

REGISTERED NURSES: **ON THE FRONT LINES OF WAITTIMES – *MOVING FORWARD***



CANADIAN
NURSES
ASSOCIATION

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TABLE OF CONTENTS

Foreword 1

Key messages 2

Introduction 4

Putting wait times in context..... 5

What are nurses **saying** about wait times? 6

What are nurses **doing** about wait times? 7

Nurses **can do more** to reduce and manage wait times 16

Conclusion 17

References..... 18

FOREWORD

The Canadian Nurses Association and its members believe that lengthy wait times are a symptom of a health system whose priorities are in need of rebalancing. We all have a part to play in creating solutions that will redefine what we expect from the health system and help us turn this vision into reality.

Since its release in the spring of 2009, *Registered Nurses: On the Front Lines of Wait Times* has been extremely popular with a broad audience – so popular in fact, that CNA decided to build on the spirit of this publication and release this new report. We are pleased to share how registered nurses (RN) are reducing or managing wait times across the country – and across the continuum of care. Nurses are making real differences with respect to economic and human costs associated with waiting for health care.

RNs understand that multiple factors at different levels of the health system can have a marked effect on wait times, such as how and where health-care professionals are utilized and the extent to which they work together. Reducing and managing wait times therefore requires a multi-faceted solution that includes comprehensive and targeted action across the full continuum of care. For example, RNs working in public health, community health, family practice and primary care all contribute to preventing hospital admissions. They are doing this by promoting better health, providing more entry points in the health system, collaborating as members of interprofessional teams, preventing and managing chronic disease, and providing quality care that improves health outcomes. Better access to services, earlier diagnosis and treatment, and increased activity on health promotion and illness prevention – together these add up to a healthier population and less pressure on crowded emergency departments, hospitals and operating rooms.

RNs know that the health of Canadians can be best supported when the principles of primary health care are fully implemented as part of a not-for-profit, publicly funded health system. We look forward to hearing from and collaborating with colleagues at every level of the health system in our efforts to address wait times and the conditions that cause them. We hope you enjoy reading this report.



Rachel Bard, RN, M.A.Ed
Chief Executive Officer

KEY MESSAGES

Canadians deserve better access to health-care services. They are waiting too long for an appointment to see a specialist or schedule surgery, for diagnostic confirmation and/or treatment for chronic pain or cancer, for discharge from a hospital to home or a long-term or continuing care facility, or for transfer from the emergency department (ED) to a hospital bed. They deserve better.

Canada's health system is built on a structure that has seen the hospital become the centre of health care. A system that is focused on providing acute-care services has left many Canadians waiting in line for primary and specialist care, preventive care, community and home care, and a number of other services that help people to maintain or improve their health and well-being.

The Canadian Nurses Association (CNA) and its members advocate for a reformed health system that places Canadians *at the centre* of care – a system that provides access to the most appropriate health-care providers, when and where they are needed. RNs, nurse practitioners (NP), family physicians, mental health therapists, dietitians, physiotherapists, pharmacists and other health professionals have a unique role to play in optimizing a person's health.

RNs understand that while waiting for care, patients and their families often endure hardships of a psychological, socio-economic and/or physical nature. The human costs of waiting are many.

RNs are stepping forward with cost-effective and proactive solutions for reducing and managing wait times across the health system and across the continuum of care. These solutions include promoting better health, providing more entry points in the health system, collaborating as members of interprofessional teams, preventing and managing chronic disease, and providing quality care that improves health outcomes.

- When RNs provide care, complications are minimized, patients are discharged earlier and new patients receive care sooner.
- When RNs use their full range of competencies, practise in new areas and work in expanded roles, they provide more entry points in the health system – which means that more patients can receive care.
- As trusted health professionals, RNs are well-positioned to influence healthier lifestyle choices and behaviours that result in a reduced demand for health services.

The problem of wait times results from a series of inefficiencies that exist throughout many parts of the health system. A true solution requires a comprehensive, coordinated response on several fronts.

