

H1N1 reveals SARS' silver lining



This fall, reaction and response to the H1N1 virus dominated health-care news. Whether the stories have focused on the province's readiness for a flu pandemic, the

tragic deaths of children struck down by the illness, or winding lineups at clinics all over the country, it's a story that's gripped every Canadian.

The story that's less often told is that of the nurses. Nearly every Ontarian who had a flu shot this year – including me, when I rolled up my sleeve during a visit to the Sudbury District Nurse Practitioner Clinics in October – has had contact with a nurse. The dedication of public health nurses who have worked long hours to vaccinate thousands of people this fall has been an important part of the plan to protect people from this new virus.

In fact, nurses in every sector of health care — whether they are in communities or caring for the ill in hospitals — are making sure the public gets the facts on H1N1. When people read about deaths of otherwise healthy children, fear and panic can set in. That's why it's so crucial for nurses to stay up-to-date on the latest information coming from reputable sources. RNs need to have the most accurate information so they can translate their knowledge about the pandemic, the vaccine and related issues into information that is easy for the public to understand.

For me, when news of this new pandemic influenza strain broke earlier this year, it was hard not to think back to the spring of 2003. Back then, our health-care system was caught flat-footed by SARS. Nurses bore the brunt of that outbreak. They worked long hours, risked their personal safety, endured quarantines, and two paid the ultimate sacrifice with their lives. The only silver lining of the SARS crisis is how much has changed this time around.

During the first month of the SARS

outbreak, there was very little information from the government. Nurses were ringing alarm bells about the disease's resurgence in their workplaces, but by and large, they were ignored. This time around, however, governments have a strategy, albeit imperfect. Nurses are being listened to, and our concerns are woven into the government's influenza pandemic plan. RNAO participates in the provincial advisory committee for this plan, and we join in teleconferences to get the latest updates, which we disseminate to members and post on RNAO's website.

“Nurses are being listened to and our concerns are woven into the government's influenza pandemic plan.”

During a pandemic, as in any major public health challenge, there will always be questions. But this time around, our concerns are being heard – and acted on. Some of these questions have been raised by RNAO members. For instance, one member asked us whether patients who don't have OHIP cards can still access Tamiflu. Phil Graham, Co-Director for Operations with the Emergency Management Branch at the Ministry of Health and Long-Term Care, was quick to respond to our query, which we passed on to the member and posted online. The bottom line is that yes, there is a clear process to deal with this situation and it ensures that all Ontarians –

whether they have a health card or not – receive antivirals if they are ill and it's clinically indicated.

Our level of readiness is also the result of the progress this province has made in building up the nursing profession. During SARS, just over half of Ontario's RNs were working full time, and about 18 per cent were working for more than one employer. When the province issued its directive that nurses could only work for one employer to try and stop the spread of the illness, many hospitals were left short staffed. It was a dangerous situation that exposed our health-care system's weaknesses.

Today, much has changed. We now have 65 per cent of RNs, 82 per cent of NPs and 59 per cent of RPNs working full time. It's welcome progress toward the goal of having 70 per cent of all nurses working full-time, a policy advanced by RNAO, and adopted by the Liberal government since its first mandate in 2003.

As well, we have at least 7,533 more RNs, 590 NPs and 4,372 RPNs than we did during SARS. And programs like the Nursing Graduate Guarantee, the Late Career Strategy and NP-led clinics have also moved from items listed in RNAO's pre-election platform to become key policy prongs of government with funded programs that send a clear message that Ontario's nurses are valued.

There's still a lot of work to do. To truly be prepared for a pandemic, we must make sure everyone has a liveable income, a roof overhead, and an adequate, healthy diet on the table. Our new health minister, Deb Matthews, demonstrated her commitment to these social determinants of health last year when she unveiled Ontario's Poverty Strategy as then Minister of Children and Youth Services. As nurses, we will continue to play a critical role to ensure we keep Ontarians safe; during a pandemic, and always. **RN**

DORIS GRINSPUN, RN, MSN, PhD (CAND), O.ONT, IS EXECUTIVE DIRECTOR OF RNAO.