



Cardiovascular Nurses Speak Out on Wait Times

A. Kirsten Woodend

In February 2008, the **Canadian Journal of Cardiology (CJC)** published a commentary entitled, "A Commentary on Access to Cardiovascular Services: Nursing Roles and Initiatives" (Eastwood et al., 2008). This is the first nursing commentary in a long series of commentaries by physicians that have been published in **CJC** over the past few years (Simpson et al., 2005; O'Neill et al., 2005a; Simpson et al., 2005; Munt et al., 2006; Knudtson et al., 2006; Graham, Knudtson, O'Neill, & Ross, 2006; O'Neill et al., 2005b; Dafoe, Arthur, Stokes, Morrin, & Beaton, 2006; Ross et al., 2006; Knudtson et al., 2006; Simpson et al., 2006). Better late than never!

How did this commentary come about? I am going to share this with you because I think it shows how much we can manage to get done when we decide to work together on an issue, even when we can't get together in the same room. In the early spring of 2007, the board of the Canadian Council of Cardiovascular Nurses (CCCN) reviewed a request from the Canadian Cardiovascular Society for feedback on the CCS's benchmarks and continuum of care concept. The CCCN board supported the document in principle, but expressed disappointment that we were being approached so long after the publication of the document. The CCS suggested that we submit a commentary to the **CJC** and that it be published simultaneously in both the **CJC** and the **CJCN**.

Cathy Eastwood (Advanced Practice Nurse) and Kirsten Woodend, as editor of the **CJCN**, were asked to take the lead on deciding on deadlines and the process for co-publication and, finally, for developing the content of a commentary. Cathy organized a working group consisting of cardiovascular nurses

from across Canada. The members of this group were: Cathy Eastwood, RN, BN, MN; Janine Doucet, RN, BSN, MN, Saint John Regional Hospital, St. John, NB; Estrelita Estrella-Holder, RN, MSc.A, CCN(C), St. Boniface General Hospital, Winnipeg, MB; June MacDonald, RN, Saint John Regional Hospital, St. John, NB; Natalie Nichols, RN, BA, MN, CCN(C), QEII Health Sciences Centre, Halifax, NS; Heather Sherrard, RN, MHA, CHE, University of Ottawa Heart Institute, Cardiac Care Network of Ontario, Ottawa, ON; Marcie Smigorowsky, RN, NP, MN, CCN(C), University of Alberta Hospital, Edmonton, AB; Gillian Yates, RN, MN, NP, CCN(C), Capital District Health Authority, Halifax, NS; and Kirsten Woodend, RN, MSc, PhD, University of Ottawa, Ottawa, ON.

By mid-March 2007, Cathy Eastwood had developed a possible outline for the article and we were looking at a May 11 deadline for submission, which was later adjusted to a July/August deadline with possible publication in October. By early July, Cathy had drafted the first few pages of the article and then the emails started flying! The members of the working group all started to add content and, by July 22, the third draft of the article was circulating. With most of the members' input in the draft by the end of July, I spent the first few weeks of August working with Cathy on revising, rewriting and editing the article. The final copy was approved by all members of the working group by the third week of August and submitted online to the **CJC** on August 23.

Of course, we relaxed a little too early. At the end of September I received a call from the editor-in-chief of the **CJC** (Eldon Smith) saying they would be willing to

publish the commentary with some revisions. We discussed the co-publication of the article by both our journals, but the copyright and “double-publishing” problems appeared insurmountable, so we decided to publish the commentary in *CJC* with a “comment on the commentary” in *CJCN*. The *CJC* gave the working group a mid-November deadline to make the requested revisions based on the feedback by the reviewer(s). We made the deadline!

You can access the abstract of this commentary at <http://www.pulsus.com/journals/abstract.jsp?HCtype=Physician&sCurrPg=abstract&jnlKy=1&atlKy=7788&isuKy=763&isArt=t&fromfold=&>. While the CCCN board and the working group supported the CCS work in setting benchmarks, we had some concern about the current discourse on wait times and benchmarks (O’Neill et al., 2005a). The first was the omission of non-physician health care providers and consumers from the development of benchmarks in contravention of the “first-principles” espoused by the Wait Time Alliance (Wait Time Alliance for Timely Access to Health Care, 2005). The second concern was the focus on “medical care” in most of the wait-time documents with little mention of “health care”. We

argue that if real change is to occur, then health care providers and policy makers need to take the broader “health care” perspective. Our third major concern was the allusion, in many of the documents on wait times, to the physician as gatekeeper. Only when all health care providers are involved will we be successful in improving access to care; this includes the need for health care providers other than physicians to act as gatekeepers when it is appropriate. The report on the **Future of Health Care in Canada** supports this (Romanow, 2002).

The bulk of the article focused on our recommendation that in order to further the wait-time discussion for patients with cardiovascular disease we need to: 1) be aware of the role (present and potential) for cardiovascular nurses both in reducing wait times and in improving patient care; 2) make real the ideal of interprofessional teams and expand their roles where they exist; and finally 3) include patients and potential health care consumers in finding solutions.

It was a real privilege to work with this team of cardiovascular nurses in writing and publishing this article. What should we tackle next? ♥

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