- When RNs are directly involved in the care of people with chronic health problems, these individuals develop a greater capacity to manage their disease, resulting in reduced hospital admissions and a lower likelihood of unnecessary readmissions.
- When RNs work in interprofessional teams with physicians and other health-care professionals, more individuals and families have greater access to a cadre of clinicians with a broad range of skills and expertise. Interprofessional teams offer a comprehensive, multi-faceted approach to patient care.
- When RNs participate in the development and implementation of technology, they are able to:
 - improve system efficiencies and productivity;
 - increase the time they spend on direct care;
 - apply evidence more readily into their practice;
 - increase capacity to access consultations, information, advice and coaching for patients 24 hours a day, seven days a week; and
 - improve access to care for Canadians residing in rural and remote locations.

Government support for innovative and evidence-informed health-care delivery models that provide expanded roles for nurses will improve productivity, system responsiveness and patient access. The federal government needs to move quickly to develop and implement policy that enables NPs to practise to their fullest potential. Policy and funding should be targeted to reducing barriers to interprofessional collaborative practice and expanding access to primary care and other community-based services.

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INTRODUCTION

Canadians are not satisfied with the capacity of the health system to provide them with timely access to care. Results from the 2010 Commonwealth Fund International Health Policy Survey indicate that only 45 per cent of Canadians were able to get a timely medical appointment when needed, and 20 per cent felt their time was wasted due to poorly organized and poorly coordinated care (Health Council of Canada [HCC], 2010).

The inability of Canadians to access appropriate and timely care is evidence of fundamental shortfalls in the health system. Canada's health system is built on a structure in which the hospital is the centre of health care. Given the absence of a comprehensive and robust approach to primary health care, EDs have become the main entry points in the health system. With nearly five million people reporting that they do not have regular access to a primary health-care provider (Canadian Medical Association, 2010), Canadians are increasingly relying on EDs, especially when they need care during evenings, weekends and holidays (HCC, 2010). Hospitals consume the largest portion of the health budget in Canada, and in 2010, hospital expenditures were expected to grow at a higher rate than overall spending on health care (Canadian Institute for Health Information [CIHI], 2010a). A system focused on providing acute-care services is leaving many Canadians waiting in line for primary and specialist care, preventive care, community and home care, and a host of other services that help people maintain or improve their health and well-being.

RNs are taking action to reduce and manage wait times. They are advancing cost-effective solutions that provide accessible health services to all Canadians. More than 260,000 RNs are working in Canada – most on the front lines where they are providing direct care to people in community and long-term care settings, hospitals and other facilities (CIHI, 2010b). Nurses are promoting better health, preventing disease and assisting individuals who have chronic diseases to build self-care skills – reducing the demand for costly in-patient services. Nurses are also working in collaboration with professionals in other disciplines to enhance the productivity of health teams, thus increasing the quality of care and improving health outcomes for all Canadians. Finally, nurses are embracing innovation and technology with the goal of improving efficiency and coordination of care.

“Family practice nurses perform a broad range of tasks that help connect the dots.”

– Ann Alsaffar

PUTTING WAIT TIMES IN CONTEXT

Waiting has become a regular occurrence in many areas of the health system across Canada – whether it means waiting for an appointment to see a specialist or schedule surgery, for diagnostic confirmation and/or treatment for chronic pain or cancer, for discharge from a hospital to a long-term or continuing care facility, or for transfer from the ED to a hospital bed.

RNs understand that waiting for health-care services has serious implications. They know that when individuals and their families do not receive care in a timely way they may experience a series of negative consequences. These *human* costs of waiting may include:

- psychological costs, such as worry, fear, anxiety, depression;
- socio-economic costs, such as lost pay from time off work, paid caregiver support or other personal costs; and
- physical costs, such as prolonged or increased pain, disability or functional impairment, increased morbidity, prolonged healing, premature death (HCC, 2005; Sanmartin, 2006; Walker, 2009).

