



Registered nurses shape whole-system change

PART 3 OF 3

THIS IS THE THIRD AND FINAL INSTALLMENT in a series of columns that explore how nurses are leading and shaping change at the individual, organizational and system level. Sioux Lookout RN Paddy Dasno was featured in part one as a leader at the individual level. She placed a lawn chair where a park bench had been, vocalizing her concern that the homeless in her community are being further marginalized. Best Practice Spotlight Organizations (BPSO) Toronto Public Health, Fairview Mennonite Home and St. Elizabeth Health Care were featured in part two for shaping clinical practice and healthy workplaces by implementing BPGs.

I want to now bring this notion of leadership and influence full circle with examples of how RNs – collectively – are leading whole-system change. Where have we as a profession made an impact in the past, and where are we headed?

There are several past achievements that come immediately to mind when I consider this question. Thanks to nurses' expert advocacy, the provincial government passed legislation making a baccalaureate degree mandatory for practice in Ontario (2005). Influencing the government to make important changes to expand the nurse practitioner role (2010) and to open 26 NP-led clinics (the first in Sudbury in 2007) are victories we can also celebrate together. And, the push to see 70 per cent of Ontario nurses working full time began with RNAO in 1998,

and continues today as we are closer than ever to our target.

Primary care reform, and the adoption of RNAO's 20 recommendations outlined in *Primary Solutions for Primary Care*, is our profession's next great challenge. RNAO launched the provincial task force behind this influential report in February 2012, and released its recom-

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mendations at the end of June. We've set ambitious timelines to maximize and expand the role of Ontario's primary care nurses – 2,900 RNs and 1,400 RPNs – and to eliminate the care gaps that prevent patients from accessing timely and coordinated care. The report offers a two-phase solution. Phase one deals with upward harmonization of the RN/RPN roles within the existing scope of practice. Phase two entails role expansion, including RN prescribing.

RNAO is now developing an additional pillar for strengthening Ontario's health system. *Enhancing Community Care for Ontarians (ECCO)* proposes an evidence-based re-organization of community care. The expertise of RN case managers and

care co-ordinators is central to making this happen.

ECCO proposes that inter-professional primary care models, such as community health centres, nurse practitioner-led clinics, aboriginal health access centres, and family health teams, expand their reach and role over the next three years with the support of a temporary *Primary Care*

Transitional Secretariat placed within LHINs to organize local primary care clusters.

By 2015, interprofessional primary care organizations would provide complete care co-ordination and health system navigation, including the ordering of home care and support services. This would eliminate the need for community care access centres (CCAC). The 3,000 RN case managers and care co-ordinators currently working within CCACs would transfer to the primary care setting – with no loss of compensation – to offer their high level of expertise and system knowledge to the 10 per cent of Ontarians with the most complex care needs. The remaining population will receive care co-ordination and

system navigation from the RNs who are currently employed in primary care. This approach will strengthen the role of RNs to best serve Ontarians from 'womb to tomb,' and allow same-day access to nurse practitioners or family physicians.

Stay tuned for more on this. Very soon you will see board members and staff on the road, seeking your feedback on these and other aspects of a renewed vision for nursing in Ontario. This vision will recalibrate the health system to place a much greater focus on wellness, health promotion, chronic disease prevention and management. Our work on this will ramp up, and we will be looking to you for help. Each act of advocacy builds on our momentum as a profession, and leads to important whole-system change that positively impacts on the profession and the public.

Through this series of columns, I've offered some inspirational examples of advocacy in action. Remember them. And look to them for inspiration when you embrace opportunities in your own communities, workplaces, and through RNAO. Help to create a system in which nursing practice has been maximized and expanded. An amazing profession made even more amazing thanks to the influence of each nurse as an individual, and all of us as a collective. **RN**

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