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March/April 2006

Registered Nurse JOURNAL

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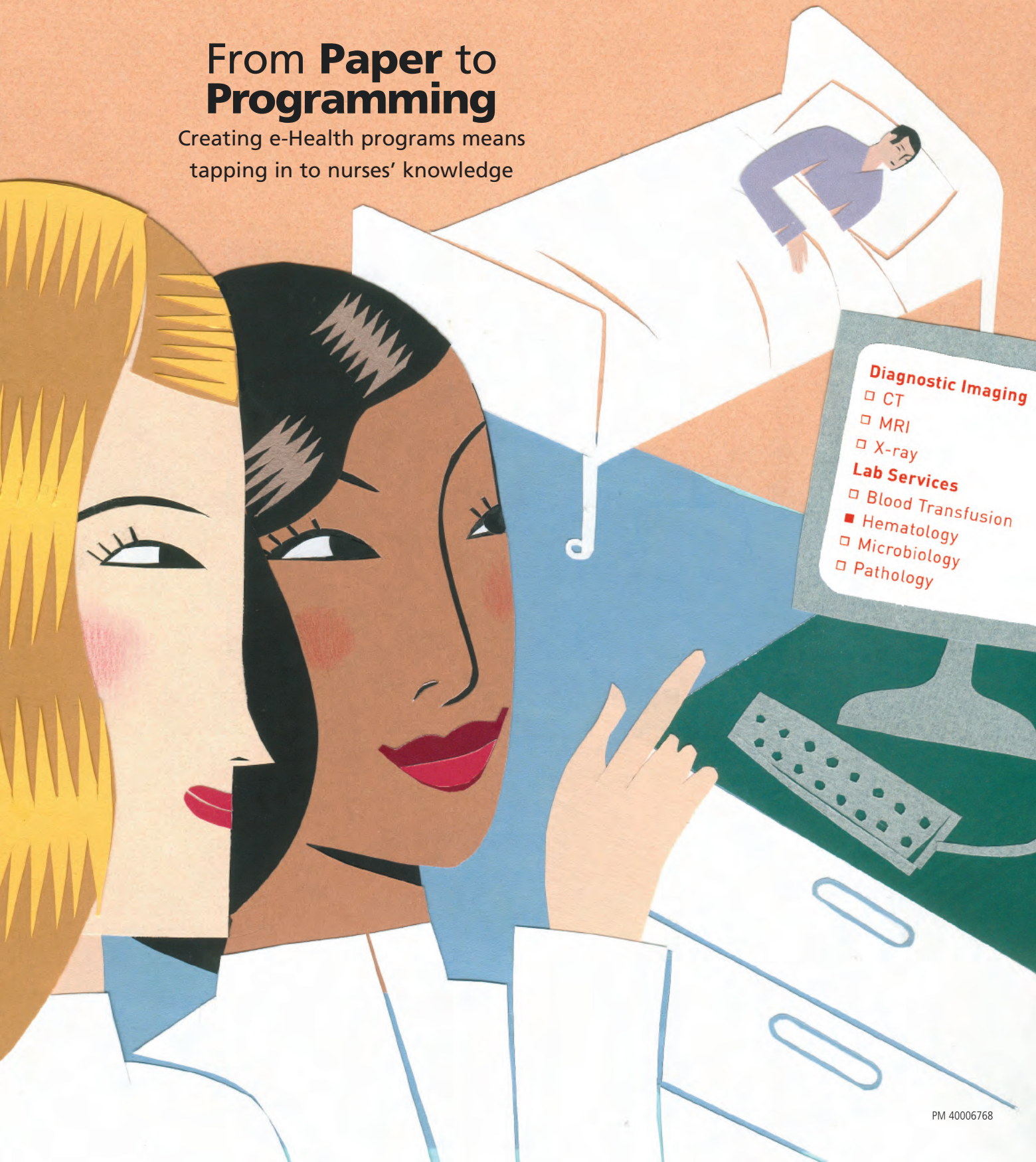

