

RNAO'S NURSE EXECUTIVE GOVERNANCE AND LEADERSHIP PROGRAM

Background

RNAO played a central role in advising government and moving the passage of the *Excellent Care for All Act (ECFAA), 2010* (Bill 46) legislation, which stipulated that the hospital Chief Nursing Executive (CNE) is both a non-voting member of all hospital Boards of Directors and a voting member of all hospital quality committees. These changes came into effect on January 1, 2011. The Ministry of Health and Long-Term Care pioneered the transformation of quality committees under *ECFAA, 2010* with support from all parties. These legislative changes were the result of broad consultation, as well as intense work led by the Deputy Minister of Health, with a tripartite task force comprised of the RNAO/OMA/OHA regarding Hospital Governance. In Regulation 445/10, s.1(3) under *ECFFA, 2010*, the composition of the quality committee was established, requiring one member of the Medical Advisory Committee (MAC), the Chief Nursing Executive (CNE) and one non-physician and non-nurse member of a regulated health profession that provides healthcare in the hospital.

Similarly, RNAO played a central role in advising government and securing within the Ontario Public Health Organizational Standards, 2011 that public health units (PHU) are mandated to designate one public health Chief Nursing Officer (CNO) by January 2013. In response to the changes made in both the Ontario Public Health Organizational Standards and *ECFAA, 2010*, RNAO launched several initiatives aimed at supporting and advancing the expanded roles of Nurse Executives in hospitals and public health settings. These include: 1) Establishing and leading a CNE/CNO Governance and Leadership Advisory, 2) Hosting the CNE/CNO Governance & Leadership Knowledge Exchange, 3) Developing, Implementing and Evaluating the Nurse Executive Leader Toolkit, and 4) Planning and Sponsoring the Nurse Executive Leadership Academy. Each of these initiatives are explained in detail below.

1. CNE/CNO Governance and Leadership Advisory

In 2011, RNAO established the CNE/CNO Governance and Leadership Advisory, composed of representatives from both hospital and public health associations, including the Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario (ANDSOHA), the Council of Academic Hospitals of Ontario (CAHO), the Community Health Nurses' Initiatives Group (CHNIG) and the Nursing Leadership Network (NLN). Each representative lends their nurse executive perspective to provide expert advice and guidance to RNAO on the provision of resources to support nurse executives in their governance and leadership roles. The advisory meets 6 times per year.

2. CNE/CNO Governance and Leadership Knowledge Exchange

The nurse executive knowledge exchange is a monthly teleconference forum sponsored by RNAO in direct response to advice from the Nurse Executive Governance and Leadership Advisory. The aim of this forum is to: 1) facilitate open dialogue and information sharing about achievements, innovations, successes as well as challenges related to CNE/CNO role implementation, responsibilities, and scope; 2) recommend strategies for enhanced and effective role influence and impact; and 3) contribute to the development of resources to support CNEs and CNOs in their roles on hospital boards and public health senior management team. The Knowledge Exchange is open to all nurse executives (CNEs and CNOs) of hospitals and PHUs in Ontario, who are members of their board of directors and/or executive-level decision-making management teams.

3. Nurse Executive Leader Toolkit

The Nurse Executive Leader toolkit was developed to provide key resources to nurse executive leaders in hospital and public health settings to support excellence in their governance and leadership roles. The toolkit consists of an overall model of executive leadership which guides the toolkit outline and contents, an executive leadership set of roles and responsibilities, and a self assessment tool. Further resources are provided related to key aspects of governance, leadership and practice related roles and responsibilities of the nurse executive. Such resources include a reporting template focused on structure, process and outcome indicators, relevant legislation and regulations, key highlights and components of RNAO's Healthy Work Environment Best Practice Guidelines, recommended reading and frequently asked questions (FAQs). Registrants of the Nursing Executive leadership Academy will receive a copy of this toolkit. This resource will be available online April 10 at www.RNAO.org/nel-toolkit as an evergreen document, which will remain relevant to future changes in legislation / standards, and responsive to feedback from both the Advisory and toolkit users.

