

Canada falling short of nursing needs

Canada is graduating approximately 2,500 fewer registered nurses a year than it needs.

According to the latest statistics produced by the Canadian Association of Schools of Nursing and the Canadian Nurses Association, there were 9,447 nursing school graduates who were eligible for licensure or registration as RNs in 2007.

"Although we are pleased to see the number of nursing graduates increasing nationally from the low in 2000, when fewer than 5,000 graduated, this number is nowhere near to meeting employers' demands and is therefore further compounding today's critical nursing shortage," CNA President Marlene Smadu said in a news release.

The CNA says research shows the country needs to be producing 12,000 RNs a year to address the projected nursing shortage. To reach this target, nursing schools would have to increase enrolment by an estimated 27 per cent.

In 2007, Ontario and British Columbia had the fewest graduates relative to population. They also had the lowest nursing supply.

Most provinces, including these two, now have fast-track programs which allow nurses to complete their education in less time than traditional programs.

But further growth in nursing programs is stymied by a looming shortage of qualified teachers of aspiring nurses: the aging factor is catching up faster to faculty than it is to the nursing workforce at large. As a result, it is pro-

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Improve accord reporting, Health Committee says

Canadians deserve better accountability for how governments are spending the \$41 billion invested in the *10-Year Plan to Strengthen Health Care*, an accord reached by First Ministers at their health summit in September 2004. This is the frank conclusion of the House of Commons Standing Committee on Health whose report reviewing the plan was tabled Monday in the Commons.

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Canadians without doctors turn to walk-in clinics

Fully 4.1 million Canadians do not have a regular family doctor. This represents 15 per cent of the population, a proportion which has grown by three percentage points in the last decade.

This information is contained in new data released this week by Statistics Canada from its Canadian Community Health Survey in which more than 65,000 people were interviewed in 2007.

Of the people without a regular doctor, 1.7 million or six per cent of the population had tried in vain to find one. The problem was worst in Quebec and Prince Edward Island where 10 per cent of residents were in this predicament. Nova Scotians were in the best situation with only an estimated two per cent of residents without a regular doctor.

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The 12-member Committee, which is currently composed of a majority of MPs from the three Opposition parties, is tasked with the job of reviewing the plan every three years. Federal legislation creating the financial framework for the plan was passed in 2005.

The Committee held four hearings and its report chronicles the largely critical comments it received from various groups about what has been accomplished on the 10 components of the plan. Among other things, these groups said there has been uneven progress on the development of multidisciplinary primary care teams, there is no clear picture on the state of home care, and there has been a relative lack of progress on a pan-Canadian National Pharmaceuticals Strategy.

Furthermore, despite repeated warnings about a looming health human resource shortage of crisis proportions, the nationwide collaboration envisioned in the plan has not yet resulted in coordinated planning.

Even on the wait-time focus of the plan, described by First Ministers as a national priority, efforts received a mixed grade.

The number of priority surgeries has certainly increased but the lack of good comparable makes it impossible to know whether the almost \$3.7 billion in federal funds spent up to the end of the last fiscal year have

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brought down wait times.

The failure of federal and provincial-territorial governments to come to terms on a set of comparable indicators to measure progress was a focus of the Committee's report plus the fact that they have not lived up to their promise to be accountable.

"Both levels of government have failed to honour their commitment to report on progress being made," the report says.

The Committee says this has been particularly true of the federal government. It was critical of the fact that Health Canada only provided a requested accounting of progress on the plan after the Committee completed its deliberations.

The first of five recommendations made by the Committee calls on the federal government to comply with "the requirement of reporting on its progress on all components of the 10-Year Plan," and to do so by the end of next March. It says the federal government should be encouraging all jurisdictions to do the same. The Committee is also looking for the federal government to "specifically report on funding provisions relevant to the populations for which it has direct responsibility."

The Committee says it agrees with what witnesses had to say about the lack of good data. Its recommendation is that governments work together to produce a set of comparable data and indicators to ensure proper assessment of progress of the plan.

Furthermore, the Committee calls on both levels of government to recommit to a collaborative approach to health care renewal as, almost four years ago, they said they would do.

The Committee also wants the federal government to table a report to Parliament, again before the end of next March, on pro-

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Hansard Highlights

Debates in provincial legislatures/House of Commons

The **Manitoba** legislature adjourned for the summer last Thursday. The day before, Liberal Leader Jon Gerrard pointed out that the Alberta Bone and Joint Health program, using best practices, has achieved shorter wait times for hip and knee surgery than Manitoba as well as shorter hospital stays: 4.7 days on average in Alberta vs. between seven and nine days in Manitoba. Health Minister Theresa Oswald said innovations such as the "prehab" program in Manitoba "has resulted in individuals who were destined for hip or for knee surgery to be able to be taken off that path and not have to have surgery at all, a very salient point in this." Still, Dr. Gerrard noted that wait times for this type of surgery in Manitoba

"are not even as good as they were in 2001."