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Registered Nurse JOURNAL

Volume 18, No. 2, March/April 2006

THE LINEUP

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FEATURES

The journal of the REGISTERED NURSES' ASSOCIATION OF ONTARIO (RNAO)
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SUBSCRIPTIONS
Registered Nurse Journal, ISSN 1484-0863, is a benefit to members of the RNAO. Paid subscriptions are welcome. Full subscription prices for one year (six issues), including taxes: Canada $38.52 (GST); Outside Canada: $42. Printed with vegetable-based inks on recycled paper (50 per cent recycled and 20 per cent post-consumer fibre) on acid-free paper.

Registered Nurse Journal is published six times a year by RNAO. The views or opinions expressed in the editorials, articles or advertisements are those of the authors/advertisers and do not necessarily represent the policies of RNAO or the Editorial Advisory Committee. RNAO assumes no responsibility or liability for damages arising from any error or omission or from the use of any information or advice contained in the *Registered Nurse Journal* including editorials, studies, reports, letters and advertisements. All articles and photos accepted for publication become the property of the *Registered Nurse Journal*. Indexed in Cumulative Index to Nursing and Allied Health Literature.

CANADIAN POSTMASTER: Undeliverable copies and change of address to: RNAO, 158 Pearl Street, Toronto ON, M5H 1L3. Publications Mail Agreement No. 40006768.

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I didn't realize it was that easy

When RNAO moved to its new location in November, numerous technicians expertly installed a new phone system, photocopiers, servers, and fax machines to connect RNAO with the outside world. Once everything was plugged in and ready to go, I was anxious about my new reality. I thought to myself: now I have to learn how all this stuff works. I already have enough to do; I don't want to get bogged down by complicated pieces of equipment.'

I'm currently eating my words – and that's not a bad thing.

After almost five months, I've learned a vital lesson about the value of new technology and its impact on my job. It's finally become clear to me that the scary new photocopier with its dozens of buttons and drop-down menus is not as intimidating as I first thought. In fact, it's exactly what I need to photocopy and convert proofs to PDFs in order to send them electronically to designers in two simple steps rather than three or four. And all it took was a five minute conversation and a quick orientation.

In this issue of *Registered Nurse Journal* our cover feature on e-Health aims to teach nurses this same lesson: whether you work in an office environment, a hospital, the community, a long-term care facility, or anywhere else, technology is a vital tool in today's workplace. And once we open our minds to its possibilities, we begin to realize just how valuable new technology can be.

RN Christine Henhoeffer, a nurse who consults on health-care information technology (IT), tells us in this issue that excitement is building in health-care circles about the possibilities of new technologies. I now see what she means. Does anyone need anything photocopied?

Kimberley Kearsey
Managing Editor (Acting)

Words to leave by

It has been two amazing years! As I reflect on my time as president of RNAO, I am astonished at the many changes we have seen in health care. In 2004, then Prime Minister Paul Martin met with the country's premiers and signed Canada's Health Accord, an agreement he said would fix Medicare for a generation. Family Health Teams were launched in early 2005, changing the way nurses and other health-care professionals work together to provide care.

We also witnessed Local Health Integration Networks beginning to take shape. This development, sparked by the Ministry of Health's plan to transform the way health care is delivered in the province, has generated much-needed debate about the kind of care we receive close to home. The Chaoulli decision by the Supreme Court last June resulted in unprecedented debate that even today polarizes the country and threatens Medicare. In January of this year, Canadians voted the Conservative party into office. Given the party's platform on health, we know we will be facing a number of policy challenges with respect to nursing issues and ongoing efforts to maintain and strengthen not-for-profit health services.

Irrespective of this changing health-care environment, RNAO has stayed true to its leadership role in advocating for a publicly funded health-care system. That positive work and energy is what has driven me over the past two years, and reassures me that there is only more great work to be done as I step down and pass the presidency on to Mary Ferguson-Paré.

