

Speech to the Registered Nurses Association of British Columbia

The Honourable Colin Hansen, Minister of Health Services

April 6, 2004

Check Against Delivery

Thank you very much Howard. I enjoyed the awards ceremony last night and I also appreciate the invitation from RNABC to the premier to attend. While he couldn't be here because of other commitments, he certainly asked me to pass along his greetings and his best wishes.

Another person who is close to me, and who I've shared this platform with in past years, is Sindi Hawkins. Sindi, as you know, is going through her own challenges right now with health care. We often, over the last number of years, have reminded ourselves that we have to look at health care through the eyes of the patient. But as I said to Sindi, "we didn't mean it *literally*".

Sindi is doing well and she's in good spirits. She's got a perfect match for her bone marrow. I know as a former nurse herself she has always enjoyed being part of your annual convention. I know her thoughts are here, even as our thoughts are with her during this troubling time.

Actually, one of her sisters pointed out the sense of humour that Sindi still has even as she's gone through this very trying period. As many of you know, Sindi has sponsored an annual golf tournament in Kelowna to raise money for the cancer society. One of her sister's wrote, "Sindi you're the only person we know that could raise \$200,000 for cancer and spend it all on yourself!"

So she clearly has not lost her sense of humour or her spark as she goes through this.

I want to acknowledge some really exceptional leadership in nursing in this province. First of all with the RNABC and the leadership of your president Howard Searle and your Executive Director, Laurel Brunke. I know it's been a challenging time for the association because of changes that are on the horizon, but clearly your leadership has been exceptional.

I also want to acknowledge the leadership of Debra MacPherson and the BC Nurses Union.

There are other individuals in nursing leadership that don't get noticed as often, but are clearly important in making sure nursing is at the forefront of policy development in the province. These are the Chief Nursing Officers in each of the health authorities. This group is important because at the executive level where so many decisions are being made, there is a chief nursing officer in each of the health authorities.

There is also the Nursing Educators Council of BC and I want to acknowledge the work of their chair Wanda Gordon.

And then finally the nursing directorate, put together by Heather Clark - one of your award recipients last night - under the able leadership of Anne Sutherland Boal. Anne has been invaluable to me with her advice, and she's been invaluable to the Ministry because she sits as a member of the executive. She's there in the forefront whenever any policy decisions are being made.

There are still lots of challenges ahead and I think leadership in nursing is going to become even more important as we move forward, because times are always changing in health care. What we realize is that the status quo as we knew it five, ten, fifteen years ago, is not going to carry us forward into the future. I think one of the things that's going to become a constant in health care as

we go ahead is change - because we need to make sure that we're constantly meeting the needs of individuals in a changing environment.

The nursing directorate that I mentioned earlier is playing a very important role in the evolution of policy, and I don't have to tell anyone here that one of the challenges that we're facing, not just in this province, not just in this country, but indeed worldwide, is the lack of qualified, registered nurses. In BC we certainly have our share of that challenge. This trend is the same no matter where you look. We have a worldwide nursing shortage combined with an aging population. We have certainly valued your contributions as we begin to take steps towards closing the gap between what we have and what we need. For many countries, recruiting internationally is the way to meet the needs for nurses within their particular jurisdiction. I think in British Columbia we have relied on that international and inter-provincial recruitment too often. What we really need to do more of, is strengthen our education programs so that nursing opportunities are there for young British Columbians going forward.

Actually I'm getting a bit of a firsthand look at the nursing programs in the province because as of last September my niece has just entered training to become an RN. During one of the very first classes she was in, the instructor asked the class a question. "Does anyone know the name of the Health Minister in this province?" My niece was the only one to put up her hand. I think what surprised the instructor was the fact that anyone knew who the heck the Health Minister was. My niece told the instructor privately after class that the reason she knew my name was because I was her uncle. That led the teacher to ask "well then could he come to one of our classes?" So I've made that commitment to my niece that one of these days I'll go along for what she calls 'show and tell'.

We have made some progress in the evolution of the nursing strategy over the last two and a half years, and to date that strategy has resulted in an additional \$59 million being put into specific nursing initiatives. Over the next couple of weeks I will be announcing the 2004/2005 nursing strategies, and these new strategies will continue some of our successful initiatives, but we're also looking forward to starting new initiatives that will assist nurses working in the community, in mental health and in long-term care - to mention only a few.

So how do we recruit more nurses? One of the strongest programs under our nursing initiative has been the Return to Nursing Fund. Any nurse who is not currently practicing, or is internationally educated but already living in BC, can apply for funding of up to \$3,500 from the Return to Nursing Fund. Nurses can take refresher or qualifying programs, or they can take English courses in preparation for eligibility as a registered nurse [LPN/RPN] in this province. Since this program began a couple of years ago, more than 700 nurses have qualified for this funding. We want to continue to encourage nurses who are qualified but not practicing to consider returning to the nursing profession.

That's part of why we set up HealthMatch BC. It's the only organization of its kind in all of Canada. It offers a free service to nurses looking for new jobs, or nursing graduates who would like help with resume writing, interview preparation or assistance finding their first position. Internationally and provincially our recruitment phase is well in hand and we are beginning to see results. But that doesn't answer the question of how we recruit British Columbians into the profession. The answer to that question lies with the second part of the nursing directorate's mandate - and that's to educate.