As the **Ontario** legislature headed toward its summer recess this week, the Progressive Conservative opposition filed a motion of non-confidence Wednesday over the government's refusal to appoint an independent inquiry into the deaths of 300 patients from C. difficile bacteria outbreaks. Health and Long-Term Minister George Smitherman, who is heavily rumoured to be moving to another portfolio in a Cabinet shuffle Friday, said the PC health critic "wants to take a few years and engage a lot of lawyers in an investigation" when he said it is more important to get people on the front lines to take the appropriate steps to address the issue.

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jected that Canada needs 3,673 new RNs with a Master's degree and 650 with a doctorate on an annual basis. But it is producing just a fraction of this requirement — 603 and 44 respectively.

The CNA says employers cannot rely on the educational system to meet their needs, but should develop ways of optimizing the skills and knowledge of existing nurses.

They must also improve working conditions.

This latter point was underlined by a report from the Canadian Federation of Nurses Unions this week. The CFNU says nurses are already working over 18 million hours of overtime which is equivalent to 10,000 full-time nursing positions.

The report, *Nursing Education in Canada Statistics 2006-2007*, can be found at www.cna-aiic.ca. The CFNU report, *A Renewed Call for Action*, is available at www.nursesunions.ca. **HE**

Quebec launches nursing strategy

Quebec is investing \$80 million a year to improve the working conditions of nurses following the release of a report of a multi-stakeholder consultative exercise. However, almost half the money has already been allocated to incentive bonuses for nurses working in intensive care and ERs.

The report identified home care, long-term care and hard-to-fill evening and night shifts in hospitals as other priority areas that need to be addressed.

The government's investment will be spread over a range of initiatives including \$13.5 million for a mentorship program for new nurses, the establishment of more full-time positions, and the use of auxiliary nurses in ERs. As a separate component of the nursing strategy, the government will create 115 nurse practitioner positions. **HE**

.. Briefly .. News Shorts .. Briefly .. News Shorts .. Briefly

Kaaren Neufeld is the 43rd president of the Canadian Nurses Association, officially installed at the association's biennial convention this week in Ottawa. Ms. Neufeld is the chief quality officer for the Winnipeg Regional Health Authority and assistant professor, faculty of nursing, at the University of Manitoba. (NR)

Manitoba is implementing its care guarantee of a wait of no more than four weeks for cancer radiation therapy. Outside of Quebec, Manitoba is the first province to offer a hard-and-fast guarantee for a priority service wait time. All provinces and territories made similar commitments a year ago after an announcement of federal funding support. However, they have until 2010 to make good on these promises. (NR) ... **Ottawa is investing \$9.8 million for the Canadian Paediatric Surgical Wait Times Project, Stage II.** It will build on the progress and partnerships established under the National Paediatric Surgical Wait Times pilot project announced by the prime minister in January 2007 and which is scheduled for completion later this month. It will cover the collection, analysis and application of key wait-time data, covering 10 surgical areas: cancer, cardiac, dental treatment, neurosurgery, scoliosis, strabismus, urology, gynaecological surgery, plastic surgery and otolaryngology. (NR)

The first annual report of the Chief Public Health Officer of Canada was tabled in the House of Commons this week. It identifies a number of priority areas for addressing health inequalities such as "social investments" in families with children living in poverty, and building community capacity and knowledge infrastructure through a better understanding of sub-populations. The report

can be found at www.phac-aspc.gc.ca. (Rpt.) ... **Yukon has implemented a health help line** which residents can call by dialing 811. The service connects callers to the BC Nurseline service whose nurse operators have been trained to take Yukon calls. (NR)

Alberta has become the last province to cover the HPV vaccine. All girls entering Grade 5 this September will be eligible to receive the vaccine that prevents 70 per cent of cervical cancers. Grade 9 girls will be eligible from September 2009 to June 2012. Saskatchewan is offering the vaccine to Grade 6 girls beginning this fall, and to those in Grade 7 on a catch-up basis. (NR; Reg. L-P, June 17)

Ontario has introduced legislation to make it easier for qualified foreign-trained health professionals to work in the province. Specifically, the legislation will allow physicians who have worked in countries with a comparable health system to get work directly without having to retrain, plus there will be faster assessments, expanded access to training help, and a new class of transitional licences. (NR; Tor. Star, June 17) ... **Quebec universities accept 47 per cent of all international medical graduates who submit applications**, the College of Physicians says. This compares to 23.3 per cent in Ontario. One-in-ten physicians practicing in Quebec graduated outside Canada or the U.S., with France, Lebanon, Vietnam, Egypt and Haiti being the most common origins. (NR) ... **Quebec is short 220 hospital pharmacists**, the association representing this profession (APES) says. This works out to a vacancy rate of 18 per cent although some areas of the province are affected more than others. APES points out that al-

though there are 70 spots in university for would-be hospital pharmacists, only 45 are typically filled because the retail sector pays better (\$43 vs. \$33 an hour for a new graduate). (La Pre., June 17)