In 2004, Canada's First Ministers committed to a 10-year plan to reduce wait times in five areas: cancer care, hip/knee replacement surgery, cataract surgery, cardiac surgery and diagnostic imaging (Health Canada, 2004). This plan focuses on a narrow range of medical services and has thus far done little to address pressures in the wider health system or to attack the root causes of the problem. Pulling resources in one particular direction has even contributed to bottlenecks, fragmentation and reduced responsiveness in other parts of the system. A better approach would see the expansion of interprofessional models in which all team members are contributing to their fullest capacity. This approach would improve access to the most appropriate health-care provider, at the right time and in the right place.

Nurses know that health and well-being are inextricably linked to economic and social policies that do not traditionally fall within the umbrella of health care. Canadians are therefore best served when health professionals from various disciplines collaborate and work interdependently with experts in education, housing, employment and immigration to meet the needs of the population and create optimal conditions for good health. Governments at all levels need to work closely with other sectors of society to ensure that health is included as a key consideration in all policy development and evaluation.

WHAT ARE NURSES SAYING ABOUT WAIT TIMES?

RNs are extremely concerned about the length of time Canadians are waiting to access the health care they need. In fact, according to the 10th annual edition of the Health Care in Canada Survey, nurses identified the issue of wait times as the most important health-care concern facing Canadians (Berman, 2007). The results of this survey also show that the majority of nurses believe that Canada's health system requires major reform.

Across the country, nurses are speaking out about wait times and access to care. Landon James, president of the National Emergency Nurses Affiliation, praises the redesign projects that many EDs have undertaken to increase their efficiency in order to reduce wait times. However, he points out that ED overcrowding is caused not just by the number of people who come in the door, but also by the number who cannot be moved to hospital beds because those beds are filled by patients waiting, for example, for extended or community care. "Canada's emergency nurses are helping to sound the alarm about the real causes of emergency department overcrowding, such as inefficiencies in having inpatients moved through the rest of the hospital system," says James. "Projects that have assisted in identifying and addressing barriers to inpatient discharge have had the most success in decreasing ED overcrowding by making inpatient beds more available" (L. James, personal communication, December 2, 2010).

Family practice nurses play a key role in reducing wait times and improving access to care. As Ann Alsaffar, president of the Canadian Family Practice Nurses Association, explains, "We nurses who work with family doctors monitor many patients with chronic conditions, review their medications with pharmacists, and connect them with community and home care services to ensure they can manage safely in their homes. We provide routine care to the well population, including well baby care and women's health care, enabling the physician to open appointments for sick patients. Family practice nurses perform a broad range of tasks that help connect the dots and quietly but efficiently ease wait times" (A. Alsaffar, personal communication, November 30, 2010).

Foundational to the work of all nurses is health promotion. "The key to solving the issue of wait times is keeping people healthy and out of hospital," says Katie Dilworth, president of the Community Health Nurses' Initiatives Group of the Registered Nurses' Association of Ontario (RNAO). "The more work we can do to promote and maintain health, the further we'll get in reducing wait times" (K. Dilworth, personal communication, November 25, 2010).

"The more work we can do to promote and maintain health, the further we'll get in reducing wait times."

– Katie Dilworth

WHAT ARE NURSES *DOING* ABOUT WAIT TIMES?

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

Nursing care that reduces the length of hospital stay is a critical element of managing wait times. Every day, RNs use their knowledge, skills and judgment to prevent complications and improve recovery for patients in hospitals. The care provided by RNs can safely shorten the length of time people stay in hospital, meaning that others who are awaiting admission can receive care sooner.

RNs, including NPs¹ and clinical nurse specialists (CNS),² are continually increasing their knowledge and developing their clinical skills to provide excellence in nursing care and better patient outcomes. CNSs and NPs are the only two advanced nursing practice roles recognized in Canada today.³ A growing number of RNs hold a valid CNA certification credential in nursing specialties such as gerontology, critical care, emergency and oncology. These highly skilled nurses have met rigorous requirements to confirm their competence in a specialty area, and they must adhere to national standards of practice that are regularly updated. For example, the core competencies required of nurses working in the community health-care sector were recently revised, reflecting in part the increasing complexity of nursing practice in the community.

As knowledge professionals, RNs have an important role to play in facilitating a safe and timely discharge from hospitals and clinics. By performing skilled assessments, identifying potential complications early, and implementing patient-centred and evidence-informed interventions, RNs help patients achieve an improved state of health.

