

HE-D1-1

For Information

DATE: April 10, 2012

REPORT TITLE: **PROVINCIAL FUNDING FOR CHIEF NURSING OFFICER INITIATIVE**

FROM: Janette Smith, Commissioner of Health Services
David L. Mowat, MBChB, MPH, FRCPC, Medical Officer of Health

OBJECTIVE

To inform of the new provincial funding from the Ministry of Health and Long-Term Care to support the implementation of the Chief Nursing Officer Initiative.

REPORT HIGHLIGHTS

- The Ministry of Health and Long-Term Care is providing 100 per cent funding to support the establishment of a Chief Nursing Officer Initiative in each Ontario Public Health Unit.
- In Peel Public Health, the funding provided will result in the recruitment of a Full Time Equivalent Registered Nurse as a Research and Policy Analyst to support the Chief Nursing Officer and Workforce Development Strategic Priority.

DISCUSSION

1. Background

In August 2011, the Ministry of Health and Long-Term Care announced the provision of 100 per cent funding for a Chief Nursing Officer Initiative in each Ontario Public Health Unit as part of the 9,000 Nurses Commitment, a key component of the Ministry of Health and Long-Term Care's health human resource strategy (HealthForceOntario).

The initiative includes the creation of a new role with responsibilities for nursing quality assurance and nursing practice leadership.

This commitment will facilitate the implementation of the professional practice support requirement (item 6.16) outlined in the Ontario Public Health Organizational Standards that states that; "Effective January 2013, boards of health are required to designate a Chief Nursing Officer to be responsible for nursing quality assurance and nursing practice leadership".

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2. Proposed Direction

Isabelle Mogck, Director of Communicable Diseases, is the Chief Nursing Officer (CNO) position for Peel Public Health. Isabelle will continue in her role as Director while providing leadership for professional nursing through the CNO role responsibilities.

As outlined in the funding letter in Appendix I, Health Units that already have a senior level person fulfilling the duties of the CNO are expected to use the provincial funding to increase the registered nursing complement in support of the initiative. As a result, Peel Public Health will utilize the provincial funding to hire a Registered Nurse in a Research and Policy Analyst position to support the CNO functions and responsibilities as part of the Public Health Strategy Workforce Development infrastructure priority.

It is anticipated that the presence of the Chief Nursing Officer role will enhance health outcomes of the community through contributions to organizational strategic planning and decision making; facilitating staff recruitment and retention of qualified competent public health nursing staff; and enabling quality public health nursing practice. This role will facilitate the full utilization of nursing scope, practice, and competencies within a supportive and professional work environment.

The CNO will lead the way towards a vision of excellence in public health nursing practices that facilitates evidence-based services and quality health outcomes while fulfilling a key requirement of the Ontario Public Health Organizational Standards (2011).

FINANCIAL IMPLICATIONS

As outlined in Appendix I, Peel Public Health will be receiving up to \$116,699 of 100 per cent provincial funding in 2012. This funding will cover the salary and benefit cost for a Registered Nurse hired in a Research and Policy Analyst position and will result in a lower net budget of approximately \$35,000. Peel Public Health has 19 FTE approved in the 2012 Budget that are pending Provincial funding. By utilizing the 100 per cent provincial funding, there would be 18 approved FTE that will remain vacant until the Ministry of Health and Long-Term Care provides the adequate funding.

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CONCLUSION

Peel Public Health will receive provincial funding for the Chief Nursing Officer Initiative and will be hiring a Registered Nurse as a Research and Policy Analyst, to support the CNO functions and responsibilities.

