



**BC NURSES'
UNION**

Standing up for health care

POSITION STATEMENT



PRIMARY CARE

www.bcnu.org

BC NURSES' UNION BELIEVES THAT:

Nurses advocate for health: a complete state of mental, physical, economic and social well-being. Community health is rooted in social determinants of health— income and social status are principle roots.

- > Nurses play an important role in community development for health.
- > Enhanced primary healthcare contributes to significant improvements in community health status. Nurses are central to this transformation.
- > An innovative primary healthcare system is built on participation of communities and puts the needs of people first, including patients, clients and residents.
- > Health promotion, disease prevention and palliation would play greater roles in this new system.
- > Nurses' work is pivotal in integrated, interdisciplinary care for those with chronic conditions, which are on the rise in BC.

BACKGROUND— SOCIAL DETERMINANTS OF HEALTH AND THE URGENT NEED FOR PRIMARY HEALTHCARE TRANSFORMATION

The conditions in which we are born, grow, work and age are the social determinants of health. The distribution of resources—power, money, knowledge—has a considerable impact on health. Since 1974, Canada has been a world leader in health policy. Recognizing that

health is determined by social factors such as income, social status, education, housing, social support and so forth, our governments have produced policy documents that underline the major significance of collective and individual efforts to improve health. Governments have cited robust evidence to prove that reducing poverty and social inequities are profitable investments in health. Unfortunately, despite the rhetoric, governments (and other entities) have taken minimal action to improve health based on these social justice principles. Acute care services continue to consume the lion's share of healthcare budgets; pharmaceuticals, high technology equipment and other expensive healthcare items, while important, play a smaller role than community social development in improving population health. Evidence from around the world has shown that healthier people emerge from societies that are more equal.

Turning our attention to primary healthcare (PHC) in BC, we note that fragmentation in service provision is a serious problem: family physicians are retiring and not being replaced; walk-in clinics, while filling a gap, provide discontinuous care; some British Columbians turn to inefficient and high-cost emergency rooms as their primary care. Transforming PHC, with an expanded role for nurses, is part of the solution to this social and economic

problem. The art and science of nursing is about providing opportunities for patients and communities to make healthier choices. Nurses do this by offering a continuum of respectful patient-centered and holistic healthcare to all clients in all contexts. Nurses have the skill, knowledge and experience to provide comprehensive primary healthcare.

ELEMENTS OF INNOVATIVE PRIMARY HEALTHCARE

People come first. Seeking input from citizens ensures that PHC is high quality, accessible and cost effective. Community members form part of the governing body of PHC services, assisting in their design, delivery and management. Providing health promotion, disease prevention, treatment and palliation—the full spectrum of services—are integral elements.

Chronic conditions are projected to account for 89% of all deaths in Canada.¹ Over two-thirds of total deaths result from four main clusters of chronic disease—cardiovascular, diabetes, cancer and respiratory illness.² Those living with chronic disease benefit tremendously from comprehensive nursing care including continuous education about how to effectively manage their conditions.^{3,4,5,6}

Integrated Health Network services, provided in some parts of the province, include: assistance in identifying patients at risk; comprehensive patient assessments by members of an interdisciplinary team; integrated care plans; direct patient referrals to specialized services such as diabetes education centres; support for building patient registries; self-management coaching; individualized action plans.⁷ Nurses are key to the success of these services.

Collaborative practice frameworks, shared principles and vision, interdisciplinary education and professional development

are essential aspects of this cooperative model. All providers are valued and their autonomy, clinical and other knowledge are honoured. Shared leadership of PHC teams allows nurses to fulfil their potential.

EXAMPLES OF INNOVATIVE PRIMARY CARE IN BC

Small pockets of integrated, high functioning PHC exist all over the province. More of these services are required for preventing disease and relieving the burden on hospitals. Street nurses provide excellent holistic care to homeless and underhoused people; they effectively address the social determinants of health through services, education and advocacy. Other nurses take services to communities and individuals in their homes. Nurses and nurse practitioners in rural communities provide a wide spectrum of mind-body care. This includes health promotion, immunizations, well-woman and general screening as well as case management of some acute and chronic conditions.⁸ Nurse Practitioners' roles are expanding in BC, mainly outside urban areas. Building trust and engaging with First Nations and other communities, some rural nurses have successfully tackled wider determinants of health through community development.⁹

Community health centres (CHCs) do exist in many parts of BC. They offer services of various providers under one roof, such as nurses, midwives, pharmacists, nutritionists, family doctors, counsellors and so forth. A hallmark of CHCs is salaried compensation for all staff. BCNU is supportive of the creation of more CHCs and other “one stop” opportunities for British Columbians to meet their healthcare needs in a community-oriented setting that provides outstanding care; the CHC model is the gold standard.