*Researchers who have examined the relationship between RN staffing levels and patient outcomes in acute-care hospitals have demonstrated that **as RN staffing levels increase, the risk of hospital-acquired infections and the length of hospital stays decrease** (Dall, Chen, Seifert, Maddox & Hogan, 2009). This results in significant cost savings to the hospital, improved patient flow and shortened wait times. It also eases the burden on the overall health system, freeing up precious resources.*

¹ CNA defines NPs as “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 Nurses Association [CNA], 2009a).

² CNSs practise at an advanced level, serving as an expert resource to nurses providing care to specific client populations, such as cancer patients 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.

³ “Advanced nursing practice is an umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting health needs of individuals, families, groups, communities and populations” (CNA, 2008, p. 9).

To improve both the quality and quantity of health services, it is essential to maintain an adequate supply of RNs and advanced practice nurses (APN) who have a wide range of clinical specialties. The capacity of the health system to reduce and manage wait times is also enhanced by ensuring that the distribution of nurses is aligned with the needs of specific populations and communities.

2. RNs in Canada are improving wait times by providing more entry points in the health system and improving patient experiences related to waiting.

RNs are finding new ways to serve more patients. They are implementing creative health-care delivery models, enhanced nursing roles and innovative programs in a variety of settings. They are thinking about ways to use existing resources more effectively by expanding their roles and moving into new practice areas. Together, their efforts are increasing the number of individuals accessing care.

***Mobile emergency nurses** are reducing the wait times at EDs by making house calls to long-term care residents. During a year-long pilot project at Toronto Western Hospital, a team of three mobile emergency nurses responded to non-urgent calls from long-term care homes with the goal of reducing the number of transfers to EDs. Over the course of the year, the mobile nurses made nearly 1,000 visits to long-term care residents. Care was provided for 78 per cent of the residents who would have been sent to the ED for treatment if the program had not been available (Bandurchin & Bianchi, 2010). Mobile emergency nursing services are proving to be cost-effective. According to Mary Jane McNally, director of nursing at Toronto Western Hospital, the cost of a mobile visit is 21 per cent less than the cost of having the assessment completed in the ED (Hammer, 2009).*

*Results of another study at Toronto Western Hospital showed that patients who attended the **nurse practitioner-led surgical spine consultant clinic** had a significantly shorter wait time (an average of 12 weeks, rather than 10-52 weeks) before the initial examination by a spine surgeon. The NP was able to determine which patients were appropriate surgical candidates and refer them accordingly, while the remaining patients were directed back to the referral source for further management. Of those examined by the NP, only 10 per cent were candidates for surgery. The diagnosis provided by the NP was the same as that of the surgeon in 100 per cent of the cases (Sarro, Rampersaud & Lewis, 2010).*

The team of NPs and other health-care professionals are providing comprehensive primary care to several thousand patients.

*In 2007, a **nursing wound care clinic** was established in Winnipeg, Manitoba, to provide more timely assessment and treatment services to ambulatory home care clients. RNs with specialized training in wound care perform procedures for clients with conditions such as diabetes and vascular disease. Referrals to this clinic come from family physicians, home care nurses, case coordinators and hospital EDs. Clients can receive treatment at the clinic within one day, with some specialized services available within one to two weeks of admission. The clinic is reducing the need for patients to be treated by a plastic surgeon or vascular specialist, with whom it can take eight weeks or more to set up an appointment (M. Todoruk-Orchard, personal communication, November 24, 2010).*

*In 2007, **NPs opened a clinic in Sudbury, Ontario** – the first of its kind in Canada – where, along with the surrounding area, an estimated 30,000 people were without a regular health-care provider. The team of NPs and other health-care professionals are providing comprehensive primary care to several thousand patients (Heale & Butcher, 2010) who would otherwise receive care through EDs or walk-in clinics (Young, 2009). NPs at this clinic provide physical assessments; treat common illnesses and injuries; order lab tests, X-rays and other diagnostic tests; prescribe medications; and monitor patients with chronic illness (Young, 2009).*

