

INFORMATION REPORT

| TO: Mayor and Members Board of Health | WARD(S) AFFECTED: CITY WIDE |
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| COMMITTEE DATE: March 18, 2013 | |
| SUBJECT/REPORT NO: Chief Nursing Officer Initiative (BOH13012) (City Wide) | |
| SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department SIGNATURE: | PREPARED BY: Jennifer Mitton (905) 546-2424 Ext. 1578 |

Council Direction:

In August 23, 2011, the Board of Health received correspondence from the Ministry of Health and Long Term-Care regarding a base funding increase of up to \$116,699 to support the implementation of the Chief Nursing Officer initiative.

On September 26, 2011, the Board of Health approved a recommendation that "the Medical Officer of Health be authorized and directed to enter into an agreement to receive, utilize and report on the use of funds respecting the implementation of the Chief Nursing Officer initiative".

Information:

Background

In 2000, the then Chief Medical Officer of Health and Provincial Chief Nursing Officer endorsed the implementation of a Chief Nursing Officer (CNO) in each public health unit. In the absence of prescriptive language, public health units across Ontario implemented the CNO role with varying approaches and scope. Without additional resources, CNOs across the Province found it challenging to adequately address the

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In 2008, the Public Health Agency of Canada and Community Health Nurses of Canada released Public Health Nursing Discipline-Specific Competencies to identify the knowledge, skills, judgment and attributes required of a Public Health Nurse (PHN) to practice safely and ethically.

In February 2011, the Ontario Public Health Organizational Standards were issued, requiring each board of health to designate a CNO by January 2013, "responsible for nursing quality assurance and nursing practice leadership". Later in 2011, funding for one new position was provided to each public health unit by the Ministry of Health and Long Term Care to assist in meeting the standard. Most public health units where CNOs had not yet been designated used the new funding to create a CNO position. The majority of public health units that had already designated a CNO used the funding to create a Nursing Practice Lead position to support the CNO in meeting the stated responsibilities.

In Hamilton, the new base funding was used to create a Nursing Practice Advisor position, filled in February 2012. Given the increasing complexity of PHN work and the focus on ensuring appropriate competency levels of public health staff, the need for resources to support nursing practice has been steadily increasing. Nurses represent the largest segment of the public health workforce. PHS currently employs 194 nurses. Ensuring the highest standard of nursing practice is an effective way to support the best service for Hamiltonians.

The purpose of the Nursing Practice Advisor position is to support the CNO in providing nursing quality assurance and nursing practice leadership.

Nursing Practice Advisor Activities

Highlights of the activities undertaken by the Nursing Practice Advisor during 2012 are listed below:

Supporting nurses and managers to apply legislation in complex situations

Nursing is a regulated health profession. PHNs are licensed under the *Nursing Act* and are accountable to the College of Nurses of Ontario. Nursing standards set out by the College are expectations that contribute to public protection. These standards inform nurses of their accountabilities and the public of what to expect of nurses.

The Nursing Practice Advisor provides consultation to front-line staff and managers dealing with complex or challenging situations to ensure that nursing care is aligned with legislation and regulatory requirements related to confidentiality and privacy,

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documentation, ethics, infection prevention and control, medication and the therapeutic nurse-client relationship.

Helping nurses understand how to use social media to engage with clients while protecting the privacy of personal health information

Social media and social networking sites have become an important way to engage with members of the community. However, social media has blurred traditional boundaries related to public vs. private space, and personal vs. professional lives.

The Nursing Practice Advisor organized and hosted workshops for Public Health Nurses to discuss the use of social media in nursing practice. Legislation governing professional boundaries, confidentiality and accountability to the public were discussed.

Helping nurses create individual learning plans that build on and strengthen professional competencies

The Nursing Practice Advisor has developed and disseminated a resource document linking Public Health Nursing Competencies to existing free/low-cost and high quality professional development opportunities. Several workshops were held with managers and front-line public health nurses to (a) support staff in writing measurable and action oriented learning plans, and (b) promote the selection of learning opportunities that are cost-conscious and effective in enhancing the key knowledge and skills of our public health nursing workforce.

Conclusion

The Nursing Practice Advisor position has now been in place within PHS for just over a year. PHNs and Managers are already finding the Nursing Practice Advisor an excellent resource regarding the practice of PHNs and also other public health professionals. The work of the Nursing Practice Advisor is supporting a high quality of nursing practice, and in turn a high standard of service across PHS.