It's tradition at RNAO that in my final president's column I reflect back on what the association has achieved during my time in office. To do that, I look back at the three key goals I set in 2004: to improve recruitment of nursing students into the profession and retention of them in the province; to promote a better understanding of diversity within our profession; and to be the voice of marginalized people across the province and around the world.

I am proud of the progress we have made on these goals.

We have seen a tremendous increase in student memberships at RNAO: from 1,445 in 2004 to almost 2,200 in 2006, an increase of 66 per cent. I commend all of the student members of RNAO who are working so hard to ensure their voices are heard. I have spent countless hours engaging with students in the classroom, marching with them in street protests, and speaking on their behalf in boardrooms.

"Positive work and energy is what has driven me over the past two years, and reassures me that there is only more great work to be done."

My work to promote a better understanding of diversity and to become the voice of marginalized populations has also been very rewarding. My participation on RNAO's *Embracing Diversity Action Framework* will continue beyond my presidency. It's vital and inspiring work and I'm proud to be involved in a project that addresses all 16 prohibited grounds of discrimination under the *Ontario Human Rights Code*. All nurses have a responsibility to ensure all human beings have a voice in the kind and quality of care they need and deserve. For example, events such as the Hunger March that I participated in on March 15 need our support. But people also need our support abroad, in countries that don't have the resources we often take for granted here at home.

One of the most inspirational moments of my presidency was my visit to Africa in 2004, which demonstrated to me, and to the other health-care professionals with whom I toured, the important role of nurses around the world. Over the past two years we have seen RNs on the frontlines caring for marginalized and needy populations abroad, not only in Africa but also on the shores of the Indian Ocean after the tsunami in late 2004 and in the U.S. after Hurricane Katrina.

At the policy level, RNAO's ongoing work to ensure a publicly funded, not-for-profit health-care system is vital, especially in the face of the few but powerful voices intensifying their privatization efforts. I'm proud of the continued commitment of RNAO members and executive to this goal.

This commitment was demonstrated in recent weeks with hundreds of letters to CNA (see our feature on pg. 7) urging it to reverse its decision to name George Zeliotis *Newsmaker of the Year*. Canadians trust nurses to advocate for their most cherished social program and we must never fail them.

Before I became president in 2004, the *RN Journal* asked me what I would tell a student considering nursing as a career. I said young nurses need to get involved in RNAO now, and not wait until they're working to lobby government. I believe that even more strongly today and often tell students: "Don't give up if you think others aren't listening…it takes a lot of energy and effort to influence public policy."

We've laid some important ground work since 2004, and I have complete confidence that all of you, and our new president Mary Ferguson-Paré, aided by RNAO's expert staff under the leadership of executive director Doris Grinspun, will keep up this important and influential work. I will be at your side. Special thanks to each and every one of you for your support, dedication and commitment. You have made the difference.

JOAN LESMOND, RN, BScN, MSN, ED. D.(C) IS PRESIDENT OF RNAO.

Welcome home

On Jan. 26, RNAO opened its doors to formally welcome almost 300 of our members, friends, and supporters of nursing to our new home at 158 Pearl Street. The move is the culmination of years of dreaming and hard work from RNAO members, their elected representatives, and home office staff. Following your approval at last years AGM to purchase the 120-year-old building, RNAO director of finance and administration Nancy Campbell tirelessly spearheaded an ambitious agenda to create an environment that each of our 24,000 members (and growing) and 60 staff can be proud of. Indeed, it's a testament to your awesome dedication and that of our staff that, exactly 10 years after we left our offices on Price Street, RNAO once again finds itself in a home to call its own. From Price to Pearl Street, what a fitting name for our collective success!