*The role of **nurse navigators** has been implemented in many areas across Canada. These nurses act as patient educators and advocates, care coordinators and system navigators to address complex health needs and improve patient experiences by providing seamless transitions across the continuum of care (Alberta Health Services, n.d.). While some patients will require minimal support and assistance to navigate the health system, others may have more complex needs that would benefit from the involvement of an RN or APN navigator. For people with cancer, the diagnostic phase of care, in particular, is a time of great anxiety. The involvement of nurse navigators has been shown to reduce patient anxiety by providing the information and guidance necessary for patients to make informed decisions. Nurse navigators have the extensive knowledge, skills and clinical judgment required to assess patients' needs, prepare patients for diagnostic processes, provide supportive care and manage complex situations (e.g., physical, emotional and social needs) (Gilbert et al., 2011).*

In Ontario, **oncology CNSs function as nurse navigators** to provide psychological support and guidance through the pathways of care for women who receive abnormal breast screening results. Patients served have found the nurse navigator to be “a valuable supportive care person” (Marchand, 2010). Cancer patients highly value the level of individualized support, education, advocacy and care coordination they receive when nurse navigators are involved in their care (Bowman & Grim, 2008).

The Quebec Cancer Control Program has integrated nine **oncology nurse navigators** in oncology care teams in the Montérégie region of Quebec. The model of care embraces a philosophy of care centred on patients and their families within an integrated and interprofessional network. The nurse navigators are RNs based primarily in ambulatory oncology care clinics who evaluate client needs, coordinate timely clinical follow-up, and act as a resource/reference/support person throughout the continuum of care (Plante & Joannette, 2009a.) The use of nurse navigators in Quebec has led to improvements in symptom management, patient follow-up, resource utilization, personalized care, patient and family experience and linkages with home care; rapid detection and management of oncological emergencies; reduced ED visits; and increased patient knowledge and empowerment (Plante & Joannette, 2009b).

As RNs and APNs in Canada continue to work in new and expanded roles and in alternate health-care delivery models, they will increase access to high-quality, patient-centred services and further reduce wait times.

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

When we take better care of our health we have less need to wait in line for health-care services. Nurses know that efforts to improve health have an important place in reducing the demand for health services and managing wait times. According to the World Health Organization (n.d.), “at least 80% of premature heart disease, stroke and type 2 diabetes, and 40% of cancer, could be prevented [in Canada] through healthy diet, regular physical activity and avoidance of tobacco products.”

RNs are taking the initiative to promote healthy living and better self-care. The nursing profession as a whole is making it easier for people to make healthier choices through its efforts to build healthy public policy, create environments conducive to healthy living, strengthen community engagement and provide health education.

The Canadian population is benefiting from work that has been undertaken to promote healthier lifestyle practices. For example, Thomas (2010) showed that a recent decline in asthma rates among Canadian children may be related to a reduced exposure to cigarette smoke. RNs are leading promising initiatives to bring about outcomes just like these – outcomes that are both measurable and meaningful.

For every dollar invested in the Nurse-Family Partnership, savings of more than five dollars can be achieved through reduced health and social costs.

*As trusted health professionals, nurses are continuing their work to influence clients in making positive lifestyle changes. Through RNAO's national Smoking Cessation Best Practice Initiative, nurses across the country are being educated as **Smoking Cessation Best Practice Champions** who are helping their clients by implementing strategies and techniques in their daily practice (Registered Nurses' Association of Ontario [RNAO], n.d.). The RNAO nursing best practice guideline, Integrating Smoking Cessation into Daily Nursing Practice, equips nurses with evidence-based strategies and interventions to help their clients quit smoking (RNAO, 2007).*

*Public health nurses in Hamilton, Ontario, are involved in a pilot of the internationally recognized **Nurse-Family Partnership**. Backed by 30 years of research, this program has been effective for improving pregnancy, health and social outcomes for first-time mothers with low incomes and their children. Beginning in the prenatal period, a nurse provides regular home visits until the child reaches two years of age. Nurses have the broad range of skills and level of public trust that are needed to make the program a success. They receive additional training on motivational interviewing, therapeutic relationships and other components of the program to help first-time mothers make healthy decisions for their babies (Burke, 2010). Research has shown that the effectiveness of the home visits is far greater when they are conducted by nurses rather than by paraprofessionals (Olds, 2006). It is estimated that for every dollar invested in the Nurse-Family Partnership, savings of more than five dollars can be achieved through reduced health and social costs (Olds, 2010).*