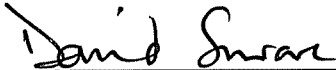


Janette Smith
Commissioner of Health Services



David L. Mowat, MBChB, MPH, FRCPC
Medical Officer of Health

Approved for Submission:



D. Szwarc, Chief Administrative Officer

For further information regarding this report, please contact Isabelle Mogck, Director of Communicable Diseases, at extension 2615 or via email at isabelle.mogck@peelregion.ca

- c. Legislative Services
Manager, Financial Support Unit (FSU)



APPENDIX I

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APPENDIX I

**Ministry of Health
and Long-Term Care**

Executive Director's Office

Public Health Division
11th Floor, Hepburn Block
Queen's Park
Toronto ON M7A 1R3

Telephone: (416) 212-3831
Facsimile: (416) 325-8412

**Ministère de la Santé
et des Soins de longue durée**

Bureau du directeur général

Division de la santé publique
Édifice Hepburn, 11e étage
Queen's Park
Toronto ON M7A 1R3

Téléphone: (416) 212-3831
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OCT 11 2011

Dr. David Mowat
Medical Officer of Health
Peel Public Health
7120 Hurontario Street
P.O. Box 667, RPO Streetsville
Mississauga ON L5M 2C2

Dear Dr. Mowat:

**Re: Ministry of Health and Long-Term Care and Ministry of Health Promotion and Sport
Public Health Accountability Agreement with the Board of Health for the Peel Public
Health dated January 1, 2011 (the "Accountability Agreement")**

This letter is further to the recent letter from the Honourable Deb Matthews, Minister of Health and Long-Term Care, in which she informed you that the Ministry of Health and Long-Term Care ("the ministry") will provide the Peel Public Health up to \$116,699 (at 100%) in annualized base funding beginning in 2011 to support implementation of the Chief Nursing Officer (CNO) Initiative.

As you know, the ministry issued the Ontario Public Health Organizational Standards (Organizational Standards) in February 2011. Requirement 6.16 of the Organizational Standards states that the Board of Health is required to designate a CNO by January 2013. The CNO Initiative is intended to facilitate and support this requirement.

Contingent upon the Board of Health meeting the terms and conditions for funding, up to \$29,175 in salary and benefits for 1.0 nursing Full-Time Equivalent (FTE) is available for the period October 1 to December 31, 2011. This new base funding will be annualized to \$116,699 in the 2012 funding year.

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Dr. David Mowat

The ministry and the Board of Health for the Peel Public Health will be entering into an Accountability Agreement effective January 1, 2011. I am pleased to provide you with 2 copies of an Amending Agreement that would, if executed, amend that Accountability Agreement, and which contain the terms and conditions governing the funding referred to in the Minister's letter. Once the Accountability Agreement has been executed and you have signed the Amending Agreement and met the funding conditions described in the following paragraph and provided a completed copy of the proof of designation and establishment form attached as Appendix 2 to the ministry, the ministry intends to execute the Amending Agreement.

The requirements for receipt of funding under the CNO initiative include: designation of a qualified CNO and implementation of CNO roles at a management level within the health unit, reporting to the Medical Officer of Health or Chief Executive Officer; establishment of additional hours of nursing services (minimum 1.0 FTE) which may include responsibilities that support the designated CNO's roles respecting nursing quality assurance and nursing practice leadership; and submission of a report to the ministry confirming the designation of a qualified CNO and the recruitment of a new 1.0 FTE nurse. The roles and requirements for the CNO position and the proof of designation and establishment form are attached to this letter as Appendix 1 and Appendix 2, respectively.

As you are aware, Ontario has felt the effects of the global recession and is running a deficit in order to create jobs and protect public services. While the contributions of those who deliver public services are valued and appreciated, the public also expects those who are paid by tax dollars to do their part to help sustain public services.

The government has passed the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* (the "Act"), which freezes compensation plans for all non-bargaining employees in the broader public sector, including the Ontario Public Service, for two years. For employees who bargain collectively, the government will respect all current collective agreements. When these agreements expire and new contracts are negotiated, the government will work with transfer payment partners and bargaining agents to seek agreements of at least two years' duration that do not include net compensation increases. The fiscal plan provides no funding for compensation increases for future collective agreements.

Funding provided by the province to transfer payment partners and agencies is for the purpose of providing and protecting public services and is not to be diverted to fund increases in employee compensation.

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Dr. David Mowat

The provision of funding does not relieve your organization from responsibility for complying with the Act and does not permit it to give increases that are not authorized by the Act.