The number of Quebec nurses working for private agencies has almost doubled from 1,060 in 2000 to 1,924 currently. (Gaz., June 18) ... **Quebec is putting restrictions on the ownership of medical laboratories.** Bill 95 was tabled in the legislature last Friday, with the full support of the Opposition, to limit the ownership of general diagnostic radiology laboratories to radiologists or legal entities in which radiologists have a majority interest. The legislation was planned for the fall but introduced now because of the imminent prospect of the takeover of a number of labs by private foreign interests. (Le Dev., June 16) ... **New Brunswick expects to have policies in place to manage private clinics** in the next few months. Although the clinics will be privately operated, they will be part of the public health system. Health Minister Michael Murphy told the *Moncton Times-Transcript* that the government is willing to discuss partnerships with the private clinics. "If it makes good business sense to them and it makes good business sense to us and it reduces wait times, we are open to it." (Monct. T-T, June 17)

Ontario's ombudsman wants the authority to investigate complaints about hospitals and long-term care facilities. Andre Marin says these institutions have become "a law unto themselves," and issues such as patient deaths from *C. difficile* infections are "tailor-made for an ombudsman investigation." However, this is not something the government is prepared to do. (G&M, June 18)

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Despite this, almost eight-in-10 people (78 per cent) without a doctor had found some place to go when they needed help. Two thirds of them (64 per cent) used walk-in clinics and another 12 per cent went to hospital ERs. The remainder used other avenues such as community health centres, outpatient clinics or telephone help lines.

Fall-back use of ERs has been a problem governments have tried to combat, but in New Brunswick and Nova Scotia almost a quarter of those without a regular doctor go there when they need some form of medical help.

In Newfoundland and Labrador, 18 per cent went to a community health centre as did 16 per cent of Quebecers who have access to a network of community health centres called CLSCs.

Also in the new Canadian Community Health Survey report is news that there are four million people age 18 or older who are obese and another eight million who are overweight — together accounting for almost half this age group. Obesity rates were highest in Newfoundland and Labrador (22 per cent) — twice what it was in British Columbia which had the lowest rate in the country (11 per cent).

The link to the report can be found under the Statistics Canada *Daily* for June 18 at www.statcan.ca/english/dai-quo. **HE**

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gress in implementing various initiatives to improve aboriginal health.

The Committee has requested a response to its report by the federal government. The next review of the 10-year plan is due in 2011. The report can be found at: http://cmte.parl.gc.ca/cmte/committeehome.aspx?selectedelementid=e1_&lang=e&parlsession=392. **HE**



Miscellany

Rural hospitals

The *Calgary Herald* (June 13) reacts to last week's news that independent audits found a number of rural hospitals in Alberta are operating inefficiently. The health minister and premier have suggested these facilities may be converted to clinics or nursing homes. “In political terms, closing rural hospitals will be a hard sell,” the *Herald* suggests. “Any changes to rural hospitals should take into account what communities are affected and how close the nearest hospitals will be. Where it becomes a safety issue is with emergency services. The province should ensure they

remain within a reasonable distance of every Albertan, although what's reasonable is open for debate.” If the government does decide to proceed, the *Herald* says the objective has to be improving care and if there are cost savings to be had they should be reinvested in the public health system.

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Report urges more investment in Ontario long-term care

An independent review of Ontario long-term care says guaranteed hours of care are not necessarily the way to ensure quality care of residents. Shirley Sharkey, President and CEO of Saint Elizabeth Health Care, was asked by the government last fall to provide it with guidance on long-term care staffing and care standards.

In her report, made public this week, she says the issue is more complex than just attaining a minimum number of hours of direct nursing and personal care for each resident.

There have been calls for Ontario to move to a 3.5-hour standard, and Ms. Sharkey's report says the number of paid hours per resident per day currently averages about 3.1 and budget measures taken by the government should eventually move this up to 3.5.

Even so, the report says additional investment is necessary, and it calls for provincial guidelines to support funding increases for resident care over the next

four years and annual staffing plans for each facility. Furthermore, it recommends there should be annual evaluations to ensure funding is addressing resident needs.

The government has signalled that it is willing to put more money into the system.

“We are committed to putting patients first and are continuing to invest and deliver more quality bedside care to Ontarians,” Health and Long-Term Care Minister George Smitherman said in a news release.

The government has responded to the report by tasking the Ontario Health Quality Council to measure and publicly report on quality of care and resident satisfaction in long-term care homes. Ms. Sharkey will also be leading a team of stakeholders to implement the recommendations in her report.

The Sharkey report, *People Caring for People*, can be viewed at www.health.gov.on.ca under June 17 for What's New. **HE**