RNAO Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario
Speaking out for health. Speaking out for nursing.

CNE/CNO Governance and Leadership Initiative
Knowledge Exchange

Date of Knowledge Exchange	Topic	Content
Nov. 14, 2011	FAQ: How has the political agenda changed post-election and how will this impact hospitals and public health?	• MOHLTC took on health promotion, but sport will go elsewhere • Since there is the same minister, there will be better continuity in projects. • There is a change in the opposition's health critic, which is now Elizabeth Witmer. Christine Elliot has moved from health and long-term care critic to mental health reform critic. France Gilenas NDP has remained the health and long-term care critic, so we have a very strong health team. • There are discussions about delisting services (ie. Vit D testing, and others). Negotiations are occurring between the MOHLTC and the OMA, looking at salary fees and cutting fees for some procedures. • Public Health CNOs were concerned that including health promotion in the MOHLTC may impact sustained funding for health promotion and disease prevention initiatives. Rob suggested funding would have remained an issue without the merge because a junior ministry was managing it. We now have a different opportunity. • Hospital CNEs were concerned about cut backs in health care spending since Don Drummond's spoke about curtailing spending in all sectors by 1% every year, but in the media he said with the "exception of health and education". Rob said Drummond's mandate was not to proposed cuts to health and education, however in order to limit growth to 1% across all government spending, cuts will have to come from health care spending. If the 1% limit is applied evenly across all government spending, we may see a 2% reduction in hospital spending, whereas we have been used to 6-7% growth.
	Becoming an effective board member	• Some CNEs expressed a challenge in knowing where they "fit". Most acknowledged there is a transition involved, but most have felt welcome at the board table. One CNE commented that they haven't

	Reporting to the board Reported topics FAQ: How do CNEs currently report to their hospital board?	felt different as a board member, however board members feel more comfortable to ask the CNE questions, saying they like having them at table to enter into dialogue. Sometimes voting procedures have needed to be clarified along with the new requirements under ECFAA. Many now have input into chief of staff and CEO evaluations, which made some feel slightly uncomfortable. Overall, the changes have highlighted the CNE role and allowed for more of a spotlight on nursing-specific issues. • Their report is treated like a Chief of Staff report. Board members should get used to seeing the CNE report on the agenda to normalize this practice. Some CNEs provide a report which is delivered by their CEO to the board. Other CNEs do not have a regular spot on the agenda but are asked at specific times to report on quality. Still others have a quality council that reports on their behalf. • Some CNEs are reporting on a few nursing-sensitive outcomes and nursing practice issues, using a score card for nursing-sensitive indicators. Others are using RNAO's reporting template and frameworks for reporting. CNEs at BPSOs are reporting on their progress on BPG implementation.
	FAQ: How has new legislation and regulations enabled hospitals to use NPs? What challenges or opportunities does this present?	• New regulations have enabled hospitals in Ontario to be the first in Canada to authorize NPs to admit and discharge. In order to best engage hospital administrators in the decision to implement this new authority, RNAO and NPAO have asked the OHA to partner in the development of one collaborative toolkit • Non-hospital employed NPs can ask for an application to be credentialed in a hospital. This is addressed in hospital bylaws, as it is at Lakeridge Health, one of five early adaptors working with the NP Working Group. • NPs are being portrayed as collaborative yet autonomous – a message that is very well received by the board who wants NPs to practice to full scope. • CNEs expressed concern that financial compensation for physicians was impeding the utilization of NPs in hospitals. Benefits to physicians and clients should be clarified (ie. Improved patient flow, physicians able to reduce workload, etc). Billing continues to be an issues when the NP performs the history, discharge, etc. Physicians are not wanting to give this up. We need to situate NPs as collaborative.

Dec. 12, 2011	FAQ: How is the CNO role being implemented and funded across the 36 health units in Ontario?	• A survey is being developed by the Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario (ANDSOOHA), to determine how the money is being used by the 36 health units (ie. to hire a CNO, or a support person for the CNO). • One of the major decisions to be made at the local level is whether the CNO role will be designated as an independent position, or that the responsibilities of the CNO role will be added on to the portfolio of a nurse currently sitting at the executive level in a directorship position. • While the CNO role designation was embedded in the Ontario Public Health Organizational Standards, there was very limited guidance from the Ministry on how each health unit would implement or fund this position.
Jan. 12, 2012		