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RNAO WANTS TO HEAR YOUR COMMENTS AND OPINIONS ON WHAT YOU'VE READ OR WANT TO READ IN RNJ. WRITE TO US (250 WORDS MAX) AT LETTERS@RNAO.CA



## Proud BPSO sees fruits of its labour

Re: Becoming a BPSO, March/April 2013

We applaud RNAO for its Best Practice Spotlight Organization (BPSO) program, and for profiling BPSOs in a variety of practice settings. Here at Grand River Hospital, we echo our colleagues' comments concerning the positive impact of

Change initiatives are consistently examined through the lens of best practice at all levels of the organization.

Involvement in the BPSO program has also provided us with unlimited opportunities to share and learn from other organizations. During the past year, we have nurtured our relationship with a neighbouring BPSO, Cambridge Memorial Hospital. Quarterly meetings

## Optional CNA membership worries some

Re: President's View, Making CNA membership a choice, May/June 2013

I am very disheartened by the decision to make membership in CNA voluntary for RNAO members, and the process by which that decision was made.

RNAO made a commitment to members in 2006/2007 to

to members lacked professional integrity, authenticity and openness that we expect from our professional association. Given the changes at CNA are not in effect until the fall of 2014 and that CNA has offered to hold membership fees steady for two years, there is time for meaningful dialogue and input into the decision by members. I believe that together, we can come up with strategies that strengthen and protect both organizations. The choice would be more balanced if, to be an individual member of CNA, you did not need to be a member of RNAO.

I request that the board rescind the decision and broaden the dialogue with members in an open and authentic way.

Michelle Cooper  
Ancaster, Ontario



“THROUGH THE BPSO PROGRAM, WE WILL CONTINUE TO EXPLORE WAYS TO LEVERAGE EACH OTHER'S STRENGTHS FOR THE BENEFIT OF OUR PATIENTS, STAFF AND ORGANIZATIONS.”

best practice guideline (BPG) implementation on patient, staff and organizational outcomes. Looking ahead, NQuIRE will be an important database for organizations to measure, monitor and compare outcomes.

During our BPSO journey, we have implemented 15 BPGs and are implementing three new guidelines this year. After four years of implementing the Healthy Work Environment BPGs in several programs, we are beginning to see the fruits of our labour, evidenced by improvements in our 2013 *Staff Engagement Survey* results. We believe that BPG implementation has caused a cultural shift.

allow us to share successes and challenges concerning common BPGs. Last year, both organizations implemented the restraints BPG and joined forces to evaluate knowledge levels prior to and following an educational intervention. Joint events have promoted networking within and between organizations, while learning about BPG implementation and evaluation. Through the BPSO program, we will continue to explore ways to leverage each other's strengths for the benefit of our patients, staff and organizations.

Karen Cziraki, Lynne Julius,  
Joy Bevan, Debbie Bruder  
Kitchener, Ontario

maintain a strong relationship with CNA. The words of support in the president's column for a strong national nursing organization are not in alignment with the decision, in my view. When membership became "voluntary" for ONA members, RNAO took years to recuperate financially and has never come close to the previous level of membership. I would expect that RNAO would demonstrate its commitment to a strong national organization by helping CNA to navigate the upcoming challenges, not adding to them.

From my perspective, the process by which this decision was made and conveyed

I read Rhonda Seidman-Carlson's piece in the *Journal* and do not support making CNA membership optional. RNAO seems to have unilaterally decided that CNA will raise its fee due to its 'financial uncertainty' without giving CNA a chance to make its own decision about how it will address its revenue losses. This seems premature and heavy handed. At the very least, the full membership should have had the opportunity to weigh in on this important decision. I am concerned because:

1) As nurses in the most heavily populated province,

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- we should be supporting our national association, a professional body that ensures a pan-Canadian voice for nursing.
- 2) This decision alienates us from CNA and may set a precedent for other provinces and territories.
  - 3) RNs in Canada have greater influence on federal, provincial and territorial health public policy when they speak with a unified, evidence-informed voice.
  - 4) CNA is involved in many multidisciplinary public initiatives that advance our universal health-care system and nursing practice.
  - 5) CNA emphasizes evidence-based decisions and collaborates with researchers to generate the data to inform nursing policy and practice decisions.
  - 6) CNA's financial viability may be seriously threatened by this decision (especially if other provinces and territories follow), and this would be truly tragic for nursing.

I am proud of both CNA's and RNAO's enormous contributions to nursing. I am profoundly disappointed with this decision, and urge you to reinstate universal membership.

**Alba DiCenso**  
Hamilton, Ontario

Now more than ever, the Canadian public and Canadian nurses need a strong national nursing

organization. In order for CNA to fulfill that role, changes to its structure are needed to prevent the regulatory mandate of other jurisdictional CNA board members from hijacking an agenda of political activism. I am optimistic that current efforts to make such changes will position

CNA membership voluntary was made behind closed doors, under the premise of "policy." This implies that policy decisions are necessarily exempt from membership consultation. This is particularly puzzling given membership's clear message only a few years

articles and quality of the writing. I have not been a member of RNAO for many years, and I'm questioning why I stopped my membership. I read the digital version of the May/June edition, which a friend, who is a member, shared with me. A most interesting article was *SARS: A decade later*. It brought back many memories of our involvement at the Sudbury & District Health Unit. I was especially moved by Marie Loughnane's piece for *In the End: What Nursing Means to Me*. Tears came to my eyes as I read the article and remembered my years of bedside nursing, and how rewarding it felt to give that kind of care and compassion to a patient. I could relate to her understanding of the emotional pain that people feel when there is a drastic or gradual change to their health, and how they see themselves as a person. I will soon retire from nursing and, of course, question how I will be without the identity of being a practising nurse. Maybe the *Journal* will be my connection.

**Janet Spergel**  
Sudbury, Ontario

**RNAOnline** WHAT PEOPLE ARE SAYING ABOUT RNAO AND RNJ ONLINE.

**@CindyFajardoRN:** Happy Nursing Week to all nurses! Having BPSO Launch to celebrate Telehomecare in Ontario & partnership w/ @RNAO.

**@SteveClarkMPP:** Thanks to my Tri County Health Unit for organizing a big turnout for #NursingWeek2013 @RNAO

**@OntarioShores:** An enjoyable Take Your MPP to Work with @RNAO @TracyMacCharles and John O'Toole #nursingweek

Send your tweets to @RNAO

CNA to become, once again, the powerful nursing voice in the national corridors of power that it was in 1984.

I am, therefore, devastated with both the direction the RNAO board has taken and the manner in which it has taken it. In a country in which democracy is diminishing daily, I did not expect my RNAO to engage in Harperish politics. With pride, I tell my students that RNAO is different from every other jurisdictional nursing organization in Canada because it is membership driven. I can no longer say this in good conscience. The decision to make

ago about its desire to maintain a strong and supportive relationship with CNA.

I fear that with this decision, RNAO will be the architect of CNA's destruction, rather than the pillar of strength and support it needs.

**Adeline Falk-Rafael**  
Toronto, Ontario

## Former member can't recall why she let membership lapse

Re: *Registered Nurse Journal*, May-June 2013

I just read the *Journal* online and thoroughly enjoyed the

Letters to the editor and opinion pieces responding to feature articles or columns must not exceed 250 words. RNAO reserves the right to edit for length.