CNA is the national professional voice of registered nurses in Canada. A federation of 10 provincial and territorial nursing associations and colleges representing nearly 139,000 registered nurses, CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada’s publicly funded, not-for-profit health system.

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BACKGROUND

Environmental scanning is an essential, core function of the Canadian Nurses Association (CNA). Environmental scans capture and highlight key trends and issues that may impact the policy work and programs of CNA and its members. Findings are intended to inform CNA board decision-making about strategic directions for the organization.

Environmental scans are prepared for the board by CNA personnel. As part of the process, CNA collects data from board members, the Canadian Network of Nursing Specialties and our jurisdictional members.

The June 2016 scan provides an overview of domestic and international news, trends and reports for the period October 2015 to May 2016. The scans are organized under a PESTM framework; that is, one using political, economic, social, technological and management categories. The document summarizes current and emerging developments in nursing, the health system and society at large that could have an impact on CNA operations and membership or the nursing profession.

This executive summary offers a high-level overview of relevant themes and developments identified during the scanning period and is a snapshot of the full environmental scan presented to the CNA board of directors. The summary is not confidential and may be shared.

Note: the next executive summary in December 2016 will be released along with the full CNA environmental scan.

POLITICAL DEVELOPMENTS

On November 4, 2015, Liberal Party Leader Justin Trudeau was sworn in as the prime minister of Canada. Government priorities included a commitment to:

- launch an inquiry into missing and murdered Indigenous women and girls, [and] work with First Nations so that every First Nations child receives a quality education. . . .
- legalize, regulate and restrict access to marijuana [and] welcome 25,000 new Canadians from Syria, to arrive in Canada by the end of February 2016.¹

In the prime minister’s mandate letter to Minister of Health Jane Philpott, his expectations included a number of key commitments:

- Engage provinces and territories in the development of a new multi-year Health Accord. This accord should include a long term funding agreement. It should also:
  - support the delivery of more and better home care services. This includes more access to high quality, in-home caregivers, financial supports for family care, and, when necessary, palliative care;
- advance pan-Canadian collaboration on health innovation to encourage the adoption of new digital health technology to improve access, increase efficiency and improve outcomes for patients;
- improve access to necessary prescription medications. This will include joining with provincial and territorial governments to buy drugs in bulk, reducing the cost Canadian governments pay for these drugs, making them more affordable for Canadians, and exploring the need for a national formulary; and
- make high quality mental health services more available to Canadians who need them.

Parliamentary studies
In the spring of 2016, various parliamentary committees commenced studies, including the:
- House of Commons standing committee on international trade pre-study of the Trans-Pacific Partnership (TPP);
- Senate standing committee on social affairs, science and technology study on the issue of dementia in our society;
- House of Commons standing committee on health study on the development of a national pharmacare program.

Several provinces held elections
- On November 30, 2015, Liberal Leader Dwight Ball led his party to a majority government victory in Newfoundland and Labrador.
- On April 4, 2016, the Saskatchewan Party, led by Premier Brad Wall, won its third straight election.
- On April 19, Manitoba’s PC party, led by Brian Pallister, won a majority government with 40 seats, ending almost 17 years of rule under the NDP.

ECONOMIC DEVELOPMENTS
The federal budget, tabled in March 2016, forecasted deficits for the next five years to fund a variety of initiatives. These include a new child tax benefit and increased funding ($8.4 billion over five years) to improve the socio-economic conditions of Indigenous peoples and their communities and to bring about transformational health and social change.

Most provinces and territories tabled budgets as well. Alberta, New Brunswick, Newfoundland and Labrador, Nunavut, Ontario and PEI projected deficits, while British Columbia, Nova Scotia and Yukon projected surpluses. Quebec projected a balanced budget for the second consecutive year.
SOCIAL DEVELOPMENTS

Primary, Home and Community-based Care

The Victorian Order of Nurses announced closure in six provinces, meaning that programs in Alberta, Saskatchewan, Manitoba, New Brunswick, Prince Edward Island, and Newfoundland and Labrador will end. VON “will operate only in Ontario and Nova Scotia as part of a restructuring of the non-profit charitable organization.”

