

NURSING IN THE

Taking strides towards a healthy lifestyle

Community health nurse **Yvonne Wigboldus** is leader of *Rez Runners*, a program that initially started as a nine-week crash course for beginners, but has since blossomed into a running club for residents of Kettle and Stony Point First Nation. “Obesity, heart disease and stroke are very common in First Nations communities,” she says, adding prevention is key.

Describing herself as a “couch potato” before she took up running, Wigboldus is thrilled with the response she’s received. Weekly talks on nutrition and healthy living are followed by walk-run sessions. As many as 50 people signed up for the program that started last fall. Participants dropped to 15 “...once they realized how hard it was,” Wigboldus says. Those remaining, and more, are now part of the club.

“I was just so impressed with this group,” she says of the latest cohort, who finished in December with a five kilometre run. “They ended up encouraging each other,” she says, adding “They all reported more energy, more self esteem, sleeping better; stress level and breathing improvements.” Some, she declares “...have even asked to be coaches.” (*The Sarnia Observer*, Dec 8)



Community health nurse Yvonne Wigboldus (kneeling, right) is inspiring residents of Stony Point First Nation to lace up and get healthy.

Book reveals challenges of rural women’s health

University of Western Ontario Associate Professor **Beverly Leipter** is lead editor of *Rural Women’s Health*, the first scholarly Canadian book on the subject. A collection of studies published in October 2012, the book lends particular focus to factors that affect rural women’s health, rural women’s health issues, and how rural women play a critical role in family and community health. Referring to the lack of study in the field in Canada, Leipter notes: “This is important information that will significantly advance understanding in this overlooked area.”

The professor, who is also director of rural nursing at Gateway Rural Health Research Institute, says the book covers every province in Canada, except Quebec. There are three chapters that focus on the U.S., Australia, and the U.K. “I’m hoping that with this book that profiles research on rural women’s health, policy-makers, practitioners, and rural communities will translate it into policy and practice that support rural women’s health,” she says. In addition to co-editing, Leipter co-wrote the introductory chapter and a chapter on the underfunding of rural women’s organizations across Canada. (*Huron Expositor*, Nov 28)

NPs needed to address wait lists in Thunder Bay

Up to 20,000 people in the Thunder Bay region have “no option but to wait in emergency rooms because they have no access to primary care,” says RNAO CEO **Doris Grinspun**. Speaking to *CBC* radio in early 2013, Grinspun was upset with the Ontario Ministry of Health’s refusal to grant funding to the Lakehead Nurse Practitioner-Led Clinic, which is currently over capacity and has a waiting list of over 300 patients.

The clinic, which specializes in the treatment of chronic disease, was refused funding to

hire at least two additional nurse practitioners on the grounds that another Thunder Bay NP-clinic, the Anishnawbe-Mushiki NP-led Clinic, is still accepting new patients.

“It’s not logical and responsible in terms of spending,” says Grinspun, adding there are two fully equipped rooms, paid for by taxpayers, which are being left unused at the clinic. “You have a clinic...that has the infrastructure and the equipment ready to go for two additional nurse practitioners...and not to use that infrastructure is simply a mis-utilization of financial resources.” (*Superior Morning, CBC*, Jan 4)

...and to offer much-needed relief to those with chronic pain

Thunder Bay patients suffering from chronic pain cannot access prescription painkillers when their doctors stop practising because there are no other health professionals available to write their prescriptions. Nurse practitioner **Tannice Fletcher-Stackhouse** explains: "We have seniors coming to...do a non-medical detox program for pain that were on pain medications for legitimate, long-term chronic pain issues," she says, adding this is not a safe means of coming off opiates.

There are currently 600 pain patients on a waiting list at the NorWest Community Health Centre's walk-in clinic. Stackhouse says many of them are in a lot of pain. "They already have chronic pain, (and when) you add on withdrawal pain on top of that...you can see the discomfort and the real sadness."

Fortunately, such unnecessary suffering could soon be avoided. Currently, NPs do not have the authority to prescribe controlled drugs and substances (including opiates). Health Canada has stated its intention to amend federal regulations that limit NPs' authority to write certain prescriptions. Following federal amendments to the *Controlled Drugs and Substances Act*, provincial health ministries and regulators (in Ontario, the College of Nurses of Ontario) will start to make the necessary changes under the *Nursing Act*. It's unclear



Julie Thorpe (right) visits long-term care homes in Brantford and Mount Pleasant to ensure staff are prepared to handle health concerns on site, eliminating preventable trips to the ER.

how long this will take, but once complete, NPs will be able to prescribe controlled substances. (CBC News, Dec 21)

New pilot project stops avoidable trips to the ER

Julie Thorpe is one of two long-term care nurses who are playing a major role in a pilot project created to eliminate unnecessary transfers of long-term care residents to hospital emergency departments. This means needless disruptions to a resident's routine and unnecessary upset can be avoided. The team operates out of Brant Community Healthcare System, and services residents at John Noble Home in Brantford and Hardy Terrace in Mount Pleasant.

