

**MEMBERS' VOICES: February 2014 - March 2014**  
**Speaking out for Nursing: Speaking out for Health**

***Independent Practice Nurses Interest Group - IPNIG***

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**1. RNAO END: Engage with registered nurses and nursing students to stimulate membership and promote the value of belonging to their professional organization.**

IPNIG attended the Feb 27th 2014 Interest group chairs meeting. At this meeting the IPNIG group announced a decision to postpone until May 2015 a general public forum intended for Registered Nurses, various health advocates and members of the public community interested in health care system modernization. It was deemed necessary to first update our IPNIG members on the significant changes swirling over the registered nurses: CNA and RNAO separation, the new regulated Personal Liability Protection (PLP), MOL changes, CCAC potential restructure etc.

Student Nurses chairperson offered nursing student members who would be willing to assist setting up Twitter and Tweets for the IPNIG group on line communication.

On April 24th IPNIG accepted a generous offer from a community care group to utilize their meeting room space. In the near future the interest groups will host general "chat" sessions or specific education nursing "how to tips." The plan is to utilize the meeting room bi monthly for one hour member session for face to face and/or webinar session across Ontario,

**2. RNAO END: RNAO advances the role and image of nurses as members of a vital, knowledge-driven, caring profession, and as significant contributors to health.**

IPNIG adopted a "wait and see" position for the past two months. The many health care system changes impinging on the role of the all registered nurses, including the 40% of Registered Nurses working in independent private practice, required a "gap analysis" to figure how Registered Nurses fit into health care system.

The significant changes of the health care system on many levels required questioning to determine where all Registered Nurses fit into the "new" health care system i.e. CCAC, LHINS, MOH, MOL Accord ending, NPs Hospitals staff terminations of Registered Nurses etc.

Several face-to-face meetings occurred with various presidents of the nursing association to ask their initiatives and share IPNIG own initiatives promoting utilization in health care of independent practice nurses:

Feb, 24th 2014 - RNAO President

March 21 2014 - RNA AGM Meeting and workshop

April 7th 2014 - NPAO Nurse Practitioner Executive Director

April 2014 - CNA President and CNA Representatives Conference Call [p]

### **3. RNAO END: RNAO speaks out on emerging issues that impact on nurses and the nursing profession, health and health care.**

The ten Year Health Accord ended March 31st with no significant results or innovative solutions for the 2 trillion dollars spent. The Toronto Star wrote [April 5, 2014 A 8] *Accord likely saved medicare*. Also in March the MOH and MOL each issued their five (5) year strategic plan.

Our question to all the leaders, how do Registered Nurses fit into the scheme of things? Specifically how do Independent Practice Nurses who provide significant "hands on" nursing health care get accepted into the health care system planning?

Systematically IPNIG members have been asked to pose this question to political health care critics and political leaders:

***"How do the 40% Registered Nurses working as Independent Practice Nurses, providing necessary skilled professional nursing health care that meets the need of the 80% of health care requirement that fall outside of medicare e.g. disabled, chronic disease, long term care, continuous attention, senior care etc., get accepted into the health care system?"***

Registered Nurses need to be utilized for their full nursing capabilities in all "new" health care system planning? (CNA - June 2012)

"A Nursing Call to Action!" □ *"The health of our nation, the future of our health system CNA"*

- Only 10% of the nursing care capabilities in Canada are utilized, as opposed to 80% registered nursing care utilization in other countries
- That 75% of health care costs are paid outside the current health care system.

### **4. RNAO END: RNAO influences healthy public policy to positively impact the determinants of health, supporting Medicare and strengthening a publicly funded, not-for-profit health-care system.**

Again our "wait and see" mode allowed us to approach two politically astute people.

We met on April 9th with the same political lobbyist we met with last year. Forthcoming advice will assist us going forward to campaign for health care needs being met by all registered nurses inclusive of independent practice nurses' specialized nursing care.

On April 14th we met with Lois Brown MP who works with Federal finance minister team. Sadly it was two days before Jim Flaherty's funeral. Several options were discussed for any opportunity for federal government financial support e.g. little known work development programs that could enhance the work of registered nurses in independent practice. Noted "nothing is impossible but the health care needs will always be the responsibility of the province."