Bluewater Health welcomes BPSO status

Bluewater Health was one of 15 organizations chosen by RNAO this spring to become a Best Practice Spotlight Organization (BPSO) candidate. Health-care facilities that are committed to implementing RNAO best practice guidelines (BPG) receive this special recognition. Barb O’Neil, Bluewater’s Chief Nursing Executive (right), says her organization will focus on the client-centred care BPG. “We’ve selected (a BPG) that we hope to roll out across our whole organization and that fits with our care philosophy of patient and family centred care.”

Eventually, the hospital wants to implement several other BPGs, including those that focus on therapeutic relationships, supporting and strengthening families through expected and unexpected life events, preventing falls, assessing and managing pain, and smoking cessation. New BPSO candidates are recruited every three years, and the partnership is reviewed annually. Bluewater is among more than 50 BPSOs throughout Ontario and Quebec that have made a commitment to quality and evidence in their daily nursing practice. (The Sarnia Observer, April 19)

Action plan needed to ensure safety in long-term care

The Long-Term Care Task Force on Resident Care and Safety, created to address an increase in incidents of abuse and neglect in long-term care homes, and the underreporting of these incidents, has released its anticipated report detailing 18 “action” items that will focus on the prevention of abuse and neglect in the sector. Task force chair and retired University of Toronto nursing professor Gail Donner says the report raises the bar for nursing homes. With input from owners, associations, unions and staff of Ontario’s 634 licensed nursing homes, it calls on the sector to: create quality committees comprised of staff, family members and residents to fix problems unique to each home; offer greater flexibility in the labour arbitration process to fire abusive employees; consider specialized homes for abusive residents who suffer from dementia; and offer increased training for staff to handle seniors with complex behavioural problems. “I hope that the long-term care industry and, more importantly, the respect for the elderly, will have moved up a notch,” Donner said of the group’s work. There were more than 3,200 incidents of abuse and neglect reported to the Ministry of Health in 2011; that’s 3.5 cases per 100 nursing home beds. (Toronto Star, May 15)

Breathing easy at CHEO

Debby Voskamp, a nursing educator in the emergency department at the Children’s Hospital of Eastern Ontario (CHEO), is thrilled that her hospital’s new emergency department protocol is saving more than just seconds for asthma sufferers. “Before this was initiated, patients and their families would have to wait to see a physician before an oral steroid could be ordered and given,” she told Ottawa Capital City News. A new protocol, in place since January 2011, allows nurses to administer an oral steroid without waiting for a bed and a doctor. The hospital has been collecting data since instituting this directive, and has found patients are going home 45 minutes sooner. There’s also been a reduction in overnight admissions. While asthma treatment has not changed, patients
are getting the medicine sooner, Voskamp explained. Asthma is responsible for more than 2,500 patient visits annually at CHEO, with two-thirds of those suffering moderate or severe symptoms. (April 12)

**RNAO’s call to expand nurses’ duties**

In response to an ongoing shortage of doctors, increasing wait times, and complaints from 40 per cent of Canadian nurses who say they are not being used to their full capacity, RNAO has created a task force charged with expanding the professional duties of RNs. RNAO CEO Doris Grinspun told the Toronto Star, “The bottom line is that we’re wasting valuable resources with our RNs. It will be a missed opportunity for the public, taxpayers and patients if we don’t move to full utilization of our nurses.” Grinspun also said she hopes the task force will shed light on the expertise of RNs, and will reinforce the belief that nurses can do more within their scope of practice. If Ontario’s Ministry of Health accepts the recommendations, Grinspun believes there will be an inherent change to the province’s health-care system. It will mean an increased focus on health, not on illness, she said. (May 3)

**Dancing for oncology nurses**

The Canadian Association of Nurses in Oncology at London Health Sciences Centre (LHSC) organized a flash mob at precisely noon on April 3. The impromptu performance corresponded with similar gatherings at the same time across Canada as part of Canadian Oncology Nursing Day. RN Pat Stalker, one of the organizers, said such events help to pay tribute to nurses and the impact they have on cancer patients’ lives. “(Nursing) is a very thankful job,” she told the London Community News. “People think ‘Oh, you work in oncology; that has to be depressing,’ …but we get rewards from our patients every day.

