

Panel: What can nurses do to solve the primary care woes of Canadian healthcare systems?

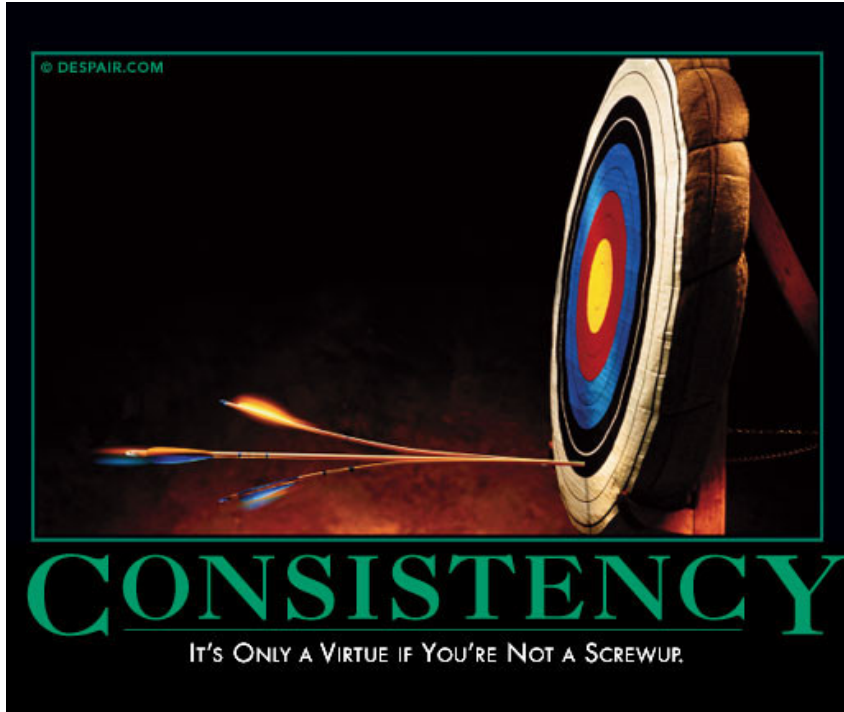
Panellists

- ESTHER SANGSTER-GORMLEY, University of Victoria
- BERNARD ROY, Université Laval
- ANNIE RIOUX (& Amélie Perron) University of Ottawa
- ISABELLE BRAULT, Université de Montréal
- DAMIEN CONTANDRIOPOULOS, Université de Montréal



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The target



- Shifting resources toward more primary care
- Decreasing average care intensity and invasiveness
- Controlling expenditure

Expand or extend ?

Expand

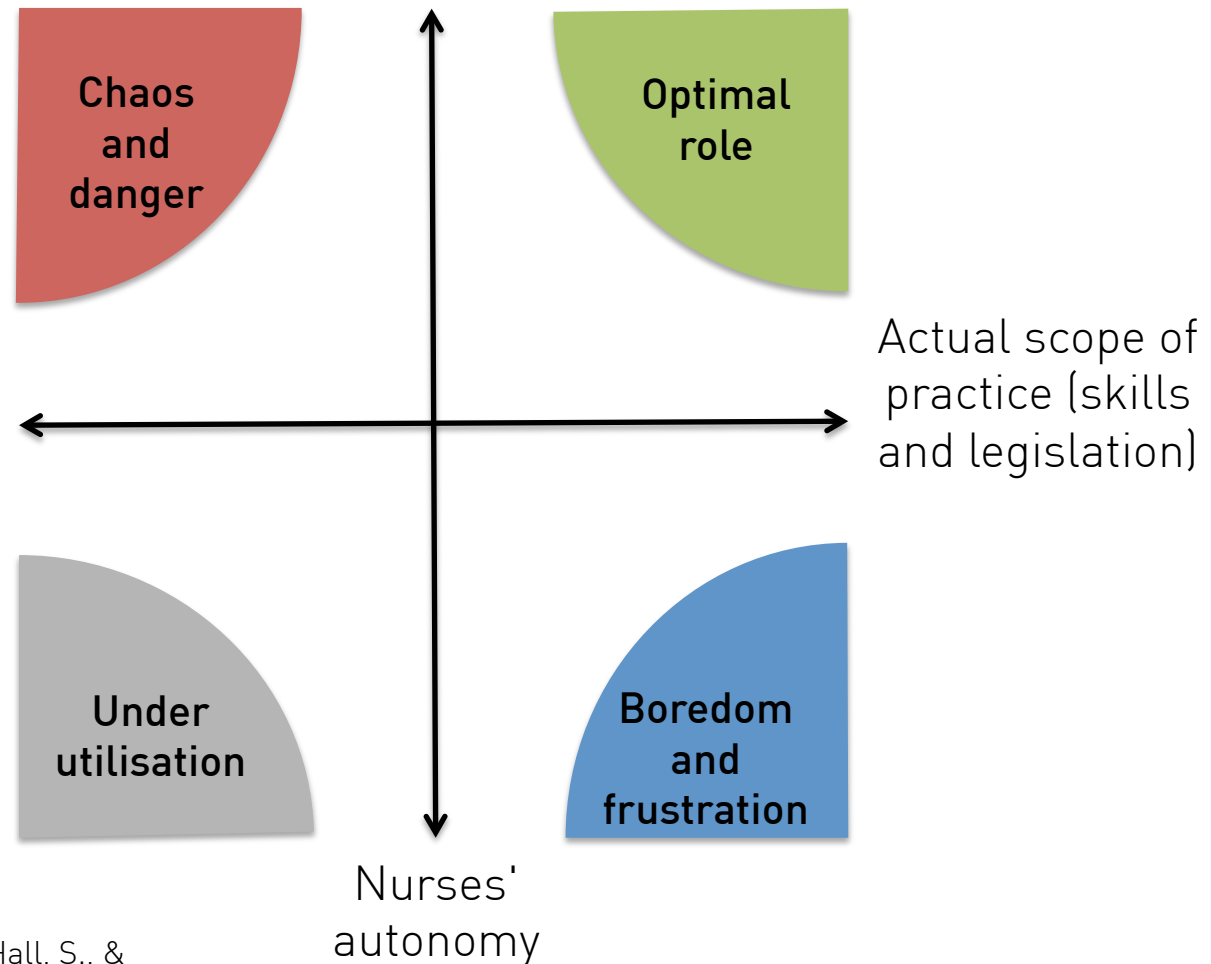
- Expanding nursing practice is to do more of the same
 - For example a team can increase nursing staff to improve treatment intensity or the proportion of care offered by nurses and this can improve team's productivity.

Extend

- Extending nursing practice is to offer different care or new services
 - For example a team can increase nursing staff to extend nursing roles and allow nurse to autonomously treat some patients or some conditions according to a logic of substitution

Adapted from: Richards, A., Carley, J., Jenkins-Clarke, S., & Richards, D. A. (2000). Skill mix between nurses and doctors working in primary care-delegation or allocation: a review of the literature. *International Journal of Nursing Studies*, 37(3), 185-197

Scope of practice and autonomy



Freely adapted from: Pearce, C., Hall, S., & Phillips, C. (2010). When policy meets the personal: general practice nurses in Australia. *Journal of Health Services & Research Policy*, 15 Suppl 2, 26-34

How to scale it up?

Innovation seems easier

- When offering services to marginalized populations (socially, geographically or economically)
- In partnership with wise medical leaders but away from too much medical HR
- In smaller / atypical organizational structures

So how do we scale it up ?

