

LPNs outpace RNs in nursing growth

Over the 2006 to 2010 period the number of licensed practical nurses grew 3.6 times faster than the number of registered nurses, a report from the Canadian Institute for Health Information this week has revealed.

LPNs work primarily in hospitals and long-term care facilities, and they have been increasingly assigned functions traditionally performed by RNs. This may help management lower the cost of nursing care, but it has not always gone over well with the RN community even if it has freed up more of their time for direct patient care.

This is currently the case in Prince Edward Island where the nurses' union says the introduction of a new model of care has resulted in the loss of RN positions. Nurses in Newfoundland and Labrador have expressed similar concerns.

These two provinces were the only ones in the country where the number of LPNs over the five-year period actually went down. In contrast, LPN growth was a remarkable 52.2 per cent and 30 per cent in British Columbia and Alberta, while Saskatchewan and Ontario also recorded LPN growth rates above the national average of 20.7 per cent.

The number of RNs in Canada stood at 268,512 in 2010. This was a 5.8 per cent increase from 2006 (less than two per cent a year on average) and with a distinct east-west split.

From Ontario eastward the increases were below the national average with the exception of a nine per cent increase in Newfoundland and Labrador. In the west, the growth

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"More can be done together," Aglukkaq tells health ministers

The House of Commons resumes Tuesday, and the NDP opposition is promising to make the government's recent decision on health transfers a big issue.

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Health care poised to be election issue in Alberta

An election in Alberta is only a few months away. Legislation passed last year obliges the government to call an election between March 1 and the end of May, but polling results this week would suggest that it will be earlier rather than later.

The Leger Marketing survey found the Progressive Conservative government, under new leader Alison Redford, comfortably in front of the other parties with 53 per cent support. Its closest rival, the Wildrose Alliance, is at 16 per cent.

The survey also found that health care is the top issue for voters. It was chosen by 24 per cent of respondents with education and job creation following at 13 per cent.

Health care has been a difficult issue for the PC government with concerns about access to care, emergency department overcrowding, and allegations that physicians are being intimidated to keep them from speaking out about patient care issues. A Throne Speech will open the legislature February 7 followed by the budget two days later. **HE**

"My friends, we are New Democrats, we won't let our health care wither and die," Interim NDP Leader Nycole Turmel told her caucus this week. She said the NDP would help the provinces get Ottawa to the table to discuss funding for improvements to health care.

The NDP has taken a dim view of the government's no-strings-attached approach to health transfers and Prime Minister Stephen Harper's position that it is up to the provinces and territories to chart a constructive path for health reform.

Meanwhile Health Minister Leona Aglukkaq last Thursday wrote her provincial-territorial colleagues following up on the premiers' meeting on health care earlier that week.

She welcomed the premiers' decision to form a working group on health care innovation, and reiterated her "commitment to work with (health ministers) to address our shared priorities in the renewal of our health care system." She agreed that "more can be done together."

Ms. Aglukkaq added that Ottawa's new approach to health-care funding will see Canada Health Transfers reach \$40 billion a year by the end of the decade. The transfers will keep increasing by six per cent a year until 2017-18 at which point they will be linked to economic growth but rise by a minimum of three per cent a year.

"This stability and a shared commitment to innovation and accountability provide a solid foundation for

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our efforts to optimize the results of our health care investments,” she wrote.

Ms. Aglukkaq said she would be open to discussions on innovation and accountability, as well as other areas, and a “coordinated approach to measuring and reporting performance across jurisdictions.”

She made no mention of a federal health innovation fund which some premiers, notably Saskatchewan Premier Brad Wall, have been after.

In an interview with the CBC last Monday, Mr. Harper said he was not interested in spending money on an innovation fund. In a teleconference with Saskatchewan reporters the following day, after the premiers’ meeting, Mr. Wall was clearly disappointed with Mr. Harper’s position.

The *Regina Leader-Post* said Mr. Wall was under the impression that Ottawa was open to the possibility of such a fund based on comments Ms. Aglukkaq had made earlier. “Either they’ve changed their mind, or this was about tactics, or it’s the gang that doesn’t shoot straight,” the *Leader-Post* quoted him as saying.

Ms. Aglukkaq was in Saskatchewan last Friday to make a couple of announcements.

The first was for new national funding available through the Canadian Institutes for Health Research for studies in chronic disease prevention and management, and access to care for vulnerable populations.

The second was for two projects to help international medical graduates in Saskatchewan, including an evaluation of the province’s new entry-to-practice assessment process.

In a Health Canada news release covering the second announcement, Ms. Aglukkaq said it “is an example of how we can support the Government of Saskatchewan in their efforts to transform health care here in the province.” **HE**

Quebec specialists present their ideas for health reform

Dr. Gaétan Barrette, president of the federation representing Quebec specialists (FMSQ), faced a number of questions from the media this week about his political aspirations.

The FMSQ has just published a special edition of its magazine, *Le Spécialiste*, with a 30-page discussion of the problems facing Quebec health care.