“Today is an opportunity to celebrate those rewards and our patients.” Approximately 30 nurses involved with the London Regional Cancer Program at LHSC participated in the lunch-time event. (April 4)

**Lice day for it**

Head lice rival the common cold for longevity, and there’s no sign the pesky nits (said to be behind the spread of typhoid more than 500 years ago) are going to be eradicated. Debbie Bryant, a public health nurse at the Simcoe Muskoka District Health Unit, suggests over-the-counter pharmaceuticals are the most effective way to eliminate the unwelcome head guests. “Some people are not able to (use pharmaceuticals) so they use alternative treatments,” she said, suggesting “they work; it just takes more time.” Both the Canadian and American pediatric societies have websites devoted to lice removal, Bryant explained, and both agree that to really kill the nits, you must use over-the-counter products. Fortunately, lice “are strictly a human condition,” Bryant added. “They’re not like a flea or a bed bug that can go dormant without a blood supply and wake up again when there’s food. Once they’re dead, they’re done.” (The Barrie Examiner, April 11)
Standing up to diabetes

Diabetes nurse Danielle Critch hosted an information clinic at Norwood’s Centennial Guardian Pharmacy in April, hoping to help people who have been diagnosed with the disease or are uncertain about the status of their health. An educator with the Belleville General Hospital’s Diabetes Education Centre, Critch wanted time to talk one-on-one with individuals and offer reassurances about self-management.

“Education is power,” she said. “A lot of people just want the reassurance that they can self-manage with diet and exercise before they have to get to the medicine or insulin.” The one-day clinic was a success, she said. “I love helping people. I just want to give them the tools and skills to help them manage day to day.” (Campbellford EMC, April 26)

Knowing today’s sex terms

Chatham’s JG Taylor Community Centre was host to a Sexpressions workshop in April, and public health RN Marian McEwan was one of 10 healthcare workers and sex educators who attended to better understand changing sexual terminology used by adolescents. “It’s really about trying to talk to adolescents in their language and explain in professional terms why they need to know these things to ultimately keep them healthy,” McEwan said. Apart from sexual terminology, the workshop addressed anatomy, pregnancy, pregnancy prevention and sexually transmitted infections. McEwan, who works for the Chatham-Kent Public Health Unit, said she gained a better understanding of some of the issues when teaching sex education, and some of the latest trends in sexual behaviour.

“You can never start teaching too early,” she said. If your toddler asks you how babies are born, “you answer it simply and build on it through the years.” (The Chatham Daily News, May 1) RN

NURSES take their MPPs to work

Vanessa Burkoski, Chief Nursing Executive at London Health Sciences Centre (right), spoke about RNAO’s annual Take Your MPP to Work events across Ontario during Nursing Week. Nurses are such an important resource for improving our health-care system, she said, noting how RNs see the gaps in front-line health care first hand. They can advise Ontario’s decision makers on what needs to change.

“(Nurses) are the silent heroes making such a difference in the health-care system,” she said. The Take Your MPP to Work initiative is “…really visibly displaying the importance of nursing.” (98.1 FM London, May 9 and The Windsor Star, May 10)

Newmarket RN goes beyond the call of duty

National Nursing Week is a time to recognize the noteworthy achievements of nurses across the country. Ontario patient Mike Russell wanted to recognize RN Karen Jafs as a treasured resource after he contracted hepatitis C while getting a tattoo in 1992. His chronic illness has taken him on an emotional, rocky road full of treatments and uncertainty, he told the Aurora Banner, but Jafs has been his rock, alongside his family and friends, supporting him on his way to recovery. “She came to the hospital when I was sick, even on her off time,” he said. “Karen has been an ongoing support for me, even after treatment.” In response to the recognition, Jafs said, “People do call, day and night, and I take comfort in knowing I’m there to help them when they are in need.” (May 4)

NHS honours its own

Nurses from the Niagara Health System (NHS) gathered for a Nursing Awards of Excellence breakfast at the Welland Hospital on May 8 to acknowledge and appreciate the best of their own. Recipients of the awards were chosen by colleagues, and NHS Chief Nursing Officer Donna Rothwell commented: “I wish we could recognize nurses every day of the year.” Rothwell, who is the Region 3 representative on RNAO’s board of directors, is mindful that alongside the mental taxation many nurses feel year round, the job also takes an emotional toll. RN Christine Grenville was among the recipients of an Award for Excellence in Direct Patient Care. (Niagara This Week, May 8)

Funding for first assistants granted at Guelph General Hospital

Guelph General Hospital has been awarded funding for two registered nurse first assistants (RNFA). These specialized RNs assist during surgical procedures instead of relying on the traditional second doctor or medical student. David Levett is an operating room nurse at Guelph General who recently completed the RNFA training. He is now one of the newest RNFAs. Levett said there have been difficulties locating doctors to assist with surgeries, and that was one of the incentives to move forward with the RNFA program at Guelph General. “We started this...with support from a few surgeon mentors. I was really surprised at how quickly other surgeons started inviting us in to their surgeries,” he said. Nurses are cheaper than doctors, Levett added, and “with an RNFA, there’s also an extra nurse in the room.” (Guelph Mercury. com, May 8)