

# NURSING MATTERS: ELECTION PRIORITIES 2018

**According to the Canadian Institute for Health Information (CIHI), 41% of RNs in New Brunswick are eligible to retire in the next five years.**

**If elected, what is your party's strategy to address health human resource planning and the current shortage of registered nurses in New Brunswick?**

## Recommendations

ENHANCE TRAINING and education programs to best meet the health and nursing care needs of NB residents. Given our aging population and the acute care needs of tertiary care centers such as cardiac and oncology, this is essential.

UTILIZE NURSE Practitioners (NPs) and Clinical Nurse Specialists to their full scope of practice. They are a cost-effective solution and have the potential to contribute significantly to resolving some of the current health care issues, such as access to delivery and coordination of services and improvements in health outcomes.

DEVELOP AN employment model whereby all graduates of registered nursing programs obtain permanent employment positions with paid benefits.

PARTNER WITH other countries to provide on-site education for return to service in New Brunswick.

ESTABLISH FORMAL Internationally Educated Nurses (IEN) assessment and bridging centre in New Brunswick—link to major employers and communities.

PROMOTE COLLABORATIVE opportunities between English and French nursing programs; leverage technology; manage student wait lists.

SET STAFFING minimums according to evidence-based research.

## Funded Seats

	UNB	UdeM	Total
<b>Funded Seats</b>	<b>281</b>	<b>184</b>	<b>465</b>
2013	201	166	361
2014	181	130	311
2015	168	146	314
2016	162	144	306
2017	157	154	311

## Age Distribution of RNs

Year	Under 25	45-49	50-54	55+
2013	197 (2%)	1,346 (16%)	1,291 (15%)	2,077 (24%)
2014	190 (2%)	1,305 (15%)	1,345 (16%)	2,065 (24%)
2015	191 (2%)	1,207 (14%)	1,343 (16%)	2,072 (25%)
2016	161 (2%)	1,149 (14%)	1,334 (16%)	2,077 (25%)
2017	167 (2%)	1,056 (13%)	1,342 (16%)	2,072 (25%)

## Graduates Registered with NANB

Registration Year	NB Graduates
2013 (Class of 2009)	351
2014 (Class of 2010)	300
2015 (Class of 2011)	219
2016 (Class of 2012)	299
2017 (Class of 2013)	280

## Membership Profile

Year	Registered	Employed	Full-time	Part-Time
2013	8,960	8,537	5,341 (63%)	2,071 (24%)
2014	8,835	8,471	5,188 (61%)	2,070 (24%)
2015	8,634	8,389	5,056 (60%)	2,055 (25%)
2016	8,626	8,294	5,013 (60%)	2,009 (24%)
2017	8,603	8,280	4,955 (60%)	2,002 (24%)

## Rationale

AN INCREASE by one RN per patient/day was associated with decreased odds of hospital acquired pneumonia, unplanned extubation, respiratory failure, and cardiac arrest in ICUs, and a lower risk of failure to rescue in surgical patients.<sup>1</sup>

A 2010 systematic review of 26 research studies in critical care found decreased staffing in intensive care

units associated with increased adverse events in virtually all studies.<sup>2</sup>

CURRENT AND predicted nursing shortage: 300 vacancies per year over 10 years.

AGING POPULATION health needs.

HIGH NEED for mental health support, especially in youth sector.

**A 2011 Australian study<sup>1</sup> found that under minimum nurse hours per patient per day (NHPPD) ranging between 1:6 and 1:5, depending on the unit, there were significant decreases in nine patient health outcomes that are dependent on care/treatment delivered by an RN.**

<sup>1</sup> Kane, R., Shamliyan, T., Mueller, C., Duval, S. & Wilt, T. (2007). The Association of Registered Nurse staffing levels and patient outcomes. *Medical Care*, 45(12), 1195-1204

<sup>2</sup> Penoyer, D. (2010). Nurse staffing and patient outcomes in critical care: A concise review. *Critical Care Medicine*, 38(7), 1521-1528.

<sup>3</sup> Twigg, D., Duffield, C., Bremner, A., Rapley, P. & Finn, J. (2011). The impact of nursing hours per patient day (NHPPD) staffing method on patient outcomes: A retrospective analysis of patient and staffing data. *International Journal of Nursing Studies*, 48, 540-548.