As I walk through the halls of our new home, I find myself in awe of the incredible progress RNAO has made – and of how quickly time has passed. On April 1, 2006, I celebrated 10 years as executive director of our association. It has been an exciting decade, filled with incredible achievements that have laid a strong foundation for nursing in Ontario. During my first interview in *Registered Nurse Journal* as executive director, I talked about how important it is for every member to get involved in RNAO, to move forward at a grassroots level to build an association, profession and health-care system we can all be proud of. I stated: Nursing cannot afford nurses who are divorced from involvement. The association needs to be owned much more by its members. I committed to build and strengthen RNAO's influence everywhere. Now, as I look around me and see so many members speaking out for health and nursing in their own communities, I am truly humbled.

From political action that gives nurses a voice in strengthening Medicare and nursing, to writing letters to your local newspaper about nurses' perspectives. We see the results all around us. Just five years ago, we created together the executive network structure to tap into the leadership and talents of members across our far-flung RNAO family. Thanks to the countless hours so many of you devote to RNAO, we have achieved magnificent outcomes. Politicians now call us asking to participate in *Take Your MPP to Work*. And just between September and December of 2005, RNAO executive and members were quoted in more than 350 health-care stories in newspapers and on radio and television stations across the province. Reporters are frequently accessing nurses' perspectives on social and health issues. And they are tapping into the extensive knowledge nurses generate by referencing RNAO programs such as the *Nursing Best Practice Guidelines Program* (BPG) in stories about important topics such as childhood obesity and the abuse of women. This is the power of nursing!

"Thanks to the countless hours so many of you devote to RNAO, we have achieved magnificent outcomes."

Another remarkable achievement is our membership growth. Our consistent and clear values – and our strong and courageous voice – have attracted thousands to join. Yes, RNAO's membership has increased by 12,000 RNs over the last 10 years. That's 12,000 more voices that are speaking out to support healthy public policy and nursing – pillars that we know anchor a resilient and vibrant society.

Over the last 10 years, nursing's foundation has settled and solidified thanks to so many important advancements in the profession: the introduction of the baccalaureate entry to practice; the legislation and employment of the nurse practitioner role; the germination and growth of the BPG Program – first only clinical and now also healthy work environments; and our progress toward providing 70 per cent of RNs with full-time work. Each of these is a brick that all of our members have helped to craft and lay with care to build a stronger nursing profession, that, in turn, will strengthen and sustain Medicare – in its letter and in its spirit.

But as nurses, we know our profession can only be as strong as the foundation we build. That's why RNAO has brought its expert advice to the government as it moves ahead with its transformation agenda including forming Local Health Integration Networks, reducing surgical and other wait times, and creating family health teams. And it's why RNAO continues to speak out on the importance of a not-for-profit health-care system, and the need to narrow the growing gap between the rich and the poor so that all Canadians have access to basic human needs including income, shelter, education and, of course, health care. And, it's why we will continue to advocate for a clean environment and a peaceful world.

As we get settled into our new home together, I dream about the endless challenges and opportuntities that will come our way over the next 10 years. I know that together we can continue with our dreams, because I know that we are fully capable of building the necessary bridges to transform these dreams into realities. Speaking out for health, speaking out for nursing is easier than ever.

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

by Jill Shaw

CNA's choice for *Newsmaker of the Year* raises serious questions

ON Feb. 28 and March 6, RNAO executive wrote to the Canadian Nurses Association (CNA) urging it to reverse its decision to join the Canadian Medical Association (CMA) in naming George Zeliotis *Newsmaker of the Year* as part of a media awards competition. Zeliotis is the patient who, along with Dr. Jacques Chaoulli, legally challenged a ban on purchasing private health insurance for medically necessary services in a case that made its way to the Supreme Court of Canada. Last June, Canada's top justices ruled 4-3 in favour of Zeliotis and the doctor in a decision that is now known simply as "Chaoulli."

In an unsuccessful motion at the March 8 meeting of CNA board members, RNAO president Joan Lesmond again urged CNA to publicly distance itself from the award in light of its stated mission committing to publicly funded, publicly administered, not-for-profit health care. The formal motion was RNAO's last attempt to live its values in action and echo the sentiments of more than 500 members who also wrote to CNA president Deborah Tamlyn. For full versions of RNAO's letters, and CNA's response, visit www.rnao.org. Below is just a small sample of some of RNAO members' voices.

