Nursing Strategy Initiative

Aboriginal Envelope

Lead and Partner Organization(s)
Office of Nursing Services, First Nations and Inuit Health Branch, Health Canada

Background and Goals
The Office of Nursing Services (ONS), First Nations and Inuit Health Branch (FNHB) of Health Canada provides community health care in communities across seven FNHB regions in 10 provinces. The nurse is often the only health professional in these communities, typically practicing in an expanded role in remote, isolated settings and relying on consultations with and referrals from provincial tertiary health care services. The ONS provides professional strategic leadership for nurses employed in First Nations and Inuit (FN and I) communities, with a focus on recruitment and retention and quality assurance and standards for nursing practice. Specifically, the ONS seeks to:

- increase professional and clinical supports for nurses;
- improve communication between nursing leaders and front-line staff;
- increase the awareness of nursing and the breadth of health care in FN and I communities;
- improve and standardize the orientation of nurses working in these communities;
- improve the clinical skills of nurses in remote areas; and
- increase the number of people of Aboriginal descent choosing nursing as a profession.

Activities
The activities undertaken for this initiative included the development of clinical and professional supports and resources, including:

- Standard competencies and statement of qualifications for nurses practicing in an expanded role in the FNHB communities; nursing practice competencies and education (emergency labour and delivery and emergency trauma competencies);
- A CD-ROM on physical assessment and pharmacotherapeutics;
- Introduction of clinical nurse specialists (CNS) and nursing education consultants in each region to support the professional practice and continuing education of nurses working in Aboriginal communities;
- Strategies and supports to increase the number of Aboriginal people entering health care professions, particularly nursing. Two educational think-tanks were held with national, Aboriginal and nursing education partners, and recruitment materials were developed jointly with the Aboriginal Nurses Association of Canada.

Evaluation activities included: a 2006 EKOS nursing workforce survey to determine characteristics of the FNHB nursing workforce; a two-phase evaluation of the CNS implementation; and a formative evaluation of the CD-ROM.

Resources
- The NurseOne portal, a national, bilingual web-based information gateway to resources for health care professionals in all domains of practice (direct care, education, administration and research). It supports and enhances their clinical and professional careers and provides access to digital libraries, clinical experts and clinical guidelines.
• A CD-ROM on physical assessment
• A standardized orientation framework and conceptual framework for FNIHB nursing
• A CD-ROM on pharmacotherapeutics
• Standardized competencies for emergency labour and delivery and emergency trauma for FNIHB remote/isolated communities

Key Learnings
The 2006 EKOS survey of the FNIHB nursing workforce found that 36 per cent of nurses contemplated a job change in the next three years, in part because of a lack of support. Those involved with this initiative believe that providing critical infrastructure for these nurses—like that developed for this project—supports the recruitment and retention of these professionals. The resources and information developed by the initiative were widely disseminated to nursing stations and health centres in the provinces; CD-ROMs were made available to territorial partners on a cost-recovery basis. The development of standardized FNIHB nursing clinical practice guidelines and educational resources based on research and best practice protocols has provided standards for nurses working in similar practice settings. NurseOne is available to all nurses in Canada who are members of the Canadian Nurses Association. The nursing orientation tool will be used by all FNIHB facilities and will be available to other rural and remote health care facilities.

The CNS role is new to FNIHB nursing and involved a change in the roles and responsibilities of clinical support in these regions. The work of clinical nurse specialists has focused on three key areas: maternal child health, mental health and chronic disease/diabetes. It was determined that there is a limited pool of CNS who are available to fill these community-based positions.

The think-tank meetings provided an opportunity for FNIHB nursing to profile FN and I nursing practice. It also provided networking opportunities for nurses working in education, as well as for those who support rural and remote nurses, to collaborate on policy, education and research on rural and remote nursing. The initiative facilitated the dialogue around the strengths and challenges of delivering health services in rural and remote areas.

Comprehensive PHC and community health programs have historically taken a philosophical and practical approach to service delivery in FN and I communities. The activities undertaken through this initiative have supported FNIHB nursing in advancing this essential system of care.

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