"Utilizing our experience as hospital nurses, we can coach the staff to assess and monitor

the patient and perhaps avoid disrupting the person's routine to bring them to the ER." Working with medical directors and frontline staff at the homes, the team has already implemented many tools to promote thorough communication and appropriate responses to changes in a patient's condition. For example, if Thorpe detects a urinary tract infection early, she can intervene and a trip to the ER is avoided.

Hardy Terrace's Director of Care, **Lisa Wight**, comments favourably on the project: "They are educating our nurses and personal support workers and having a big impact on our residents." **Erin Denton**, Director of Care at John Noble Home, is also very supportive: "Bringing care to our residents that avoids everything involved in transporting patients to the ER

improves their quality of life."

The project, which started in September, is funded by the Hamilton Niagara Haldimand Brant LHIN. (*The Brantford Expositor*, Dec 4)

BPG helps nurses respond to abuse

Rishma Nazarali, a program manager with RNAO's Best Practice Guidelines (BPG) Centre, spoke to Toronto's *OMNI Television* about a December webcast that highlighted the key messages of the association's newly revised BPG, *Woman Abuse: Screening, Identification, and Initial Response*. The guideline "...provides evidence-based recommendations to nurses, and...some very important strategies and resources for these nurses to turn to (when they meet women who show signs of abuse)," says Nazarali.

NURSING IN THE NEWS

OUT AND ABOUT



MIDDLESEX-ELGIN RAISES AWARENESS OF POVERTY

Cheryl Forchuk, a nurse researcher specializing in mental health and poverty at Western University, was one of five speakers at a Middlesex-Elgin chapter event in November to raise awareness of the link between wealth and health. Flanked by original artwork from London's City Art Centre, a co-op art studio, gallery and meeting place for adults with mental health challenges, Forchuk talked about stigma and fear attached to mental illness, and the impact on social determinants of health, such as income and housing.



FEEDBACK FROM PUBLIC INFORMS ECCO REPORT

Tatlyn Carter (foreground) and Bea Levis are not nurses. They are members of the public who offered candid reflections of their experiences with community care at an RNAO roundtable in December. The pair was among a group of individuals who learned about RNAO's *Enhancing Community Care for Ontarians (ECCO)* report, and provided feedback that will inform the next version of the white paper, scheduled for release in the spring of 2013. Both offered suggestions for strengthening community care from a patient and caregiver perspective.

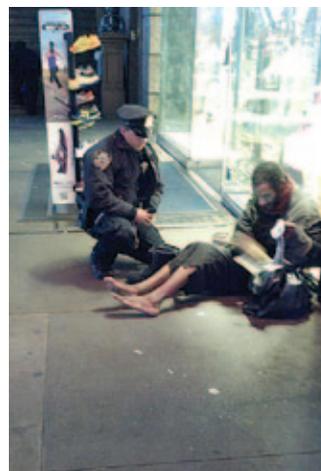
More than 450 health-care professionals across Ontario registered for the webcast, which was co-presented by Nazarali and RNAO board member Kathleen Fitzgerald, manager of the Sexual Assault and Partner Abuse Program at Kenora's Lake of the Woods District Hospital. (Dec 6)

Foreign experience may not count

Zubeida Ramji, Executive Director of the Centre for Internationally Educated Nurses (CARE), says foreign-trained nurses were not given enough time to prepare for new licensing regulations brought in by the College of Nurses of Ontario (CNO) on Jan. 1. "The changes came about so suddenly without enough information and awareness within the broader (nursing) community that many people are in crisis, scrambling to get their registration now," she says, acknowledging foreign-trained nurses must make their way through a lengthy process to get their credentials in order.

The new rules state an applicant's prior nursing experience only counts toward the license if the experience was within the previous three years. Under the old regulations, experience would count as far back as five years. "By the time (applicants) get to look at what needs to be done with their credentials, a significant amount of time would have passed," Ramji explains.

RNAO echoed Ramji's concerns in a 2010 submission to CNO that outlined why the association is in favour of leaving the cut-off at five years. (*Toronto Star*, Dec 19)



Toronto street nurse offers explanation of homelessness after the image of an exchange between a New York City police officer and homeless man causes backlash.

Explaining poverty after viral photo prompts questions

A photo of a homeless man on the streets of New York City went viral late last year, prompting Toronto street nurse, Anne Marie Batten, to explain the nature of homelessness. Earning 1.6 million views on Facebook in just 24 hours, the image of a New York City police officer giving a bare-foot homeless man a new pair of boots in Times Square was soon followed by news that the homeless man, Jeffrey Hillman, is an ex-con with a home. "I don't know that poverty is very well understood," Batten says. She explains that having a roof over your head does not necessarily mean you have a home. Many people who live on the street feel unsafe elsewhere, she explains, or have a mental illness that keeps them on the streets.

"I think there's a backlash against homelessness," she told the *Toronto Star*. (Dec 6) **RN**