Improving the health of Canadians – especially vulnerable populations – involves a concerted and sustained effort. Nurses work in a variety of settings to help clients adopt healthy lifestyle choices and behaviours throughout the client's life. Nurses provide health education and coaching and reinforce health promotion strategies during every interaction across the continuum of care. Increasing the reach of nurses into the community is key to improving the health of all Canadians.

4. RNs in Canada are reducing wait times by preventing and managing chronic diseases.

RNs are helping patients to take control of their chronic health problems. Better self-management of these conditions will improve and prolong patients' quality of life and reduce the need for episodic or premature hospital admissions.

Thirty-three per cent of Canadian adults have at least one chronic disease (CIHI, 2008). Nurses are using their expertise to develop prevention and management strategies that enable patients to reduce their risk factors and ease the burden of the disease.

The contribution of nurses is making a real difference in the clinical management of chronic diseases. A recent study by Russell et al. (2009) showed that patients managed their chronic disease better when an NP was involved in their care. A study of patients with hypertension and diabetes mellitus showed better health outcomes among patients whose care was managed by an NP and physician team than by a physician alone (Litaker et al. 2003).

As RN staffing levels increase, the risk of hospital-acquired infections and the length of hospital stays decrease.

*The **Complex Chronic Disease Management Clinic** in Calgary, Alberta, strives to improve disease management and reduce hospital readmissions through an integrated approach to care. Nurses, physicians and pharmacists are part of an interdisciplinary team working to address medical, social, lifestyle and other factors that affect health outcomes. Since the clinic opened in 2008, hundreds of patients have benefited from this intensive disease-management program (M. Markell, personal communication, December 1, 2010). At the end of a first-year pilot project in 2009 that compared hospital admissions and lengths of stay during a 90-day pre-intervention period with a 90-day post-intervention period, results showed that the total number of hospital admissions was reduced by 24 per cent and the total number of bed days (length of stay) by 51 per cent (Conly et al., 2009).*

*The nurse-led **Women's Healthy Heart Initiative** at the McGill University Health Centre in Montreal, Quebec, improves access to care for women at high risk for heart disease. Nurses with advanced training in cardiac care work alongside a team of cardiologists, an exercise trainer and a dietitian to offer patients a comprehensive heart disease assessment, risk care strategies, treatment plan and intense follow-up to support the prevention and management of cardiovascular disease. Some women coming to the clinic had previously undiagnosed or inadequately treated hypertension, high cholesterol or other chronic health problems. Most were not managing their heart disease risk factors effectively. Patient feedback has been favourable, particularly with respect to the nurse-led approach and focus on lifestyle issues (Wray, 2010).*

*The primary care nurses and NPs at the **New Canadian Clinics** in Burnaby and Surrey, British Columbia, work with physicians and other team members to address the health needs of immigrants who have chronic diseases. An estimated 70 per cent of immigrants to the Burnaby area clinic develop diabetes (Woods, 2008). The nurses work to ensure early identification and management of diabetes and other health concerns by initiating screening, lifestyle counselling and medical referrals. These nurses and their team members provide primary health-care services to approximately 1,000 new immigrants and coordinate referrals to other community resources to help the immigrants adapt to life in Canada (T. Armstrong, personal communication, November 30, 2010).*

Nurses in primary care and specialty care clinics have demonstrated the effectiveness of their work in increasing access to needed care and improving disease management. The role of nurses in building capacity in self-care is improving patients' participation in their health and well-being and reducing the number of unnecessary and costly admissions and readmissions to hospital.

5. RNs in Canada are reducing wait times by collaborating as members of interprofessional teams.

RNs are teaming up with other health-care professionals to provide more comprehensive and holistic care. In a collaborative practice, nurses use their skills to complement the work of physicians and other members of the health-care team. Because each member makes fuller use of his or her competencies, the team's time can be used more efficiently and effectively.