4. Nurse Executive Leadership Academy (NELA)

The first ever Nurse Executive Leadership Academy was held March 25-28, 2012 at the White Oaks in Niagara-on-the-Lake. This was an unparalleled event bringing together public health and hospital nurse executives for the latest information and insider tips to transform health care and be the best for Ontarians. Invited faculty included: Saad Rafi (Deputy Minister of Health), Vivek Goel, (President and CEO of Public Health Ontario), Wendy Nicklin (President and CEO of Accreditation Canada), Hugh McLeod (CEO of Canadian Patient Safety Institute), Lyn McLeod (Chair, Health Quality Ontario), Mary Jo Haddad (President and CEO, The Hospital for Sick Children), and other experts from academic and practice settings. The overall goal of the Academy is to provide a dynamic, interactive learning experience to assist nurse executives in public health and hospitals to enrich their governance and leadership knowledge and skills. In addition, NELA aims to facilitate and promote the key role of nursing in moving the quality agenda forward to achieve health and social justice outcomes for individuals, families, communities and society. RNAO appreciates the generous support of Public Health Ontario in providing the necessary funds to support public health CNOs to attend this unprecedented event.

Next Steps

In 2012/13, each of the above initiatives will continue and expand to include home health care and long term care. This will ensure nurse executives in major sectors receive from RNAO the support they need to enact expanded leadership roles as system thinkers that serve to strengthen and transform Ontario's healthcare system.

Health Professionals Leadership and Engagement Model

With collaborative practice expanding rapidly in all sectors, including primary care, home care, hospitals, and long-term care settings the time has come for Local Health Integration Networks (LHINs) to adopt a different leadership model. RNAO maintains it is essential for collaborative practice to be reflected in the LHINs if they are to achieve their broad mandate of promoting integration of the local health system and provide appropriate, coordinated, effective and efficient healthcare services.

As such, RNAO envisions, and is actively advancing at all levels of government, an interprofessional leadership team (ILT) established in each LHIN consisting of one Registered Nurse (RN) leader, one allied health professional and one physician to advance LHIN-specific quality and safety targets. In this way each of these professional leaders would represent the

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perspective of their respective disciplines and health/sector programs. In doing so, cross-sectoral accountability for the quality of healthcare services within each LHIN would lie with this ILT, as it emphasizes the evaluation of outcomes and advances evidence-based practice for all healthcare professionals. The objectives of the ILT are to:

- Establish, standardize and validate clinically relevant quality and safety indicators,
- Promote the uptake and evaluation of best practices,
- Improve effective and efficient use of existing resources,
- Engage all health professionals in roles that enable their full scope of practice and
- Increase/facilitate access to these health professionals in a timely manner.

The achievement of the ILT objectives are facilitated through the following ILT roles and responsibilities:

- Respond to health human resource needs and potential opportunities;
- Promote innovation and reduce demand by meeting the needs of individuals, families and communities in new ways;
- Identify and facilitate technological innovations to reduce workload while improving quality and safety in healthcare systems, including the uptake of Electronic Health Records (EHR);
- Model and facilitate the use of EHR data for clinical decision-making, outcome evaluation and system planning;
- Facilitate new partnerships with key stakeholders external to the healthcare system, including organizations that impact social determinants of health, such as schools, not-for-profit and voluntary organizations and small businesses;
- Establish a working group within each LHIN to employ a “Health in All Policies” philosophy ensuring a gradual but planned conversion of all public policies to reflect an evaluation and the enhancement of social determinants of health in each community.

RNAO strongly believes it is in the public’s best interest that all management and/or advisory committees in health care, especially at the LHIN level, be inclusive and reflect equitable representation from regulated health professions practicing within the LHIN boundaries. With nurses comprising 54.5 per cent of Ontario’s 231,068 health professionals, compared with physicians at 10.5 per cent (2009), it is crucial that nurses be integral to health system planning, implementation and evaluation at the provincial, regional and local levels.