Infectious Disease

On February 1, 2016, the World Health Organization (WHO) “declared Zika virus a Public Health Emergency of International Concern (PHEIC),” as there was significant suspicion that Zika virus may be responsible for alarming rates of microcephaly in newborns in Brazil. Canada has had dozens of travel-acquired cases of Zika virus, including two pregnant women. Local transmission via mosquito in Canada is thought to be unlikely. The situation continues to unfold, with documented sexual transmission having occurred in countries including the United States and Canada.

Refugee Health

Canada has welcomed 26,207 Syrian refugees as of March 28, 2016, into 265 communities across Canada. Syrian refugees will mainly need primary care and mental health services, both of which will be complicated by language barriers and cultural differences.

Indigenous Health

On December 8, 2015, the federal government announced the “launch of the national inquiry to address the high number of missing and murdered Indigenous women and girls.”

On December 15, 2015, the final report of the Truth and Reconciliation Commission was issued. The report details the “legacy of Canadian residential schools that saw 150,000 First Nations, Métis and Inuit children come through their doors for more than a century.”

The “Nishnawbe Aski Nation and the Sioux Lookout Area Chiefs Committee on Health declared a public health emergency in [late February, 2016]. The declaration intended ‘to address urgent and long-standing health issues caused by the inequality of health and health-care services,’ according to a media advisory.”

“Attawapiskat called a state of emergency on April 9, 2016, when the reserve’s band council declared that resources had been exhausted by an epidemic of suicide attempts on the reserve. The decision has made the plight of the First Nation a national issue.”
issue, and refocused attention on the poor living conditions and lack of basic services in many indigenous Canadian communities.”

On April 14, 2016, “the Supreme Court of Canada (SCC) recognized and affirmed that the federal government’s duties and responsibilities apply to all three of Canada’s Indigenous Peoples including the Métis.”

**Mental Health, Addictions and Harm Reduction**

In April 2016, the Ontario government unanimously passed legislation to make it easier for first responders to claim insurance benefits for work-related post-traumatic stress disorder (PTSD). It does not include nurses.

In April 2016, British Columbia declared a public health emergency after fentanyl overdoses killed 200 people in three months.

“The Manitoba government is investing more than $500,000 to a co-ordinated province-wide response to growing concerns over the illegal use of fentanyl. The task force will also develop a plan to distribute naloxone more widely across Manitoba.”

Several Canadian cities are at various stages of consultation and planning for safe injection sites, including Edmonton, Saskatoon, Ottawa and Toronto.

Health Canada proposed “a change to make naloxone more widely available to Canadians in support of efforts to address the growing number of opioid overdoses. Health Canada has put forward an amendment to the prescription drug list to allow non-prescription use of naloxone specifically for emergency use for opioid overdose outside hospital setting.”

**Medical Assistance in Dying**

In Quebec, the new legislative framework on medical assistance in dying came into force in December 2015. In response, the Ordre des infirmières et infirmiers du Québec developed tools for nurses.

“On April 14, 2016 the Government of Canada introduced legislation that aims to give dying patients in an advanced state irreversible decline, who are suffering intolerably from a serious illness, the choice of a peaceful death. The introduction of this legislation responds to the Supreme Court of Canada’s decision to strike down laws that prohibit physician-assisted dying in Canada (the Carter decision).” The legislation will be debated and needs to be passed by June 6, 2016, in order to meet the deadline outlined by the SCC (including the four-month extension granted in February).
Marijuana

“A Federal Court judge has struck down the law barring medical users from obtaining marijuana outside of licensed producers, saying it violates their charter rights.”

As the federal government plans to legalize, regulate and restrict access to marijuana, a November 2015 ministerial briefing presentation, Legalizing and Regulating Marijuana, was released. In this report, Health Canada presented nine key recommendations from health risks and benefits to the experience of other jurisdictions. On April 20, 2016, the government announced that federal legislation to legalize marijuana will be ready in the spring of 2017.