Team-based care is proving to be an effective approach to delivering care. In fact, interprofessional collaborative practice models of care provide shorter wait times, increased access to a broader range of services and better coordination of care (Barrett, Curran, Glynn & Godwin, 2007). It has also been demonstrated that interdisciplinary teams help prevent and manage chronic disease (HCC, 2009). When care is shared with nurses, a health-care team is able to see more patients and provide more comprehensive service.

*A **collaborative model of primary care nursing and physician practice** was created at the Family Medical Centre in Winnipeg, Manitoba, to increase access to primary care services. The success of this model is attributed to a recognition of the nurse's skills, which allows her or him to work to the full scope of practice. While the nurse provides routine care, health promotion, health screening and other preventive care, the physician's time is freed up to see patients with more complex needs. Patients at this clinic are guaranteed to receive an appointment within three days of making the request (M. Allard, personal communication, November 24, 2010).*

NPs collaborate with anesthesiologists to prepare patients more quickly for surgery, thereby using operating-room time more efficiently.

A newly developed master of nursing concurrent diploma in anesthesia care, along with a diploma at the post-master level, is now being offered at the University of Toronto's Lawrence S. Bloomberg Faculty of Nursing. This program is providing NPs with the skills to improve efficiencies and reduce the length of hospital stay for surgical patients. In this role, NPs collaborate with anesthesiologists to prepare patients more quickly for surgery, thereby using operating-room time more efficiently. These nurses can provide better continuity of care as they assess patients in the pre-surgical stages, assist them in the recovery period and provide advanced post-operative pain management. At the Sunnybrook Health Science Centre in Toronto, an anesthesia care NP sees patients who arrive in the ED with hip fractures and assesses them in preparation for surgery and anesthesia. Through collaboration with health professionals within the hospital and in the wider community, the nurse has created a standard hip fracture clinical protocol to reduce hospital length of stay from the current 12 days to 5-6 days through physiotherapy and long-term care in the community (C. Struthers, personal communication, November 28, 2010).

*Ontario's **Family Health Team (FHT) model of care** is designed to enhance access to primary care and quality of service through the establishment of interdisciplinary teams. When an NP is included in the FHT, an additional 800 patients can be accepted into the practice (Rosser, Colwill, Kasperski & Wilson, 2010).*

RNs can increase access to the care people need to keep them healthy throughout the lifespan by practising to the full extent of their competencies within interprofessional collaborative models across the continuum of care.

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

The use of information and communication technologies (ICT) offers a promising solution to the wait times issue. Nurses are using telehealth, electronic health records (EHR), electronic documentation, decision support systems and other technologies to carry out clinical, education, administrative, research and other health system initiatives.

Through the use of ICT, care providers can interact and communicate with patients and their families more quickly and accurately. 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 needlessly. ICT use facilitates better coordination of services and better management of waiting lists. All of these outcomes mean enhanced productivity, fewer errors, improved service, lower costs and shorter wait times.

While much more investment in EHR is required to bring Canada up to par with other comparable countries, nurses using ICT are demonstrating some definite solutions to ease the problem of access to care.

*In 2007, a group of **home care nurses in Quebec used laptop computers to complete their documentation**. Overall, the amount of time nurses spent on direct care increased by 14 per cent as a result of the time saved by using the laptops. Improved efficiencies and time saved through this initiative enabled nurses to do 780 more home visits in one year (Agora santé et services sociaux, n.d.).*

***Health Connection** is the contact centre for Ontario's Simcoe Muskoka District Health Unit. Staffed primarily by nurses, the centre supports other health unit programs by providing public health advice and information related to health promotion and protection, as well as disease and injury prevention. By leveraging integrated ICT, Health Connection staff members facilitate access to programs and services offered by the health unit in areas such as active living, healthy child development, immunization, infectious diseases and sexual health. They also help link community members to local agencies and resources such as car seat inspection clinics and parenting programs (Barker & Hannan, 2010; Simcoe Muskoka District Health Unit, 2008).*

