The Public Health Chief Nursing Officer Initiative: Building Capacity in the Public Health Nursing Workforce in Ontario

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Outline of the Presentation

- This presentation will include:
  - Background of the Chief Nursing Officer (CNO) Initiative;
  - Literature review on CNOs;
  - Development of CNO roles and responsibilities;
  - CNO Working Group recommendations;
  - Current status of CNO Initiative implementation in Ontario;
  - Factors of successful initiative implementation; and
  - Next steps.

Background of the CNO Initiative

- February 2000 – The Chief Medical Officer of Health and the Provincial Chief Nursing Officer endorsed the implementation of a CNO in public health units as a best practice.
- May 2006 – The final report of the Capacity Review Committee recommended the appointment of a senior nurse leader.
- February 2011 – The Ontario Public Health Organizational Standards require CNO designation by boards of health by January 2013.
- April 2011 – Premier Dalton McGuinty announces at RNAO AGM that Province will support the implementation of the CNO role.
- May 2011 – Minister advises that the Province will support implementation of CNO role by boards of health.

Background of the CNO Initiative
continued….

- June 2011 – Established the CNO Working Group.
- Jointly sponsored by:
  - The MOHLTC
  - The Registered Nurses' Association of Ontario (RNAO)
  - Association of Nursing Directors and Supervisors in Official Health Agencies (ANDSOOHA) – Public Health Nursing Management
- Working group representation included: COMOH, public health CEOs/CAOs, business administrators, ONA, current public health CNOs and nurse leaders, MCYS and the former MHPS.
- Working Group objectives included:
  - Identifying the range of roles/responsibilities of a CNO applicable within a public health context;
  - Documenting implementation experience and strategies for CNO roles in public health and identifying potential best practices for implementation; and,
  - Developing a report that included recommendations for operationalizing the role in the field.

Literature Review on CNOs

- Highlights from literature on nursing leadership included:
  - A number of common roles and responsibilities across sectors (e.g. clinical governance, human resource management, financial management, quality assurance, organizational decision making, and leadership for nursing profession);
  - Executive duties varied based on factors such as organization size and setting;
  - Location of CNO role/position within public health organizations differed with the jurisdiction and host organization;
  - Job duties also included other general public health functions;
  - Participation at a senior management table identified as best practice; and
  - Education and level of experience also noted as being associated with effective leadership.

Literature Review on CNOs continued…

- Literature supported that establishment of strong nursing leadership has implications for the quality of nursing practice, service delivery, organizational effectiveness and ultimately, population health outcomes.

- This occurs through:
  - Promoting use of research, evidence based practice and innovation in public health and nursing practice;
  - Support/advocacy for professional development opportunities – linked to nurse retention, job satisfaction and positive client health outcomes;
  - Development of positive work environment – supports nurse empowerment, work performance and effectiveness, and occupational mental health;
  - Accessible and visible leadership that staff can connect with; and
  - Contributions to future development of organization – e.g. strategic planning, visioning, performance, etc.

The Development of Recommended Standard CNO Role and Responsibilities

CNO Role and Responsibilities:

- 3 domains listed in recommended CNO role and responsibilities document:
  - Providing Nursing Practice Quality Assurance and Continuous Quality Improvement;
  - Providing Nursing leadership; and
  - Supporting Organizational effectiveness.

Requirements of Boards of Health:

- Role implemented at a senior management level.

  "It is expected that the CNO role will be implemented at a senior management team level within the health unit reporting to the Medical Officer of Health (MOH) or Chief Executive Officer (CEO) and, in that context, contributes to organizational effectiveness."

- Designation of a qualified CNO:
  - Registered with College of Nurses of Ontario; graduate degree and 10 years nursing with significant public health experience, and progressive leadership experience.
  - Transition phase: must complete relevant graduate program within 3 years of designation.

CNO Initiative Sector Input and Working Group Recommendations

Field Engagement

- To gauge receptivity of the Working Group's activities and obtain input into recommendations and implementation of the CNO role, the Ministry conducted 2 field engagement activities:
  - 2 webinars – working group activities, proposed CNO responsibilities, questions to the field; and
  - Environmental scan - survey distributed to all the health units.

Working Group Recommendations

- 6 recommendations from Working Group to Ministry with respect to CNO Initiative implementation, best practices and CNO role/responsibilities.
- 5 out of 6 recommendations have been implemented.
- The recommendation on accountability measures and indicators for this initiative is a work in progress; current focus on collecting baseline data.

Models of Implementation – Examples from 2011 Activity Reports

- Health units have reported a variety of models within organizational structures to situate the designated CNO. Examples include:
  - CNO holds director or manager position - reports to MOH or CEO
  - CNO is a stand alone position – reports to MOH or CEO
  - CNO holds a management position - reports to MOH or CEO, and non-nursing director (sits on senior management team as CNO)

- CNO is designated and funding is used to hire:
  - an additional manager of nursing practice;
  - an additional PHN of nursing practice;
  - multiple PHNs for broader support to staff on nursing practice issues; and
  - a PHN for other program implementation.