Please review the Amending Agreement carefully and sign both copies enclosed and return both copies, as well as the completed proof of designation form to:

Brent Feeney
A/Manager, Funding and Accountability
Public Health Standards, Practice and Accountability Branch
Public Health Division, Ministry of Health and Long-Term Care
393 University Avenue, Suite 2100
Toronto ON M7A 2S1

Once the Accountability Agreement between the Province and the Peel Public Health has been executed, you have provided a completed copy of the proof of designation form to the ministry, and once the enclosed Amending Agreement has been executed by both parties, the ministry will return one copy of the executed Amending Agreement to you and will begin to flow the funds.

If you have any questions, please contact Mr. Feeney at 416-212-6397 or by email at brent.feeney@ontario.ca.

Sincerely,



Roselle Martino
Executive Director (A)

Attachments

- c: Mark Critch, Manager, Finance Support Unit, Peel Public Health
- Dr. Arlene King, Chief Medical Officer of Health, Public Health Division
- Debra Bournes, Provincial Chief Nursing Officer, Nursing Secretariat
- Pier Falotico, Director, Financial Management Branch, MOHLTC
- Michael Parzei, Director, Fiscal Oversight & Performance Branch, MOHLTC
- Sylvia Shedden, Director, Public Health Standards, Practice and Accountability Branch, MOHLTC
- Brent Feeney, A/Manger Funding and Accountability, Public Health Standards, Practice and Accountability Branch, MOHLTC



Chief Nursing Officer Roles

In February 2011, the Ministries of Health and Long-Term Care and Health Promotion and Sport issued the Ontario Public Health Organizational Standards (Organizational Standards). Requirement 6.16 of the Organizational Standards states that the Board of Health is required to designate a Chief Nursing Officer (CNO) by January 2013. Formal recognition and implementation of CNO roles at a management level will assist in implementation of requirements of the Organizational Standards that relate to management operations, such as:

- Contributing to health human resource strategies;
- Planning and implementing staff development initiatives; and
- Providing support on issues and activities related to professional practice.

The presence of a CNO in each health unit will enhance the health outcomes of the community at individual, group and population levels: through contributions to organizational strategic planning and decision making; by facilitating recruitment and retention of qualified, competent public health nursing staff; and enabling quality public health nursing practice. Furthermore, the CNO articulates, models and leads the way towards a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

It is expected that the CNO role will be implemented at a management 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.

Providing Nursing Practice Quality Assurance and Continuous Quality Improvement:

The Chief Nursing Officer:

1. Acts as the principal lead and resource for nursing practice and professional issues; oversees and has the authority to manage quality assurance and improvement activities related to nursing practice. Such activities include:
 - Leading or contributing to the resolution of issues respecting the quality of nursing practice for nurses employed by the organization and ensuring nursing practice requirements are met;
 - Leading and overseeing policy and procedure development for public health nursing practice;
 - Promoting and consulting on on-going evaluation of public health nursing practices, services and programs;
 - Fostering a culture of enquiry and innovation in public health nursing practices;
 - Providing leadership to the Nursing Practice Council;
 - Liaising with, and participating as an active member in nursing and public health organizations;
 - Facilitating the application of standards, best practice guidelines, legislation, regulations, competencies and trends of public health nursing practice (e.g., Ontario Public Health Standards, College of Nurses of Ontario and Canadian Community Health Nursing Standards of Practice, Public Health and Public Health Nursing Core Competencies,) towards quality public health practice; and,
 - Engaging and collaborating with the inter-professional teams on public health practice issues representing the nursing perspective and promoting inter-disciplinary public health practice.
2. Promotes nursing professional development and continuous learning of public health and related nursing knowledge by:
 - Facilitating planning for professional development, including securing and managing resources for training and education, and professional development resources and tools; and,
 - Leading and overseeing knowledge exchange/translation, research, staff orientation, mentoring.

