

NURSING IN TH



Jennifer Lapum stands proudly by her exhibit, which is visible from a wider angle at right

Open-heart surgery inspires poetry

Toronto nurse **Jennifer Lapum** embraced her inner artist in June when her poetry was displayed for public eyes at Toronto General Hospital. The RNAO member was inspired to write about her work in the cardiovascular intensive care unit, and about her findings after interviewing 16 patients who had awoken from open-heart surgery. "I'm still marked with patients' stories. They're staining my inner core," she told the *Toronto Star* (June 16).

As part of her PhD thesis, Lapum wrote an article based on the experiences of her 16 interview subjects. She had it published in scholarly journals, but says the emotions fell flat. That's why she turned

her patients' words into poetry and organized an exhibit. Lapum, a nursing professor at Ryerson University, hopes her poetry serves as a reminder for all health-care professionals to slow down and listen to their patients.

Following is an excerpt from one of Lapum's poems...

What's my warranty?

am I still raw
inside
am I still, healing

when I almost forget—
my body reminds me

how did they get inside?
pry it open?
patch me up?

will I ever come back?
to what I was before—

On June 19, RNAO President-Elect Rhonda Seidman-Carlson wrote a letter to the Toronto Star thanking Lapum for her reminder that quality care can't always be measured on a scorecard.

For those of us in health care, our work, while always meaningful and important, becomes our "everyday" and sometimes we do not appreciate that for the patient this is their "only" day experience and therefore profound. I think Lapum's work should remind all of us that for our patients and their families every experience with the health-care world is unique and brings with it unique and personal emotions. All of us are concerned about quality, outcomes and patient satisfaction. We all have indicators and scorecards that we report on to various agencies. But sometimes in our thrust to report on quality, we may forget that the highest "quality" comes from understanding the patient and family experience. We should always find out what this experience means to them; we should always take a moment to ask, to really listen and to share the unique experience with each and every patient.

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BY STACEY HALE

Mayor rejects offer of two public health nurses

RNAO President **David McNeil** spoke on behalf of the thousands of nurses across Ontario who opposed Toronto Mayor Rob Ford's decision to decline the province's offer to fund two public health nurses. In June, Ford rejected the Ministry of Health's offer to pay \$170,000 to hire one nurse to work on disease prevention with recent immigrants and a second to work in health promotion in one of the city's poorest neighbourhoods. "Every day, public health nurses are at the forefront of health protection and promotion, disease and injury prevention, reducing health inequities, and reducing the costs to taxpayers..." he told the *Examiner.com* (July 8). More than 3,000 nurses wrote letters to Ford and city councillors asking them to reconsider their decision. A vote was held in an effort to reopen the issue for further debate, but the vote was split with 21 councillors in favour and 21 councillors who did not support the motion. A two-thirds majority is required to successfully carry the motion and the vote was defeated. For more on this initiative, see *Policy at Work* (pg. 26).

Nurse braves bariatric bypass for a second chance at health

Diane Eley spoke publicly in June about her struggle with obesity and her journey

to lose weight by undergoing bariatric bypass surgery. Her story was one of several in a *Toronto Star* series about obesity. The surgery, which reduces the stomach to the size of an egg, is part of a \$75 million provincial program created to give the morbidly obese a second chance at health.



Diane Eley

For Eley, an RN at St. Michael's Hospital, the breast cancer she suffered five years ago was related to her obesity. "I was waking up at night, holding my pads of fat, crying that it is going to bring my cancer back," she said.

To qualify for the government-funded surgery, patients must have a body mass index (a measurement that uses weight and height to measure fat) of 40 or above, or suffer

from a deadly health condition. Eley underwent an intense screening program intended to weed out those who are not committed to changing their eating and exercising patterns after surgery. After being accepted for the procedure, the 55-year-old RNAO member dropped six dress sizes. (*Toronto Star*, June 18)

Preventing falls in the home

RNAO member **Wendy Nicklin**, president and chief executive officer of Accreditation Canada, says Canada's home-care agencies face tough measures to prevent falls under new accreditation rules. Since January, Accreditation Canada has required organizations providing home care to do 'fall proofing,' which includes assessing the inside

and outside of a private home to identify fall hazards, such as poor lighting, slippery floors and the absence of grab bars near a toilet or shower. "The risks in the home are very significant," Nicklin told the *Globe and Mail* (June 1). According to figures from the Canadian Institute for Health Information, 54,694 seniors were admitted to hospital for falls in 2007-2008; the figures do not include Quebec. Since 2009, hospitals and long-term care homes across the country have been required to adopt fall prevention strategies to minimize injuries.