Its recommended solutions bear close resemblance to the health policies of the new Coalition Avenir Québec (CAQ) party headed by a former Quebec health minister, Francois Legault. Dr. Barrette has been coy about whether he has advised the CAQ on health policy, or whether he is considering running in the next election with a view to being the province’s next health minister if the CAQ should win.

There will be an election in Quebec this year and the CAQ is already more popular than the governing Liberals in the opinion polls. This week, the CAQ became a nine-member party in the legislature after absorbing the Action démocratique du Québec (ADQ) party and convincing some independent members to join the fold.

The central thesis expounded in the FMSQ magazine is that the 18 agencies that oversee health and social services on a regional basis have been a complete failure and should be abolished. It also says the health ministry has become a bloated bureaucracy — the two structures costing taxpayers \$600 million a year. It believes more power, and accountability, should be handed to the 95 local area networks that deliver health and social services.

It also argues for doctors having a role in health-care management, something it says they are currently excluded from doing.

In an interview with *Le Devoir*, Dr. Barrette said Quebec health care has reached a tipping point. The status quo is no longer an acceptable option, he said, and unless something is done to improve management and accountability the public health system will slip inexorably toward more privatization.

The FMSQ magazine (in French) can be found at www.fmsq.org/documents/10275/348951/janvier2012_hs_final_br.pdf. **HE**

Ontario to announce plan for health reform

Ontario Health Minister Deb Matthews will make a speech next Monday outlining the government’s “action plan” for the future of health care.

With a deficit of \$16 billion, the government is anxious to trim the growth of health spending — perhaps to just two per cent this year.

It will also be looking for areas where savings can be made, and Ms. Matthews told reporters this week that a review of all medical services has been done.

“If there is not evidence to support a procedure or a test, we don’t pay for it,” she said, noting Ontario’s high rate of caesarean sections — 28 per cent

of all births, and much higher than the national average.

Her office later clarified that the minister was not trying to imply that C-sections would be delisted. “If the procedure is deemed medically necessary by a medical professional, (Ontario public health insurance) will cover it,” a spokesperson told the *Toronto Star*.

But Ms. Matthews said the government “will have the courage to act on the evidence” meaning changes are on the way. “Sometimes it will mean delisting. Sometimes that will mean doing things we aren’t already doing,” she told Canadian Press. **HE**

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Prince Edward Island wants a return-service agreement for its medical students studying at Memorial University in Newfoundland and Labrador. The province pays for four seats at Memorial's medical school and would like this to increase to six seats by 2013. But at \$50,000 apiece a year, Health Minister Doug Currie says the province is not getting a good return on its money. "We've made millions and millions of dollars in investment with the return of potentially one student in the last 10 years," he told the CBC. He would like to see PEI graduates returning to work on the Island for at least three years. Retention of physicians on the Island is another priority for the health minister. The recent contract agreement with physicians provides a \$2,000 a year bonus to those who have worked on the Island for more than five years. Physicians who work in large group practices receive \$5,000 a year so they have more latitude to do hospital work. (*Charlottetown Guardian*, Jan. 20,21; CBC, Jan. 23,25)

Alberta is pilot testing a new model of continuing care. The Continuing Care Centre, a concept promoted by Premier Alison Redford when she was running for the leadership of the Alberta Progressive Conservative party, provides a continuum of care in one location "from basic supportive living to long-term care for high-needs patients - allowing seniors to age in place even as their health needs change." The centres will also have an outreach role providing support to seniors in the community. Health Minister Fred Horne says the new approach is an improvement on the six levels of care currently that are hard for seniors to understand and navigate. Construction of two pilot sites, one in Red Deer and Calgary, will start this year and open in 2014.

The government is contributing \$34 million to help build the new facilities. Covenant Health, an Alberta faith-based health care provider, is providing another \$20.9 million. (*Edmonton Journal*, Jan. 26; News release at <http://alberta.ca/NewsFrame.cfm?ReleaseID=/acn/201201/3184415FDD4BB-EB60-7FC8-8ABC33492E860A31.html> ... **A new home care policy tool is being developed by the Canadian Home Care Association** with \$151,200 in financial support from Health Canada over two years. The Home Care Policy Lens will provide policy makers with tools and resources to further develop integrate care. More information at www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-10-eng.php

High-risk patients without a regular doctor in Saint John now have a care alternative. There are 7,850 people on the registry waiting for a doctor, and eligible patients are being directed to an urgent care centre which has three physicians as well as a couple of retired doctors to do check-ups and provide specialist referrals. The service is designed for people with multiple chronic illnesses, those who use blood thinners, and women requiring annual preventative health care such as pap tests. Saint John currently has 76 family doctors, eight or nine short of what is required. (*New Brunswick Telegraph-Journal*, Jan. 24) ... **Saskatchewan is claiming more progress in reducing surgical wait times.** It says the number of patients waiting more than 12 months has plummeted 65 per cent since the Saskatchewan Surgical Initiative began in April 2010. By the end of 2011-12, the province's goal is for all surgeries to be done within 12 months of specialist referral and this is currently the case for 96 per cent of patients. The ultimate goal is that no

one will wait more than three months for any surgery by 2014. News release at www.gov.sk.ca/news?newsId=b932d292-1b68-43fc-acc7-f1166feaea36

