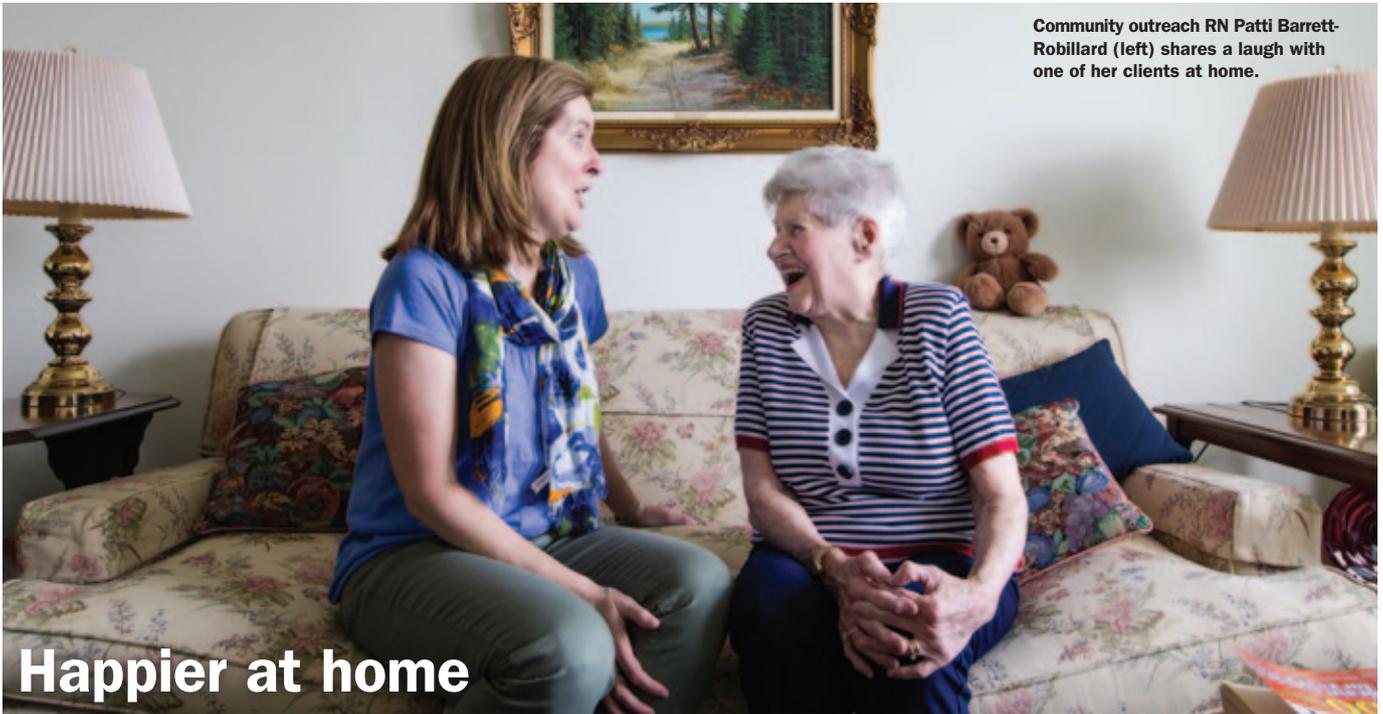


NURSING IN TH



Community outreach RN Patti Barrett-Robillard (left) shares a laugh with one of her clients at home.

Happier at home

Patti Barrett-Robillard is a community outreach nurse with the Local Health Integration Network (LHIN) in Ottawa. The LHIN is now working with that city's Public Health Community Connect program to help link those who are isolated in their homes with the resources they need to feel supported and secure. "We want to get to them while they're healthy," says Barrett-Robillard, who acts not only as a health professional, but also a confidante and friend to many seniors who are under her care. These programs have been around for some time, she says,

but now they're being expanded to reach more of Ottawa's elderly population, which is expected to double in the next 20 years. Keeping seniors in their homes means saving millions of taxpayer dollars every year, she adds. Occasionally armed with a bouquet of flowers, Barrett-Robillard's monthly home visits allow her to provide primary care and health education, which enables clients to live independently in their homes "...instead of at the hospital, because that's usually the worst outcome." (*The Chatham Daily News*, April 26)

Offering men preventive health care

Maureen Dennis urges men to take preventive health more seriously, especially when it comes to the detection of cancer. She is creator and co-ordinator of a free Men's Health Clinic held each year in June. Run by the Windsor Essex Community Health Centre for the past six years, the clinic offers: prostate,

skin and colorectal cancer screening tests; medication and dietary advice; blood pressure and blood sugar tests; and testicular health awareness services to men. Dennis began thinking about setting up the clinic while working as a primary care nurse in medical oncology at the Windsor Regional Cancer Centre. Caring for cancer patients, she would often think,