Nursing professor hopes to better educate swingers on safe sex

University of Ottawa nursing professor **Patrick O'Byrne's** research on the lifestyle and sex practices of swingers caught the attention of the *National Post* in June. The RNAO member spent two nights observing affluent, 40-something couples as they mingled and exchanged sexual favours in a local swingers' club. He published his findings in the *Canadian Journal of Nursing Research* in March 2011.

Many of the individuals O'Byrne observed practised unprotected sex, had multiple partners and failed to undergo regular testing for sexually transmitted diseases. He says simply condemning the activity will not work, and he's advocating for more research to

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devise better ways of educating swingers about safe sex practices. “What is the role of the health professional? Is it to deal with health issues ... or is it to lecture somebody on how they should be behaving?” (June 24)

Promoting continence awareness

On June 16, RNAO member **Melissa Northwood** wrote a letter thanking the Hamilton Spectator for facilitating an open discussion about bladder and bowel health.

Only about 25 per cent of people with loss of bowel control ever seek help because of embarrassment and a lack of open public discussion on the topic. Thank you to the *Spectator* for getting the word out that problems with the bowel are not normal at any age and that conservative treatments—such as the dietary changes mentioned in the article—can work to improve matters. As a registered nurse working in this area, I must caution that a one-size-fits-all approach does not work for everyone as we all have personal habits, routines, medication use and other health issues to factor in when developing a plan to improve bowel function.

Melissa Northwood,
Project Manager, Continence
Care Clinics, St. Joseph's
Healthcare, Hamilton

RN shines a spotlight on growing problem of elder abuse

Pamela Rowe is leading an Oshawa long-term care home in the fight against elder



Pamela Rowe

PHOTO COURTESY OF OSHAWA THIS WEEK

abuse. In June, the RNAO member and manager of nursing practice at Hillsdale Estates discussed her home's designation as one of 10 Prevention of Elder Abuse Centres of Excellence (PEACE) sites in Canada. “We want to be champions for elder abuse prevention and knowledge,” she told *Oshawa This Week* and *Durham Business Times* (June 15). The two-year PEACE project is funded by the federal government and co-organized by RNAO and the Canadian Nurses Association. Its goal is to teach health-care workers—and the community—what elder abuse is, how to spot it, intervention strategies, and the rights of long-term care residents. Watch for a full-length feature article on this initiative in the next issue of *Registered Nurse Journal*.

Action pass keeps kids active

In an effort to keep kids active this summer, public health nurse **Stefanie Antony**

reminded students in Durham to pick up their Grade 5 Action Pass. The pass gives students who are in Grade 5/6 (9–11 years old) unlimited, free access to public recreation centres for activities such as swimming, skating and some drop-in programs. “Children and youth need to participate in at least 60 minutes of moderate to vigorous physical activity each day,” the RNAO member and Durham Region Health Department RN says. “(The) pass is a great opportunity for youth to get active and gain interest in fun physical activities that may carry over into their future years.” (*Durham Business Times*, June 20)

Stolen hospital drugs

London nurse practitioner **Sue Tobin** said it isn't surprising drugs are being stolen from hospitals. “It is a real money-maker and there are so many people addicted to opiates,” the RNAO member and London InterCommunity Health Centre NP told the *London Free Press* (June 3). According to Health Canada records obtained through a federal access-to-information request, drugs are stolen nearly every day from hospitals across Canada. In 2010, more than 300 incidents were reported by hospitals to the federal government. The drugs were either stolen, lost in transit, or just simply disappeared with no explanation. **RN**

Are you planning an event in your community? Do you have a digital camera?

Don't forget to take lots of photos of local RNAO members and send them to us for possible publication in the Journal's *Out and About* section. Send your images and photo caption information to editor@rnao.org.