A new board of directors has been appointed at ORNGE, Ontario's air ambulance service, which has been mired in controversy over its for-profit business subsidiaries and high salaries for executives. The *Toronto Star* has also raised questions about the operations of the ORNGE Foundation which received contributions from suppliers, and the *Globe and Mail* has reported that a 15-member forensic audit team from the Ministry of Finance has begun examining the agency's books. (*Toronto Star, Globe and Mail*, Jan. 26)

Quebec is facing a shortage of middle-managers in the health system, the association representing managers (AGESSS) says. It predicts that 25 per cent of these managers, some 2,100 people, will be leaving the health system in the next five years. However, replacing them is difficult because of salary structures. With bonuses being paid to nurses who work in short-staffed areas, it is often the case that they are paid better than head nurses. (*La Presse*, Jan. 25)

An emergency department visit by an elderly person carries a threefold increased risk of acute infection, a study published in this week's *Canadian Medical Association Journal* says. The study included almost 1,700 residents of 22 long-term care facilities in Quebec and Ontario and compared rates of new respiratory and gastrointestinal infections. It suggests that long-term care residents who make ED visits should be quarantined for a few days to prevent the spread of such infections. It can be found at www.cmaj.ca/content/early/2012/01/23/cmaj.110372

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rates ranged from 6.7 per cent in Manitoba to 12.5 per cent in Saskatchewan where the government and nurses’ union have worked on a joint strategy to boost the nursing supply.

Although the RN numbers may be a bit of a mixed bag, the number of nurse practitioners has more than doubled to 2,486, with strong growth in most provinces (Newfoundland and Labrador and Manitoba being the exceptions and the numbers too small in PEI to report). Sixty per cent of NPs work in Ontario.

Somewhat surprisingly given all the talk about the importance of NPs in primary care, the proportion of NPs working in hospitals increased over the five-year period while those employed in community health went down.

As observed with other health professionals, the average age of RNs remained stable over the five-year period and stood at 45.4 years nationally in 2010. But 40 per cent of the RN workforce was over the age of 50 and 71,545 RNs across the country had been in the workforce for 31 or more years.

Mitigating the aging effect is the increasing number of new nurses entering the workforce courtesy of higher nursing-school enrolment and the impact of foreign-trained nurses who now make up 8.6 per of the RN workforce compared to 7.9 per cent in 2006. A third of them are from the Philippines.

In addition to RNs and LPNs there were 5,174 registered psychiatric nurses (RPNs) in Canada in 2010. They are a separate regulated profession in Manitoba, Saskatchewan, Alberta, B.C. and Yukon. Their numbers grew by 2.4 per cent from 2006 to 2010.

The report, *Regulated Nurses: Canadian Trends, 2006 to 2010*, can be found at www.cihi.ca. **HE**



Editorials & Commentary

Efficient hospitals

The *Victoria Times-Colonist* (Jan. 26), quoting from a recent Canadian Institute for Health Information report, says hospitals in British Columbia are outperforming their counterparts from across the country. As an example, it says, “B.C. facilities have the slimmest overhead of any province - 25 per cent below the national average. They have the most efficient nursing service. They have the second-best wait times. And their all-in cost for treating patients is the lowest in the country by a considerable margin.” It is also impressed that B.C. hospitals have reduced their administration costs by 40 per cent over the past 10 years.

Premiers applauded

The *Charlottetown Guardian* (Jan. 21) says the decision of premiers to form a working group on health-care innovation demonstrates “a willingness to be constructive.” With regard to the wrangling over federal funding for health care, the editorial offers this advice: “Federal and provincial politicians may forget that while they may have their turf wars, Canadians simply want good services for their tax dollars. Whether it’s provincial or federal cash, it’s their money that pays for health care, and they expect their politicians at all levels to spend that revenue wisely and effectively. The premiers’ working group could play an important role in keeping them focused on that task.”

Looking for creative thinking

The *Saskatoon Star-Phoenix* (Jan. 21) was unimpressed by two announcements made the previous day in the province by the federal health minister. One funded two projects to

help foreign-trained doctors in Saskatchewan and the other covered new primary care research funding. The *Star-Phoenix* said neither one represents much in the way of creative thinking. “Surely innovation has to mean more than spending \$3 million to add more doctors and nurses in Saskatchewan provide more of the same kind of services that keep the wait lines long, hospitals overcrowded and health outcomes unchanged, or even committing \$30 million to research a concept that has been long on talk and short on action for a decade.”

Primary health care reform

A recent research report on primary health care (PHC) published by the Canadian Health Service Research Foundation says the health system “would benefit from renewal of an overarching framework for PHC reform across Canada to provide guidance and a reference point for aligning with principles and objectives and understanding progress.” It says the diverse activities underway, and the lack of clarity around the concepts of primary care and primary health care has produced the perception, among experts, “of a lack of coherence in reform across Canada.” The report can be found at www.chsrf.ca/PublicationsAndResources/ResearchReports.aspx

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