In 2007, RNs at Health Connection began collaborating with colleagues with expertise in technology and evaluation methods to develop, test and implement a custom database solution called the Client Health Record Information System (CHRIS). Among other features, CHRIS provides a central registry of Health Connection clients that includes electronic records for clients, a web-based documentation system, online interfacing with decision support tools (e.g., assessment templates, screening tools, protocols and guidelines), and enhanced and secure access to comprehensive and accurate data. The implementation of CHRIS has provided many benefits, including seamless integration with existing agency portal applications, improved workflow for nurses, data and information security, and informed planning for future resource allocation (Barker & Hannan, 2010).

*The **Canadian Virtual Hospice** (2010) is an online resource that enables Canadians to connect directly with CNSs and other palliative care experts to receive reliable end-of-life information and support. According to the website (www.virtualhospice.ca), as of 2008, more than 25,000 visitors had viewed the site each month, and more than 900 questions from Canadians had been answered through this service since its launch in 2004.*

Innovative approaches using technology have the potential to revolutionize Canada's health system. By participating in the development of technology and optimizing its adoption in clinical practice, nurses will continue to increase productivity and provide high-quality care.

NURSES CAN DO MORE TO REDUCE AND MANAGE WAIT TIMES

RNs in established roles and nurses in advanced practice roles are among those leading the way to bring about effective health system change. However, more needs to be done. For instance, the federal government needs to move quickly to develop and implement policy that enables NPs to practise to their fullest potential (CNA, 2009b). Eliminating these kinds of legislative barriers will improve the range of care available to Canadians, further reducing wait times.

As practitioners, consultants, researchers, policy leaders, administrators and educators, RNs can offer a significant contribution to the design and delivery of more efficient models of health care. These new approaches will help drive advancements in chronic disease prevention and self-care, expand current roles to provide a wider range of clinical specialties and improve patient access by increasing entry points to care.

Nursing research must be funded at an appropriate level to build the evidence base that will support and advance the delivery of quality nursing and interprofessional health services. Such an evidence base will also inform the development, implementation and evaluation of interventions that improve system efficiency. In addition, greater support is needed to encourage nurses to assume leadership roles within interprofessional teams. By optimizing the use of nursing competencies, health professionals will be able to provide a better coordinated and more comprehensive repertoire of services to address the health needs of individuals and communities.

RNs are demonstrating their ability to integrate technology effectively into clinical practice. Nurses must continue to participate in decisions concerning the selection of new technology, and they must be partners in implementing and evaluating new systems in clinical areas at local, provincial and national levels. Nurses' continued involvement is critical to the successful application of appropriate technology in health care.

“Canada’s emergency nurses are helping to sound the alarm about the real causes of emergency department overcrowding, such as inefficiencies in having inpatients moved through the rest of the hospital system.”

– Landon James

CONCLUSION

Reducing and managing wait times in the health system are complex endeavours. System-wide approaches are essential to properly address the various interconnected factors at the root of the wait times problem.

The First Ministers' wait management strategy committed to reducing wait times for five medical services; however, it does little to address broader systemic issues. Tackling wait times for certain procedures in isolation can cause imbalances in resource allocation, which may exacerbate bottlenecks in other parts of the system. Canadians want to see meaningful system changes that address wait times in a holistic and comprehensive fashion. They want – and deserve – a universally accessible health system that continually seeks to improve timely access to care for patients, their families and their communities.

RNs play a key role on the front lines of patient care, and their expertise and sustained leadership are essential for bringing about effective health system transformation. They divert services from EDs by reducing the need for ED transfers from other areas such as long-term care facilities, and they expedite patient discharge to home or care facilities. RNs working in public health, community health, family practice and primary care all contribute to preventing hospital admissions.

It has been said that good things come to those who wait – but where health care is concerned, waiting simply amounts to needless suffering and frustration. Canadians have patiently awaited the major changes that the system desperately requires – changes that will lessen the human costs that arise when individuals and families must wait for health services during their time of need. Nurses will continue to advance innovative solutions to improve Canada's ability to provide universally accessible services within our not-for-profit, publicly funded health system.

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