



Photo: Marcel La Hogue

It's time to make directors of nursing mandatory!

Philippe Couillard, Minister of Health and Social Services, is suggesting amendments to the act governing the organization of healthcare services in Quebec, to ensure that the network complies with the objectives defined in Bill 25.¹

Setting up local integrated service networks and merging CLSCs and CHSLDs calls for adjustments. The OIIQ has requested one such change that it considers extremely important, i.e. that section 206 of the Act be amended to require that a director of nursing (DN) be appointed in all health service centres, including rehabilitation centres with the status of university institutions offering intensive functional rehabilitation services.

As it stands, CLSCs, CHSLDs and rehabilitation centres are not obliged to appoint a DN; if there is no DN, they must appoint a nurse in charge of nursing. With the mergers of CLSCs and CHSLDs, the creation of megacentres and, above all, the challenges involved in creating integrated service networks, healthcare institutions will have to review the organization of nursing care and ensure continuing quality and safety for people in areas where services are distributed over a larger number of sites. Indeed, in my editorial in the September-October issue, I examined all the challenges for nursing management in the current context.

The existing Act is based on the outdated idea that only hospitals need a director of nursing. Yet CLSCs have been at the heart of the shift to ambulatory care, what with the exponential development of home care, Info-Santé, basic health care services, systematic

monitoring of patients with chronic health problems, palliative care, specialized care sections in integrated university health networks, monitoring of individuals with serious mental health problems, etc., and today, family medicine groups. In short, nurses are an important presence in CLSCs, and the development of front-line services means that they will make an even larger contribution.

So why this hesitation about creating a director of nursing position? We are told that the philosophy of interdisciplinarity cannot coexist with the requirement that a DN be appointed, and that each profession cannot have a director. In my opinion, this is a groundless argument. No one is disputing the need for interdisciplinarity, much less the community approach. No one is questioning the management of programs based on interdisciplinary co-operation, overseen by a skilled administrator. What we are saying is that there are large numbers of nurses involved in each program, and that the procedures for integrating and replacing nurses, the development of rules for intra- and trans-program care, vigilance with regard to quality criteria, ongoing cross-training for each program, and heading the Council of Nurses, call for co-ordinated, consistent management at the highest level. I would even add that appointing a DN and a

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director of professional services (DPS) encourages the seamless introduction of interdisciplinary practices. Here I am thinking in particular of the collective prescriptions and related protocols that have to be discussed between doctors and nurses. In light of all this, I feel that the appointment of both a DN and a DPS is essential.

The DN as a dynamic player

I sense that the idea of a DN summons up images of bygone days when everything in the hospital revolved around nurses, whereas in a program management context the DN is actually a dynamic management player who provides an overall vision of the profession's contribution to the institution's mission. For instance, the DN must be fully aware of the latest advances in practice and the guidelines for public protection issued by various authorities. Without a DN, in fact, it is hard to understand how a CLSC could efficiently convey information and ensure the training of nurses on Quebec's new vaccination protocol, the new detection guide for STDs and blood-borne infections, the Order's guidelines on nurses with infectious diseases, or any new regulations or clinical guides issued by the OIIQ.

In CHSLDs, the main argument for refusing to appoint a DN is the "living environment" philosophy, as opposed to the "healthcare setting" philosophy. The Order has often challenged this polarization, which invariably leads to excesses on both sides. Everyone agrees today that a CHSLD is by definition a healthcare setting that should reproduce the patient's natural environment as much as possible and avoid the taint of institutionalization.

No one wants to recreate the hospices and "old folk's homes" of the past. But it is a long way from there to denying the need for care. The findings of the study on nursing care quality conducted by the OIIQ at the CHSLD Centre-Ville in Montréal show beyond a doubt that an inadequate administrative structure for nursing care has direct repercussions on the quality of specific types of care required by residents. The trustee of the institution told me that the lack of a DN had meant insufficient expertise when it came to solving routine clinical and administrative problems. The need for a DN in a CHSLD is so obviously a matter of common sense that given the extreme vulnerability of these institutions and the bad press they have received in recent months, it should be easy to convince the public of the merits of our request.

A matter of public interest

And what about deregulation? I raise this final point because the government is trying to ease the regulatory burden. In other words, legislation should not dictate administrative aspects that could instead be left to local initiative. The principle is praiseworthy, but cannot be used to release the State from its obligation to protect the public.

Our request in no way conflicts with the flexibility needed by local management. It is intended to guarantee that, like the expert in medical care, an expert in nursing care is an integral part of the management of healthcare institutions at the highest level and that this position helps set policies for the establishment, in particular those relating to clinical nursing services. It is a matter of public interest.

The Minister wants to see enhanced integration of services on a local basis. This laudable objective calls for participation and, above all, trust by different stakeholders. The Minister must state in no uncertain terms that the nursing profession is an active player in the changes and part of strategic development in integrated service networks. The position of director of nursing can no longer be optional or left to the discretion of executive directors.

Rachel Bureau, President of the OIIQ from 1970 to 1973, passed away on July 5. A great leader in our profession, she oversaw the adoption of the exclusive field of practice defined in the *Nurses Act*, quite an accomplishment in itself. But I was fascinated by the importance she attached to her struggle to introduce the function of DN. Less than a year ago, she was still lecturing a group of nurses in the Quebec City region on the importance of protecting this function. It is now an acquired right accepted by hospitals and healthcare centres, but as I noted, that is not enough. I invite all nurses to speak out on this issue, and ask their MNAs and the Minister to support our request for an amendment to the Act. ●



Gyslaine Desrosiers
President