"I am profoundly disappointed in CNA's decision to name Mr. George Zeliotis *Newsmaker of the Year*…The optics of this award are bad. For CNA to associate itself with CMA on this decision, at a time when CMA is being seen as moving closer to endorsing for-profit health-care delivery, creates the impression among Canadians that CNA is also moving in that direction. CNA must aggressively challenge CMA on this issue rather than appear to support it. Canadians will likely surmise that the CNA's endorsement of this award is also an endorsement of what Mr. Zeliotis stood for. What a sad message this is for all Canadians who look to us for advocacy to protect their most cherished social program. I urge you to stand up on behalf of the nursing profession and do whatever is necessary to reverse this decision or to distance the CNA from it."
-Alba DiCenso, RN, PhD

"In the political games, sometimes image is more important than truth…it was a mistake for CNA to partner with CMA to select *Newsmaker of the Year*. What image are we conveying about nursing? Has nursing not yet reached a point where we can bask in positive press coverage as we select our own honoree each year? Would CNA have chosen Mr. Zeliotis independently? As CNA president, are you content to choose a *Newsmaker of the Year* who does not represent CNA's values and does not exemplify CNA's stated goal of being a national nursing advocate for a 'publicly funded, publicly administered, not-for-profit health system'?"
-Hilda Swirsky, RN, BScN, MEd

"As a student who is graduating this spring I must say that I am disappointed with this nomination of Mr. Zeliotis as Newsmaker of the Year. I am an advocate for the public system and the principles for which the Canada Health Act stands. The gap in social inequities is increasing and it has never been more apparent than our health-care system. It would be uneducated and unethical to think that a private health-care system can cure wait times and improve services. The fact that the CNA is advocating for Mr. Zeliotis is disappointing given the CNA statement posted on your web site. If you represent me as a nurse, then I must say it is somewhat hypocritical that you would disregard nursing values that represent the core of my practice."
-Steve Ackland, Nursing Student, York University

"I stand in support of RNAO president Joan Lesmond's position to challenge CNA on its decision to award Mr. George Zeliotis as *Newsmaker of the Year*, which contradicts the values of CNA…I also support Ms. Lesmond's questioning of CNA teaming up with CMA, whose actions in the past have frequently challenged and hindered the implementation of not-for-profit solutions."
-Carolyn Davies, RN(EC)

"While Mr. Zeliotis' actions certainly sparked debate about our Canadian health-care system, the resulting Supreme Court decision will create a two-tier health system in Canada. This is directly in opposition to the vision and mission of the CNA, or so I thought. As a member of the CNA for more than 20 years, I wonder what the directors were thinking when they endorsed Mr. Zeliotis. With the aid efforts to Pakistan and New Orleans, there was an abundance of compassionate health professionals, reporters, and volunteers to choose from. Maybe next year the CNA can choose Ralph Klein as Newsmaker of the Year." **-Christine Kent, RN**

RNAO's executive says that while a few members may have questioned the approach of "going public" with concerns, awards are public events, and members deserve to know and to lead. "We are proud of the reaction from the membership which has been overwhelmingly supportive of RNAO's action," executive director Doris Grinspun said. "This has been a powerful and positive response to a dangerous decision by CNA that may be used by those who wish to use the Chaoulli ruling to further privatization." RN

by **Bonnie Russell**

Nursing in the news

RNAO & RNs weigh in on . . .

College strike affects RNAO members

Humber College nursing student Heather Grit was among several RNAO members affected by the college strike in early March. Her story and picture appeared in the *Toronto Star* on March 16. For more on RNAO's response to the strike, see our *News to You/News to Use* feature on pg. 26.

