

NURSING IN TH

Expanded scope of practice on the horizon



Ontario's premier, and the promise of an announcement, attracted news media – English and Chinese – to RNAO's Annual General Meeting on April 12.

Daniel Lau, RNAO's director of membership, responded to Ontario Premier Kathleen Wynne's April announcement that her government will further enhance the scope of practice for nurses to include the dispensing of medication in specific circumstances. Lau told *Sing Tao Daily* newspaper "the expanded scope will help the people of Ontario to receive faster, more efficient health care" and will be a more effective use of nursing human resources. "The UK has had RNs prescribing for a number of years already," and Ontarians need to catch up,

added Lau. *The Ottawa Citizen* published a prepared statement from RNAO Chief Executive Officer Doris Grinspun, who said the announcement "...recognizes the central role Ontario's nurses play in our health system." She also noted that "...expanding the scope of practice of RNs and RPNs is in keeping with RNAO's *Primary Solutions for Primary Care* report, released last June." For more on Wynne's announcement, see our AGM coverage on page 21. (*Sing Tao Daily*, April 13; *The Ottawa Citizen*, April 12)

Budget addresses cycle of poverty

RNAO President Rhonda Seidman-Carlson said she is thrilled that steps are being taken to lift people out of poverty. These steps were outlined in the provincial budget, released in early May. "Nurses know that income affects your health and your ability to provide for you and your loved ones," she

said in a prepared statement released to media. The budget calls for a one per cent increase in social assistance rates. The government has also promised to raise the asset limit a person can keep before qualifying for social assistance, and not to claw back money earned by those who work part-time while on social assistance. "We are pleased that

the government understands that you can't escape a life of poverty if you are going to be penalized for finding part-time work," Seidman-Carlson also said in the statement. Ontario currently has the second worst RN-to-population ratio in the country, but Ontario's spending over the coming year will not include hiring more RNs. (*TheRecord.ca*, Waterloo, May 2)

Using evidence to eliminate the risk of falls

Carolyn Freitag, acting chief nursing executive at Thunder Bay Regional Health Sciences Centre (TBRHSC), knows the "importance" of being named a Best Practice Spotlight Organization (BPSO) by RNAO. Following a four-year approval process (a one-year extension was granted to

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BY CLAIRE O'KEEFFE

TBRHSC), the centre was recognized for acting to improve patient outcomes through the successful implementation of a series of best practice guidelines (BPG). Freitag explained the BPSO process to the *Chronicle Journal*, noting the centre implemented a BPG on falls prevention. "We have an orange band to identify our patients who are at risk (of falling) and we have an assessment coding system," she said, adding they test for mild, moderate or high risk. "We do those assessments routinely each day with our patients. The nurses incorporate this into their care," she explained. The designation means "...we're moving evidence-based practice for nursing across the organization... (It means) we're impacting patient outcomes...and we provide efficient and effective care," she added. (May 9)

Planning your care starts now

Chatham-Kent Health Alliance (CKHA) hosted an education session in April, focusing on health-care consent and advance care planning. RN **Michelle O'Rourke** spoke about giving patients quality end-of-life care. CKHA is a pilot organization for the Erie-St. Clair Local Health Integration Network's end-of-life network advance care planning initiative.



Michelle O'Rourke

The initiative aims to create dialogue within the community about future health-care needs and the value of informed consent before treatment begins. "It's the people (patients and families) with symptoms, not the diseases, that we come face-to-face with every day in our work," O'Rourke said. With 30 years experience in nursing, she warned that because people are living longer, there are more chronic diseases to contend with, and more treatment decisions to be made. (*The Chatham Daily News*, April 26)

Explaining the role of NPs

Bonnie Showers, a member of the Tilbury District Family Health Team and a nurse for 35 years, was asked by the *Tilbury Times* to explain the wide-ranging skills and settings in which nurse practitioners (NP) find themselves. She said NPs first emerged in Ontario communities in the early 70s, when there was limited access to health care. By the mid-90s, NP teaching programs were created in universities, and there were more ways for nurses to pursue advanced education. "NPs are advanced practice nurses who specialize in acute care, primary care, pediatrics or anesthesia," she explained. "NPs can diagnose and treat disease within (their) scope of knowledge." Showers went on to

LETTER TO THE EDITOR

NP **Maria Casas** wrote a letter to the Sudbury Star in response to a suggestion that physician assistants (PA) are part of the solution to primary care shortfalls in underserved areas of northern and rural Ontario. (April 30)

There are fundamental concerns regarding the use of physician assistants. PAs are unregulated workers who, under the supervision and delegation of a physician, perform tasks such as taking histories, treating conditions, and assisting during surgery. Unlike nurse practitioners, who need to have completed a four-year baccalaureate of science degree in nursing and a minimum of two years in clinical practice prior to applying to the NP program, the limited prerequisite requirements for application to a PA program in Ontario do not build on a health-care or scientific background. Given the growing acuity and complexity of the health-care needs of Ontarians, RNAO believes the current Ontario PA education to be inadequate. Physician assistants in Ontario are not accountable to a regulatory body, as pharmacists, nurses and other health-care professionals are. These bodies ensure regulated health professionals practise to acceptable and safe standards, an expectation not in place in Ontario for PAs. We recommend the creation of more nurse practitioner-led clinics to improve primary health-care access. PAs are not the answer to the need for high-quality, client-centred, cost-effective health care.

Maria Casas, RNAO Sudbury chapter

explain that over the past four years, the provincial government has expanded their scope. In a related story, **Sharon Partridge**, chief nursing officer at Barrie's Royal Victoria Hospital (RVH), told *The Barrie Examiner* she is delighted to see recent enhancements to the role. "This is a pivotal time for nursing," she said. "Nurses are highly skilled and educated, and more than prepared to help meet the ever-changing needs of our communities." **Cathy Miske**, one of 10 NPs at RVH, knows the added benefits of a

supportive partnership between NPs and their employer. She says "(RVH) is developing an environment to sustain NPs in their full scope of practice, and that translates into greater patient satisfaction and a better patient experience." (*Tilbury Times*, April 30; *The Barrie Examiner*, May 4)

Organ donation not in the cards for some

Cameron Gray, a nursing student at the University of Windsor, has something in common with Rocky Campana,

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OUT AND ABOUT



TEAM OF RUNNERS/WALKERS RAISE MONEY TO HONOUR RN'S MEMORY

On April 20, Cheryl Yost, immediate-past Region 2 representative to RNAO's board of directors (kneeling, second row, far left), Jane Foster, Perth chapter president (to Yost's left), and Penny Lamanna, RNAO board affairs co-ordinator (second from right, behind RNAO flag), represented the association at a five kilometre walk/run in London in support of the Brain Tumour Foundation of Canada, London Spring Sprint. They joined Janet's Patients, a

team that formed to raise money on behalf of Woodstock General Hospital RN Janet Wilson (right), past-president of RNAO's Oxford chapter for the past six years. Wilson was diagnosed with brain cancer, and passed away peacefully at home on May 1 this year. The team, which also included Wilson's children (behind the white banner), raised over \$40,000. The London Spring Sprint brought in more than \$230,000 on that day.



Janet Wilson

a Windsor man who took his own life last summer. Both men are gay. And as such, both could be categorized as high risk and rejected from donating their organs. Before ending his life, Campana asked that his organs be donated to people who need them. His final request could not be fulfilled, and his family and friends are reeling from the decision. "We're all equal citizens here and I think that our body is just as good as anybody else's body," Gray told *The Windsor Star*. The nursing student has now joined the Campana family in its bid to have Health Canada's policy on sexually active gay men changed. Gray's own brother was an organ

donor. When he died, five people's lives were saved with his donated organs, and Gray's wish is to have the same choice. "If something were to happen to me," he said, "I would want to be able to do that for somebody else as well." (April 15)

Cancer patients need more support in Winchester

Linda Johnson is a cancer care facilitator at Winchester District Memorial Hospital (WDMH), a one-stop shop for cancer patients in eastern Ontario. Various types of treatment are accessible at this rural hospital, including mammograms, radiology,

biopsies, surgery and chemotherapy. Fully trained chemotherapy nurses are on hand when needed, and family doctor appointments have been greatly reduced because hospital staff has taken over that role, Johnson told Cornwall's



Linda Johnson

Standard-Freeholder. WDMH's efficiency in cancer care attracts patients from across the region, so it's no surprise that approximately 120 patients are treated each month. Nevertheless, Johnson said cancer support programs are a scarce resource for patients. "What's lacking in our community... is support programs," she said, noting some patients struggle after treatment. The hospital runs a *Look Good, Feel Better* program to help female patients adjust to their new image after chemo. "Life changes when you go through cancer," Johnson added. "We as caregivers have to realize that, but patients need to recognize that (too)." (April 30) **RN**