A Comparison of CNO Designation Status in Ontario Health Units - Pre and Post Initiative Launch

Factor Measured	Environmental Scan (Summer 2010)	2011 CNO Initiative Activity Report
Number of Reponses	N = 34 (94%) *	N = 36 (100%) *
CNO designation	26 (72%)	29 (81%)
No CNO designation	5 (14%)	N/A
Plan to designate CNO	3 (8%)	7 (19%)
CNO Characteristics	**Of the designated CNOs:**	**Of the designated CNOs:**
Dual role **	25	28
Reports to MOH/CEO **	23	26
> 10 years experience **	25	22
≤ 0.2 FTE allotment **	20	10
0.3 FTE allotment **	2	3
> 0.3 FTE allotment **	N/A	10

* **Percentages calculated out of 36 health units in Ontario**

** **Data was not reported by all health units for all variables**

CNO Activities, Roles and Functions – Common Themes from 2011 Activity Reports

Reported Activities Related to Quality Assurance

- *Nursing Practice Council (NPC):* leads, co-chairs, advisory role, supports;
- *Nursing practice issues* : advises/consults on issues to NPC, managers, non-nursing managers, etc.;
- *Policy and practice* : develops, reviews and signatory on policies;
- *QA program* : ensures implementation of QA programs, College of Nurses requirements and standards of practice; and
- *Best Practice Guidelines (BPG) and evidence-based practice* : references to implementation of RNAO BPGs, spotlight organizations and evidence based-practice.

CNO Activities, Roles and Functions – Common Themes from 2011 Activity Reports continued…

Reported Supports for Professional Development

- *Professional development planning* : assessment and planning, how plan fits in overall organizational strategy for staff development;
- *Training and education* : advocates, secures resources and staff time;
- *Core competencies* : use of public health and public health nursing competencies to guide professional development and performance assessment; and
- *Orientation and mentorship* : promotion and use of ANDSOOHA resources.

CNO Activities, Roles and Functions – Common Themes from 2011 Activity Reports continued…

Leadership – Representation

- *Community, agency, or government committees* : representing public health nursing or health unit; and
- *Membership and participation in professional organizations* : ANDSOOHA, RNAO, CHNC, OPHA, etc.

Leadership – Liaising with Academic Bodies

- Advisory committee member at schools of nursing;
- Student placement co-ordination;
- Engagement in research projects with academics and schools; and
- Faculty members and joint appointments at schools of nursing.

CNO Activities, Roles and Functions – Common Themes from 2011 Activity Reports continued…

CNO Contributions to Organizational Effectiveness

- *Engagement in organizational strategic planning* : planning at senior management/decision making level, bring nursing perspective to issues;
- *Organizational review* : involvement in organizational review, restructuring, assessment of organizational capacities, etc.;
- *Performance management* : contributions to activities assessing and evaluating organizational performance; and
- *Public health human resource development* : participation in QA/CQI activities, HHR planning, succession planning, recruitment and retention strategies, co-ordination of PHN contributions to emergency management and surge capacity, and planning/implementation for inter-disciplinary competency-based practice.

CNO Activities, Roles and Functions – Common Themes from 2011 Activity Reports continued…

Benefits and Impact of CNO Within the Organization

- *Nursing perspective/voice* : CNO brings nursing perspective/voice to senior management table;
- *Visible nursing leadership/champion* : identifiable nursing leader to champion nursing issues within the context of public health practice;
- *Capacity building in nursing workforce* : supports professional and competency development, knowledge exchange, etc.;
- *Standardization of policy and practices* : streamline existing policies and practices for consistency in practice; and
- *Promotion of inter-disciplinary practice* : one practice leader among others – collective voice for public health within the organization.

Factors of Successful Initiative Implementation

- CNO designation as a requirement in the Organizational Standards and standardizing CNO role and functions that the CNO must be accountable for within the organization.
- Stakeholder engagement including:
  - Expertise and guidance of Working Group;
  - Public health field input for initiative operationalization options; and
  - Contributions of nursing stakeholders.
- Flexibility with respect to operationalizing the role within the various health unit organizational and municipal government structures.
- Time - tight timelines to finalize the project necessitated accelerated process.
- One year grace period to operationalize the initiative in health units.
- Securing funding to hire a CNO or professional practice nursing leader to execute functions of the CNO was important to ensure implementation of role and requirements (resources necessary to support role and expected outcomes).

Next Steps

- Focus on continued roll out of the CNO Initiative until January 2013.
- Draft and distribute summary of 2011 CNO Activity Reports.
- Exploration of options for continuous support to CNOs (e.g. RNAO Nurse Executive Leader Toolkit and CNE/CNO Governance and Leadership Knowledge Exchange, ANDSOOHA Nursing Mentorship Guide, teleconferences, list serve, repository of information/resources, etc.).
- Continued Ministry engagement with RNAO and ANDSOOHA regarding CNO Initiative (e.g. RNAO Executive Leadership Academy, ANDSOOHA CNO and Professional Practice Leader meeting).
- Collection of baseline data regarding the CNO Initiative to inform future considerations for possible accountability measures and indicators (as per the final recommendation of the CNO Working Group).
- Organizational Standards (where the requirement for CNO designation is included) are planned to be incorporated into the Ontario Public Health Standards during the next evergreen process which is tentatively scheduled for 2014; would therefore be mandated through legislation (via the Health Protection and Promotion Act).

Questions?