TECHNOLOGY

The Canada Health Infoway (CHI) strategic plan will focus on bringing Canadians benefits from telehomecare and improved medication management.

CHI’s new Digital Health Blueprint was released in March 2016. This updated report, “goes well beyond EHRs and covers the broader digital health landscape. It also illustrates how current and emerging technologies can be incorporated into health care delivery processes.”

MANAGEMENT

Nursing Roles and Regulatory Environment

On February 22, 2016, the Canadian Council of Registered Nurse Regulators (CCRNR) released the results of its study on NP practice. Practice Analysis Study of Nurse Practitioners demonstrates that NP practice is consistent across Canada and that “NPs use the same competencies in their practice in all Canadian jurisdictions and across the three streams of practice [included in this analysis]: family/all ages, adult and pediatrics. [The study also indicates that] the differences in NP practice lie in the patient population needs and the context of practice, such as age, developmental stage, complexity and health condition(s) [of clients].” The analysis uncovered the entry-level knowledge, skills and abilities required for NP practice in Canada, which were validated by approximately 1,500 NPs across Canada. Given the other findings, the analysis demonstrates that consistent, national NP exams are a real possibility in this country. The analysis uncovers that there are still barriers to optimal scope of NP practice, including federal legislation, jurisdictional legislation, and employment and third-party insurers’ policies. Jurisdictions will begin engaging with stakeholders about the entry-level competencies for NPs in the spring of 2016 and continue into the fall. All jurisdictions are committed to engaging with their stakeholders and are excited to begin this work.
On March 31, 2016, CCRNR released an analysis of results from the first full year in which the NCLEX-RN exam was available in Canada. Concerns remain regarding disparities in pass rates, especially for francophone writers. The report does not include results for internationally educated nurses.28

In December 2015 the NANB board implemented changes to support nursing graduates, removing the restriction that allowed “a nursing graduate only two attempts to pass the [NCLEX-RN] exam in a two-year temporary registration period.” This action was in response to the ongoing low success rate on the exam. Now, “nursing graduates have an unlimited number of opportunities to take the exam, with a requirement that there be 45 days between attempts.”29

Many jurisdictions have either implemented RN prescribing, or are moving forward at various stages of assessment and planning for RN prescribing, including British Columbia, Alberta, Manitoba, Ontario, New Brunswick and Nova Scotia.

JUNE 2016 CNA ENVIRONMENTAL SCAN THEMES

Through in-house and stakeholder reviews, and contributions from CNA, the Canadian Network of Nursing Specialties and CNA jurisdictional members, a consensus was reached that the following themes in the scan may have policy implications for CNA:

- A lack of role clarity between LPNs/RNs and RNs/NPs and between regulatory bodies and professional associations
- The impact of economic restraint (including deficit budgets) on health-care services, nursing and nursing positions, etc.
- Signs of increased collaboration among nursing groups, as demonstrated by:
  - An exploration of the feasibility of moving to one nursing regulatory body in Nova Scotia
  - Joint policy documents by RN and LPN regulatory bodies
  - An exploration of the development of a new regulatory body for RPNs, RNs and NPs in British Columbia to replace the current organizations
  - The National Nursing Assessment Service 2016-2019 Strategic Plan
- That access to health care remains an issue. Efforts to address it include
  - new models of care
  - use of other providers such as paramedics and LPNs
  - enhanced use of technology, etc.
- The need to address health inequity and improve delivery of health services to Indigenous peoples
- An increased engagement in health by the federal government
Legislation on medical assistance in dying and what this means for nursing

The need for improved access to mental health services

A declining membership or engagement in specialty nursing groups

An observed progress in primary health care, although a need for greater illness prevention, health promotion, and home and community services that include palliative care remains

The need for an integrated strategy to address the impact of Canada’s aging population on the health-care system (including enhanced RN competence in the area of seniors care and dementia, more long-term care beds, improved access to home care, etc.)
NOTES