Other models also exist. With a long term emphasis on the value of PHC, Northern Health is innovating services that aim to improve access and quality, reduce inappropriate service utilization

1. www.who.int/chp/chronic_disease_report/media/CANADA.pdf
2. www.ohpe.ca/node/206
3. Engelke, M., Guttu, M., Warren, M., Swanson, M. (2008). School nurse case management for children with chronic illness: health academic and quality of life outcomes. *J Sch Nurse (SAGE)* 24(4): 205-14
4. Pagels, A., Wang, M., Wenstrom, Y. (2008). The impact of a nurse-led clinic on self-care ability, disease-specific knowledge and home dialysis modality. *NEPHROL NURS J* 35(3): 242-8.
5. Frich, L. (2003). Nursing interventions for patients with chronic conditions. *J ADV Nurs* 44(2): 137-53.
6. Sindhu, S., Pholpet, C., Puttakitukpol, S. (2010). Meeting the challenges of chronic illness: a nurse-led collaborative community care program in Thailand. *COLLEGIAN* 17(2): 93-9.
7. www.viha.ca/phc_cdm/phc_cdm_prog/ihn.htm
8. Annells, M. (2007). Where does practice nursing fit in primary healthcare? *Contemporary Nurse* 26(1):15-26.
9. Vukic, A. and Keddy, B. (2002). Northern nursing practice in a primary health care setting. *JONA* 40(5), 542-48.

and ultimately produce better health. By identifying best practices for clinical practice guidelines, seeking gaps in care, setting targets for improvement and redesigning systems, they have achieved promising results: improved chronic disease management (diabetes, depression, kidney disease, pain), better blood pressure rates and so forth.¹⁰

COMMUNITY DEVELOPMENT AND INNOVATIVE PRIMARY HEALTH CARE: CREATING HEALTHIER PEOPLE –NURSES AND SAVING COSTS

A more equal society which values everyone and distributes wealth more evenly is healthier. So, for many years, BCNU has advocated for community development and public health approaches to population health improvement. Additionally, BCNU has actively voiced support for CHCs, blended care and innovative PHC. BCNU renews our call for improving community health and rethinking the design of PHC. Taking such bold measures will create healthier British Columbians; in this new system nurses will gain more respect and fulfil their potential. Emphasizing health promotion and disease prevention will also address fiscal concerns. Everybody wins in this vision of health and healthcare.

FOR MORE INFORMATION

Please contact your BCNU Regional Chair to discuss these issues. Go to www.bcnu.org or look in your **Update** magazine for a list of representatives.

Integrated Health Network services, provided in some parts of the province, include: assistance in identifying patients at risk; comprehensive patient assessments by members of an interdisciplinary team; integrated care plans; direct patient referrals to specialized services such as diabetes education centres; support for building patient registries; self-management coaching; individualized action plans.⁷ Nurses are key to the success of these services.

An important part of innovations in primary care are changes to nurses' roles, settings and modes of practice. The expanded role of nurses in these settings provides opportunities for nurses to work to their full scope of practice. This results in higher job satisfaction, greater retention and decreased absenteeism. Furthermore, fully utilizing nurses' expertise fulfills nurses' potential, improves respect for nurses and raises the status of nursing.^{11,12}

10. Northern Health staff member(s) (2007). Care North 2006 to 2009. Presentation at "Innovations in Health Care Best Practices" conference.

11. Nelson, K., Wright, T., Connor, M. et al (2009). Lessons from eleven primary health care nursing innovations in New Zealand. INT NURS REV 56(3): 292-8.

12. Griffin, R., Blunt, C., Souster, V. (2011). Building capacity and capability in primary care: a nurse development program. PRIM HEALTH CARE 21(3): 25-9.