeding \$200 billion nationally, annual health-care costs account for nearly 50 per cent of some provincial/territorial budgets. Despite ballooning investments and budgets, Canada's health system performance and health status indicators have stalled or even dropped compared to international rankings.

In the spring of 2013 CNA hosted a consensus conference for 32 representatives from provincial/territorial health quality councils and ministries of health, regional health authorities, branches of the federal government, academics, health system administrators and experts in indicator measurement.

The group reviewed a shortlist of 10 indicators that were prepared in advance by CNA and an external reference panel. Chosen from the hundreds of health indicators that exist worldwide, they were selected using criteria such as importance, relevance, validity and achievability.

Indicators were also examined in the Canadian context — where could Canada maintain a strong performance or show substantial improvement?

After a long day of healthy and robust discussion and debate, the group achieved consensus on a draft portfolio of five priority health status and system indicators:

1. Increase percentage of primary care practices offering after-hours care
2. Increase chronic disease case management and navigational capacity in primary care
3. Increase Canadians' access to electronic health information and services
4. Decrease hospital admissions for uncontrolled diabetes-related conditions.
5. Decrease the prevalence of childhood obesity

The consensus conference group felt these indicator-based goals:

- Represent issues that have a substantial impact on the health of the population, individual quality of life and the cost of the health-care system
- Reflect public priorities for health care and health system change
- Strike a balance between health system and health status improvement
- Represent a health-care agenda that health-care leaders, service organizations, providers and patients can stand behind
- Provide an important point of focus for our nation's health-care stakeholders

Next, CNA is building a framework for action that will articulate nursing contributions and solutions, along with a multitude of opportunities for broad engagement with other health partners to advance Canada's ranking in these priority areas.

3. Enhancing RN Scope of Practice

Governments today are looking for innovative ways of delivering better health care to improve health outcomes, often with less resources. They must start by reviewing and assessing their existing resources to make sure they are being used to their maximum potential. CNA believes the education, knowledge and skills of RNs are often underused, and if health-care leaders made it possible for RNs to work to their full scope of practice — consistently across settings, sectors and jurisdictions — the evidence suggests we would see improved access to care for Canadians and less burden on costly emergency departments.

In May 2013, CNA set up a pan-Canadian round table with key nurse leaders to build a foundation that will support autonomous diagnosis and prescribing authority for registered nurses by 2020.

The group — which included nearly all of the jurisdictions — examined what this would mean for the education, regulation, deployment and clinical practice of RNs. We were happy to welcome representatives from the Canadian Council of Registered Nurse Regulators, Canadian Federation of Nurses Unions and *l'Ordre des infirmières et infirmiers du Québec* as part of our energetic and positive discussions. Many jurisdictions — British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Quebec — have already made some progress. CNA continues to lead this work, in collaboration with regulators, unions, associations, educators, governments and employers. Collaboration on this project has been quite positive and everyone has pulled together as one to advance the practice.

4. Health in All Policies

The next project that CNA has been focusing its efforts on aims to make governments realize that all their public policies, laws and programs could potentially affect the health of Canadians. And based on our national poll, it's clearly important to Canadians too.

In fact, an overwhelming majority of them agree that any public policy should consider the positive and negative impacts on health — before being implemented.

If health issues were considered when governments scaled back physical education in our schools, would obesity be the ‘epidemic’ it has now become for health-care? From environment and transport, to employment and immigration — health is everywhere; therefore, health must be in all policies.

This is not news to nurses. The holistic care they provide to patients puts them in a prime position to see how health is being affected by life — by jobs, money, habits, education, neighbourhoods, and so much more. And it’s vital that government leaders understand these connections.

Health in all policies was prominently featured during CNA’s lobby day on Parliament Hill in November 2012 when we met with more than 40 MPs and senators. Since then, we’ve had numerous other opportunities to talk with MPs and senators about how health can be brought into public policy and their feedback will be important going forward.

This project is supported by a working group made up the two co-chairs of the Expert Commission —Maureen McTeer and Marlene Smadu — universities, the federal government, leaders in public policy and other health organizations.

5. A Quality/Safety Agenda

CNA is proud to be partnering with the Canadian Federation of Nurses Unions to ensure quality and safety measures are in place to support nurses. The nursing profession is responsible for delivering more care than any other group in the health system. They are a key link in the chain of safety and we must be leaders in developing and sustaining strategies that will boost quality and safety work.

Above all, evidence must guide this work. That’s why the two organizations will develop a common standard with measures that can be tracked and monitored, ensuring we are achieving our goals.

The Action Plan for Quality Patient Care Through Safe Nurse Staffing was recently presented to and approved by CFNU’s and CNA’s board of directors.

6. Closing

An achievement like the national Expert Commission and the implementation of its work is only possible because of our members and our collective voice as Canada’s nurses. Thank you.

Lastly, thank you to the Commissioners — several of whom are nurses — for all the time and effort that you dedicated to the Commission. Special thanks to our co-chairs Maureen McTeer and Marlene Smadu.

We hope you found this update engaging and interesting. Please enjoy a short video on the National Expert Commission.