Nurses oppose private health care

In a letter to the *National Post* on Feb. 18, RNAO executive director **Doris Grinspun** expressed dismay at the suggestion that the next president of the Canadian Medical Association (CMA) could be Dr. Brian Day, owner of a for-profit medical clinic in Vancouver. The news, she said, is disturbing and could damage Canada's Medicare system. "The CMA has already taken a dangerous step with last summer's decision to support the idea of a parallel, for-profit system, and we urge doctors to reconsider their options. If they elect Day as their national representative, it would tell Canadians that the organized medical profession only cares about the health of those who can afford to pay," wrote Grinspun.

• In response to this letter, a Toronto doctor wrote that not all nurses agree with RNAO's opposition to private health care, adding that more than 60 per cent of Canadians are in favour of it (*National Post*, Feb. 20). On Feb. 22, the *National Post* published *Three thumbs down on private health care*, which included three rebuttals from **Grinspun**, RNAO member **Hilda Swirsky**, and a practising emergency physician. Grinspun also published a letter of the day in the *Toronto Star*, urging Prime Minister Stephen Harper to withhold transfer payments to Alberta Premier Ralph Klein, should he proceed with his proposed two-tier health plan (March 3).

Provincial funding initiatives to train nurses

On Jan. 26, the Ontario government announced $40-million in funding to train and retain older nurses. The initiative will be administered by RNAO, the Ontario Nurses' Association (ONA), and the Registered Practical Nurses Association of Ontario (RPNAO). The fund will be held in trust to be used by hospitals to retain experienced nurses facing layoffs. "We are absolutely delighted with the announcement. It's a clear indication that Premier (Dalton) McGuinty and Minister (George) Smitherman are listening to nurses," said RNAO executive director **Doris Grinspun** (*CFRB-AM* – Toronto, Jan. 26, *Toronto Sun*, Jan. 27).

• On Feb. 6, the McGuinty government announced an investment of $11 million to cover the costs for RNs training to become nurse practitioners (NP) who can fill vacant positions across the province. RNAO president-elect **Mary Ferguson-Paré** said the initiative would provide incentive for nurses who want to go back to school, but don't want to lose their salary (*CP Wire, Windsor Star, Peterborough Examiner, Kingston-Whig Standard, Kenora Daily Miner and News, Welland Tribune*, and several other newspapers, Feb. 6).

• RNAO member **Theresa Agnew**, past president of the Nurse Practitioners' Association of Ontario and an NP at Toronto's East End Community Health Centre, said this new funding for NPs is "an ideal way to help underserviced communities." (*Toronto Sun*, Feb. 6)

• In Sudbury, RNAO members and NPs **Genevieve Courant** and **Crystal Noel** weighed in on the announcement (*PER-TV*, Feb. 10). And RNAO member **Christine Thrasher**, NP co-ordinator at the University of Windsor, shared her opinion with listeners (*CBE-AM*, Feb. 7).

On the road to a smoke-free Ontario

During National Non-Smoking Week,

Photography: Bill Sandford Photo

For complete versions
of any of these stories, contact
Bonnie Russell at brussell@rnao.org.

RNAO BPG program manager **Heather McConnell** wrote a letter published in *The Daily Press* (Timmins) commending Timmins and District Hospital for its recent move to a 100 per cent smoke-free policy. McConnell educated readers about RNAO's smoking cessation best practice guideline (BPG), that will help Ontarians, nurses, and other health-care providers meet the requirements of the *Smoke-Free Ontario Act*, which comes into effect May 31. The guideline, entitled *Integrating Smoking Cessation into Daily Nursing Practice,* will be distributed with support from the province's 14 LHINs (Jan. 13).

• RN **Janet Nevala**, the team leader of RNAO's smoking cessation BPG, commented on an upcoming smoking ban at Ottawa hospitals that requires patients go beyond the front doors to the edge of hospital property to smoke – without assistance from a hospital worker. The hospitals will offer nicotine patches and smoking cessation counselling throughout a patient's hospital stay. Following their discharge, patients may continue to seek counselling in similar community programs (*CFRA-AM* – Ottawa, Jan. 20, *CBCS-FM* – Sudbury, