

# NURSING IN TH



## Hamilton RNs use humour to heal body and mind

Psychiatric nurses **Sharron Orovan-Johnston** (left) and **Adrienne Sloan** prescribed plenty of laughter at their annual *Giggles and Grins* conference in February. The Hamilton RNs, who have hosted the event in their hometown for the last 18 years, hope to encourage people to lighten up and laugh as a means of healing. The pair say that throughout their careers in mental health nursing, they have often relied on humour to cope with the stress and pressures of the job. Their goal of spreading

laughter has gone beyond the bedside too. In 1994, the comedy-duo convinced Hamilton City Council to declare the first week of February *Lighten Up Week*. The recent conference, which featured guest speakers and comedians, helped to raise money for *Grandmothers of Steel*, a Stephen Lewis Foundation-led initiative to assist grandmothers in Africa who care for adults and children affected by HIV/AIDS. (*Hamilton Spectator*, Feb. 3)

### Swift response to Drummond report

Nurses across Ontario responded quickly to the recommendations in the austerity report from Don Drummond, the economist hired by the provincial government to offer advice on trimming public sector spending. RNAO President **David McNeil** and Chief Executive Officer **Doris Grinspun** expressed disappointment in the report's recommendation to tender specialist services to private, for-profit entities. However, they applauded its advice to bring primary care under the control

of Local Health Integration Networks. "We've long said that more integration is needed to ensure people have timely access to a primary care provider..." Grinspun told *Sudbury Northern Life*. She praised Drummond for acknowledging the central role nurses play in the health system, and recognizing the potential for improved health outcomes and cost savings by expanding their role (Feb. 21).

Trenton NP **Tammy O'Rourke** said Drummond's recommendations for more family health teams and more training and responsibility for nurses and

NPs are right on the mark (*CJBQ-AM, Belleville*, Feb. 20). RN **Natalie Bubela**, CEO of Muskoka Algonquin Healthcare, which manages the Bracebridge and Huntsville hospitals, said the report is very consistent with her organization's strategic plan to increase home care for the elderly and bring in electronic health records. (*Bracebridge Examiner*, Feb. 22)

### Ornge scandal

**Barb Linkewich** and **Rhonda Crocker-Ellacott** spoke to *The Globe and Mail* about the costly practice of providing nurses on

Ornge air ambulance flights. The newspaper reported that the province's air ambulance service does not have enough paramedics to staff its helicopters and airplanes, forcing hospitals to ask nurses to act as escorts for patients. The cash-strapped hospitals must dip into their operating budgets to pay the nurses' wages, including overtime. They also have to backfill their shifts when they are short staffed. Often, nurses are flown out of their communities and are left to find their own way home. "It's a huge issue for us," said

# E NEWS

BY STACEY HALE

Linkewich, Chief Nursing Officer at Sioux Lookout's Meno Ya Win Health Centre. "We are not in the transportation business. We provide patient care in hospitals," she told the *Globe* (March 5). The province's troubled air-ambulance service has been criticized in recent months for its operational problems, poor patient care and financial practices, including lavish salaries and a network of for-profit companies and affiliates.

## Brockville RNs embrace new nursing vision

**Cindy Patterson, Heather Crawford** and nursing staff at Brockville General Hospital (BGH) set their sights on crafting a new *Nursing Vision Statement* in February. "We wanted a new professional vision for our nurses, so we asked all of them for positive feedback on their work," said Patterson,

BGH Interim Clinical Manager of Surgical Services at the Charles Street site. "The new nursing vision is a clear voice of all our nursing staff," said Crawford, VP of Clinical Services and Chief Nursing Executive. It now hangs in all of the clinical work areas across the hospital, and reads: "Collaborative nursing professionals who deliver patient/family-centred care through nursing excellence, supported by accountability, autonomy and ongoing professional development." (*St. Lawrence EMC*, Feb. 9)

## Healthy and affordable smiles

NP **Connie Foster** is linking North Simcoe Muskoka residents to much-needed pro-bono dental work as part of the *Vibrant Smiles Partnership Program*. She works at a Community Health

## NURSING NOTES

### RNAO helps shape national agenda on clinical guidelines

Canada's premiers are working directly with health providers, including nurses and physicians, to strengthen our health system. The Council of the Federation (CoF), the body representing the country's premiers, announced in January the *Health-Care Innovation Working Group* to focus on three areas: clinical practice guidelines (CPG), scope of practice for health-care providers; and human resources management. Given the robustness and impact of RNAO's Best Practice Guidelines (BPG) Program, CoF and its two national partners, Canadian Nurses Association (CNA) and Canadian Medical Association (CMA), requested RNAO join the CPG working group. "RNAO is Canada's leader in developing clinical best practice guidelines for nurses, and supporting their uptake and sustainability," RNAO CEO Doris Grinspun says. "These guidelines are applicable to all other disciplines." The group, which meets weekly, will report back to CoF by May 20, and will provide a final report in July 2012. Since its inception in 1999, the BPG Program has produced 48 BPGs that have been adopted provincially, nationally and internationally. "We are very proud to partner with RNAO on this CoF initiative," says CNA CEO Rachel Bard, adding "clinical practice guidelines lead to improved care for Canadians and help us maintain a high quality of care as the norm across many jurisdictions. Through the development of guidelines, nurses are contributing to better health outcomes and better value for our population."

### NP toolkit: a resource for employers

Thanks to RNAO's leadership, Ontario is the first jurisdiction in North America to legally authorize NPs to admit, transfer, treat and discharge hospital in-patients in an effort to improve the patient's experience and system effectiveness. To ensure this legislated change, and the extended authority of NPs, is fully understood, and to aid in utilization of NPs to their full scope of practice, RNAO launched a taskforce in collaboration with the Nurse Practitioners' Association of Ontario (NPAO) to develop a toolkit for employers. Led by NPAO's Michelle Acorn, and Vanessa Burkoski of London Health Sciences Centre, with help from RNAO policy analyst Sara Clemens, the group released the toolkit in February, offering employers guidance on how to fully utilize NPs in an acute care setting. For more information, visit [www.RNAO.org/NP-toolkit](http://www.RNAO.org/NP-toolkit).



(From left) Cindy Patterson and Lorraine White, Brockville General Hospital (BGH) Nursing Practice Council co-chairs, and Heather Crawford, BGH VP Clinical Services and Chief Nursing Executive, share a "vision" for what nursing at BGH is all about.

# NURSING IN THE NEWS

## OUT AND ABOUT



Representatives from the Australian Nursing and Midwifery Federation (ANMF) visited Toronto in March to sign an agreement with RNAO to become a Best Practice Spotlight Organization (BPSO) Host. Robert Bonner, ANMF Manager of Industrial and Education Services (second from left), and Elizabeth Dabars, ANMF Chief Executive Officer/Secretary (fourth from left), were the primary signatories on an agreement to oversee the implementation of best practice guidelines in various facilities across Australia. Also present for the signing: Irmajean Bajnok, Director of RNAO's Best Practice Guidelines Program (left); CEO Doris Grinspun (centre, left); President-Elect Rhonda Seidman-Carlson (second from right); and President David McNeil.

## LETTER TO THE EDITOR

*In response to an article about whether or not it is prudent to allow seniors to drive without retesting, RNAO President-Elect Rhonda Seidman-Carlson wrote a letter to the Toronto Star to highlight the role medications can play in a senior's ability to stay safe behind the wheel.*

## Driving gives seniors independence

*Re: Reaching the end of the road, Feb. 13*

Not only is it important for primary care providers to discuss driving with their older patients and to assess those where risk has been identified, but it is also important to look at the role medications may be playing in some of the changes in judgment, response time, and reasoning. Most community dwelling older adults are on eight to 12 medications. While each medication might be needed, the interplay of these drugs and the changes in the body's ability to process medications can make the cognitive changes more pronounced. It is crucial to examine medications before considering taking away someone's driving freedom.

Rhonda Seidman-Carlson  
Markham, Ontario

Centre (CHC) in Midland, which has partnered with Hygienics Studio to provide dental work for low-income patients registered with the CHC. "Our purpose is to make this preventative care more accessible by breaking financial barriers," Foster told the *Midland Free Press*. (Feb. 2)

## Lab work done by humans is better for patient health

**Ross Sutherland** and **Shirley Roebuck** voiced their concern about the proposed closure of lab services and replacement of lab technicians with point-of-care devices at the Chatham-Kent Health Alliance. In February, Sutherland and Roebuck were panelists at a town-hall meeting that was called to discuss the controversial proposal. Roebuck said emergency department nurses would be required to operate the devices, which she said are expensive and not always accurate. "Patient treatment depends on accurate lab results," she added, "and lab technicians are the experts." (*Chatham Daily News*, Feb. 6)

## Delisting OxyContin

RNAO Chief Executive Officer **Doris Grinspun** expressed concern about the provincial government's decision in March to remove public funding for OxyContin and begin the transfer to its newer, harder-to-abuse formulation, OxyNEO, without first ensuring treatment is available to help people addicted to the powerful painkiller. "Nurses are deeply concerned about the thousands of people whose suffering will only increase if they cannot get

proper access to treatment," she said at a Feb. 29 press conference organized by the Nishnawbe Aski Nation (NAN). The group is seeking government supports for a potential mass withdrawal in their community due to the delisting of the drug. NAN said up to 70 per cent of people in some Ontario First Nations communities are addicted to OxyContin and now face painful withdrawal symptoms. (*CBC online*, Feb. 29)

## Clean needles

**Denna Leach** said intravenous drug users are exchanging dirty needles for clean ones at an increasing rate in Grey-Bruce. The Owen Sound RN and program manager for the Health Unit's needle exchange program, which aims to reduce the spread of hepatitis and HIV, said the message is getting out, and users are beginning to trust the program. About 240 people, who can remain anonymous,



have used the program. The only question they're asked: what's your age and drug of choice? The information is being collected for statistical reasons. "Substance misuse is a disease," Leach said. "There are reasons why people choose to use substances, and we choose to provide them (with) treatment and medication," she told the *Owen Sound Sun Times*. (Feb. 29)