"why wasn't this detected earlier? You know, this could have been detected earlier and the outcome would have been so different." Dennis applied for a grant through a fundraising organization – Motorcycle Ride for Dad – which supports prostate cancer research and public awareness through a major motorcycle event in 30 Canadian cities. She was approved

for funding to set up the clinic, which she deems "almost like (a) gift of health." Dennis believes that if the clinic allows for early detection of cancer in just one person, it's worth it. (*The Windsor Star*, June 17)

Northerners get health advice from a distance

In June, North East Community Care Access Centre client

E NEWS

BY CLAIRE O'KEEFFE

services manager **Nicole Jansen** spoke to *The Timmins Daily Press* about how a virtual health program – Telehomecare – has expanded across northeastern Ontario. The program (one of three in Ontario) is led by the North East LHIN and delivered by nurses. Through technology, patients convey their health information to a nurse who then provides instructions on care. The process empowers people to become active managers of their chronic conditions, Jansen says. As a manager, she delivers orientation to new Telehomecare nurses, and workshops to nurses who already practise in this area. “This program improves a patient’s quality of life because he or she can better self-manage with support, education and coaching over a distance,” she says. The program’s expansion this summer means there are two new nurse coaches (added to the original team of three). At least 400 residents in the north are expected to be using the service by the fall. (June 14)

Calming environment quells fear, calms nerves

Mackenzie Health in Richmond Hill is home to an innovative new project created to assist victims in crisis. The organization’s Domestic Abuse and Sexual Assault (DASA) Care Centre has partnered with York Regional Police to build a new “soft interview room.” It is a calming, home-like,

soundproof room complete with unobtrusive video recording equipment. One of only three such rooms in Ontario, it is designed to reduce the distress that an investigation can create when victims of domestic abuse, human trafficking and sexual assault are interviewed by police. **Linda Reimer**, DASA’s team leader, says: “If someone has sexually assaulted you and it was a friend you thought you could trust or it’s your partner... there’s a shock component...It needs to be handled very delicately.” The room allows police to talk to victims at the hospital following an examination and treatment. On-call RNs who have specialized training provide care to as many as 15 patients each month. Reimer believes it’s a “seamless” collaboration between health-care workers and the police. “We... respect each other’s roles and recognize they’re different but complementary,” she says. “It’s all done very discreetly at the patient’s pace and with their consent.” When the interview room is not being used for investigations, it provides a quiet space for the emergency room’s grieving families. (*Richmond Hill Liberal*, June 24)

Councillors vote ‘no’ to filming clients seeking treatment

Addiction doesn’t discriminate. This is one of the reasons **Abe Oudshoorn**, an RN and community health specialist, spoke out against a recent

LETTER TO THE EDITOR

Lynn McCleary, an associate professor in the department of nursing at Brock University, wrote to the St. Catharines Standard (June 21) in response to new legislation – Respect for Communities Act – tabled by then federal Health Minister Leona Aglukkaq in June. The legislation will make it more difficult to establish supervised injection sites because applicants will be required to meet onerous requirements. The Act also stipulates that the final decision on opening safe injection sites is left to the minister of health’s discretion. To read more about this, see Policy at Work, page 30.

As a registered nurse, I am so disappointed my government is making it more difficult for people with addictions to access effective care. The *Respect for Communities* federal legislation is disrespectful. New rules would make it almost impossible to establish new safe injection, harm reduction programs. Credible, independent research shows that this approach is safe, effective, saves lives and improves health. It’s so frustrating to, on the one hand, be told by government that we as health-care providers should be providing care based on research evidence (of course we should), while at the same time having the same government nonsensically limit our ability to do so, all on the basis of misinformation and prejudice.

Lynn McCleary
St. Catharines, Ontario

recommendation made by politicians in London, Ontario. They wanted to have the region’s 12 methadone-dispensing pharmacies and five clinics – which each treat at least 40 patients daily – install outdoor surveillance cameras that would keep a daily head count of patients. Oudshoorn, a faculty member for the School of Nursing at Western University, argued that installing cameras outside a clinic would deter an estimated 1,400 Londoners

from getting treatment. He said people seeking methadone treatment are “at a vulnerable point in time and they’re making a choice we want them to make, so we (should)...do everything we can to make that choice happen.” The recommendation was made to London’s municipal council community and protective services committee in late May. By mid-June, councillors voted against the proposition. (*The London Free Press*, May 29, June 11) **RN**