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CNO Roles and Requirements continued...**Providing Nursing Leadership:**

3. The Chief Nursing Officer represents public health nursing at the community, provincial and national level by:
 - Contributing the perspective of public health nursing to multi-sectoral planning groups, organizations and governmental committees within and beyond the public health sector;
 - Communicating nursing's contributions to and influencing the functions of public health (i.e., health protection, health surveillance, population health assessment, health promotion, illness and injury prevention, and emergency preparedness and response); and,
 - Communicating nursing's contributions to the health of individuals, communities and populations by addressing the social determinants of health.
4. Additionally, the CNO liaises with academic bodies and community partners to:
 - Coordinate and support quality student placements, orientation and learning in public and community health nursing practice;
 - Consult in the development of curriculum;
 - Develop inter-disciplinary and multi-disciplinary learning opportunities; and,
 - Identify public health nursing research questions and foster academic/practice research partnerships.

Supporting Organizational Effectiveness:

5. The Chief Nursing Officer:
 - Advances a nursing perspective in support of, and to further, organizational effectiveness to meet the Ontario Public Health Standards and Organizational Standards through contributions to organizational strategic planning;
 - Promotes the full utilization of nursing scope of practice and competencies within a healthy work environment, which contributes to nursing job satisfaction; and,
 - Promotes professionalism by implementing and supporting evidence-informed leadership and professional practice standards.

Minimum CNO Requirements:

1. Registered Nurse with the College of Nurses of Ontario;
2. Baccalaureate degree in nursing;
3. Graduate degree with a focus on public health or nursing, or a relevant academic equivalent¹, or be committed to obtaining such qualifications within 3 years of designation;
4. Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
5. Member of appropriate professional organizations (e.g., RNAO, ANDSOOHA-PH Nursing Management; OPHA; etc.).

Recruitment:

In recruiting a qualified CNO, Boards of Health are encouraged to designate or accept applicants that have:

- Knowledge and experience in public health nursing that reflects an understanding of professional practice and development issues.
- The knowledge and skills required to contribute to workforce capacity building in public health nursing, recruitment and retention of public health nurses and support improvements in nursing practice that contribute to the health and well-being of individuals, communities and populations.

¹ For example, community health, health promotion, and health administration, etc.

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CHIEF NURSING OFFICER INITIATIVE TEMPLATE FORM – PROOF OF DESIGNATION AND ESTABLISHMENT OF NEW 1.0 NURSING FTE

TO BE COMPLETED BY BOARDS OF HEALTH TO: (A) CONFIRM DESIGNATION OF A CHIEF NURSING OFFICER, AND (B) UPON SUCCESSFUL RECRUITMENT OF A NEW PUBLIC HEALTH NURSE FTE, AND PROVIDED TO THE MINISTRY FOR REVIEW AND TRANSFER OF FUNDING

Health Unit Name:	
DESIGNATION OF A CHIEF NURSING OFFICER (CNO)	Date CNO Designated (YYY/MM):
	Designation Method (check ✓ as appropriate): <input type="checkbox"/> Board of Health Resolution (Reference): _____ <input type="checkbox"/> Staff Announcement (please attach) <input type="checkbox"/> Other (please specify) _____
	Full Title of CNO Designee:
FTE Allocation (Minimum Total is 1.0 FTE)	Designated CNO: _____ FTE
What proportion of the new FTE is allocated to the CNO and/or a new nursing FTE?	Other New Nursing FTE (if applicable): _____ FTE Position Title for New FTE: _____
Proportional Distribution of allocation <u>provided through CNO Initiative</u> .	CNO Salary Amount = \$ _____ Benefits as a Percentage (%) of Salary = _____ %
	Salary amount to New Nursing FTE (if applicable) = \$ _____ Benefits as a Percentage (%) of Salary = _____ %
Start Date of New Nursing FTE (if appropriate):	New Position: _____ (day/month/year)
Additional comments, if any:	
Authorized signing-officer	Print Name Signature Date

Please send the form to the attention of:
 Brent Feeney
 Manager, Funding and Accountability
 Public Health Standards, Practice and Accountability Branch
 Public Health Division, Ministry of Health and Long-Term Care
 393 University Avenue, Suite 2100
 Toronto ON M7A 2S1

Should you have any questions regarding this form, please contact Mr. Feeney via e-mail or telephone at Brent.Feeney@ontario.ca or 416-212-6397.