



Executive Summary

In 2012 the Canadian Nurses Association (CNA) released the ground-breaking action plan *A Nursing Call to Action*, which recognized that nurses “through their sheer numbers and collective knowledge are a mighty force for change.”¹ In British Columbia, over the past ten years, the nursing voice has been largely silenced as a result of unanticipated changes in regulation, personnel shifts within the Ministry of Health, and the lack of a professional association that could bring an objective nursing lens to health and public policy issues². With the re-emergence of the Association of Registered Nurses of British Columbia (ARNBC), B.C. nurses are once again finding their voice and coming forward to share their expertise, knowledge, and experience in a consolidated and effective way.

ARNBC is proud to respond to the expectations set in *A Nursing Call to Action* with this submission to the Select Standing Committee on Health, which addresses many of the issues, innovations, and ideas that could be implemented or expanded to strengthen and sustain B.C.’s health care system. We have chosen to respond to all four questions through a nursing lens, to provide the Standing Committee with a broad spectrum of the health care system, and the numerous ways nursing can and should provide input and expertise to systems planning.

1. Rural and Remote Health

In many parts of British Columbia, nurses are the only primary health care provider for their immediate community. The knowledge and expertise of these nurses is profound, and their recommendations for system improvement are innovative and transformative. We approached this question in two ways: first, we looked at some of the traditional themes of education, recruitment and retention and considered how government might address these important health human resource strategies; second, we thought about ways to specifically increase accessibility for those living in rural and remote areas. Ideas here included expanding mobile services, integrating nurse practitioners more fully into the health care system, and expanding duties for paramedics. We also gave some consideration to the need to finalize a province-wide electronic health record system.

2. Interdisciplinary Teams

As the largest group of health care providers in British Columbia, nurses know a great deal about how to work successfully as key members of interdisciplinary teams. As the need for collaboration and interprofessional practice grows, nurses are leading the way in designing innovative programs and solutions to ensure every member of the health care team and the patient, can contribute to resolving complex health issues. For the purposes of this paper, ARNBC has considered how to strengthen primary care and primary health care using a range of different models that have demonstrated success and could be expanded in British Columbia. We have considered how increasing community services and addressing the social determinants of health using interdisciplinary teams and interprofessional practice could create a stronger primary and community care system. We have also focused on the need to increase patient-centred care across the health care system.

¹ National Expert Commission. (2012). *A Nursing Call to Action*.

² Duncan, S., et al. (2014). *Forging a strong nursing future: Insights from the Canadian context*.



3. End of Life Care

When all other health care providers have provided the care and comfort that falls within their scope, nurses are often the ones who remain as patients near end of life. In responding to the questions posed by the Select Standing Committee, ARNBC considered initiatives and ideas that would support British Columbians during end-of-life in all the ways that they have indicated are important – specifically providing information and services to help navigate the system, strengthening home care and hospice supports, and enhancing spiritual care.

4. Addiction Recovery Programs

Nurses play an important role in addictions recovery, with nurses being present at every stage of addiction – from treatment in a clinic, to overseeing Insite and other clinics, to providing support in treatment programs and hospitals. Nurses feel strongly that it is important for government consider developing a B.C.-wide approach to addiction recovery that includes appropriate facilities, a strong focus on de-stigmatizing addictions, and consideration of how the social determinants of health can inhibit recovery when an individual returns to the community and familiar situations that caused them to fall into addictions in the first place.

ARNBC is proud to present this submission to the Select Standing Committee on Health, and we hope that the ideas and suggestions brought forward by nurses will be weighed, evaluated and considered by the Committee. It is our greatest hope that government will once again embrace the significant contributions nursing can make to the development and implementation of healthy public policy. We look forward to continuing with a balanced, constructive and solutions-oriented dialogue on these and other important health and social issues.

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