This is one of the things our premier is a huge advocate of. When we formed government, one of the priorities he set was to make sure we strengthen programs for nursing education in this province. That was actually one of the very first initiatives rolled out by our government when Sindi

Hawkins outlined the details of the program in August of 2001. Since 2001, the Ministry of Advanced Education has increased the number of nursing education seats across British Columbia by almost 2,000.

One of the other programs that I'm quite excited about is the nursing practitioner program. Currently there are 15 spaces at UBC and an additional 15 in Victoria, with the first classes having begun last September. Just three weeks ago I was in Prince George with Shirley Bond, the Minister of Advanced Education, and we were pleased to announce the third program at the University of Northern British Columbia, which is planned to start in September of 2005, and will include an additional 15 nursing students per year in the nurse practitioner program. Once that program is up and operating we will be graduating hopefully all 45 of them every year.

Our vision for the nurse practitioners, and I know this is a vision shared by many of you, is that these nurses will be key members of primary health care teams and will help to compliment traditional hospital and doctor services in the province. I know these nurses are enthusiastic about the role they will play in alleviating some of the pressures the health care system is facing. In particular, I hope that many of them will choose to work in some of the smaller communities around the province that do not have regular access to a physician. I know that there are concerns that the regulations are not in place yet, but there is work that is being done on that, and the goal we have set is to make sure those regulations are in place by the end of this summer. We certainly want to continue to work with the RNABC and others to ensure that those guidelines and regulations are in place well in advance of the first graduating class receiving their diplomas. The other thing that is so vitally important for the nurse practitioner program is that the health authorities start focusing in on where the nurse practitioners fit, so there are jobs available for students when they graduate.

Our other priority has been specialty and continuing education. We've had 5,000 nurses over the last two and a half years who have undertaken specialty courses in critical care, emergency care and others. The health authorities each year get an allocation of funds specifically for that purpose. We are looking to continue that funding to ensure in-service training and in-service education can continue.

I also want to acknowledge that some of this in-service education is going to prepare us for the End of Life Strategy we are developing and I know many of you have been involved with that. This strategy will improve access and quality of care by coordinating the efforts of health care providers, health authorities, communities and voluntary organizations. We are looking at a framework that expands home and community palliative services and improves care provider training.

The last area that I want to touch on with regard to the nursing directorate mandate is nurse retention. We know from the CIHI data that the nursing workforce is aging. There's a lot of things we can do in health care, but one of the things we can't do is prevent aging. But there are a number of initiatives in place to retain the nurses that we currently have for as long as possible. Some of the ideas we're looking into include mentor and preceptor type programs, where knowledgeable nurses nearing retirement age can take on the important roles of mentoring younger nurses coming into the system.

One such program that has achieved great success is our Return to Work program. Just in the last fiscal year alone, \$1.4 million has been funded for nurses who have either been on Workers Compensation or Long Term Disability. The fund enables them to come back into the workforce in specific roles they can manage, despite the challenges they are facing.

And one of the areas that has been a big success is the Nurseline. I know there are several nurses on the Return to Work program that have come into the Nurseline. And it's important to mention that

Nurseline is being acknowledged across Canada and internationally as a model. It's received awards nationally, and that is something we can all be proud of.

There are also initiatives around Aboriginal nursing strategies, to encourage more Aboriginal British Columbians to enter nursing programs. There are some great programs like the Kwantlen Capacity Development Camp, a model that is being copied by other jurisdictions. We are urging and encouraging them to keep up that good work.

Just before I close and go to some of your questions, I want to touch on some of the recommendations that came out of the 2002 Canadian Nursing Advisory Committee Report. That report had a number of recommendations for policy direction on improving the quality of nursing in Canada. In BC, five initiatives were identified for one-time funding last year by a group of stakeholders that included representatives from the BCNU and the RNABC. Those five initiatives are innovative scheduling and flexible environments; zero tolerance towards violence and abuse in the workplace; clarifying scope of practice; creative clinical placements; and quality of work environments.

BC has made the greatest inroads in the area of education, having achieved many of the recommendations CNAC made with respect to improving the education and training of nurses - but we still obviously have a lot of work to do. We have initiated a specific CNAC recommendation committee to work on priority recommendations this year including workload management, nursing leadership, control over practice, professional development and organizational approaches. We acknowledge the excellent contribution both the RNABC and the BCNU are bringing to these particular discussions, and we are certainly open and looking forward to any input you have from this conference, and outside of this conference.

In conclusion I want to acknowledge that we are still in a time of transition. There are challenges that we are facing on a day-to-day basis, as we work to build a health care system that is sustainable well into the future. I know that I can continue to count on the professionalism of nurses in this province. We look forward to working with you as individuals, working with you in terms of your districts, and working with you in terms of your provincial organizations. We want to meet the challenges ahead and we want to meet the needs of patients - not just five years from now, but ten and twenty years from now.

Thank you very much.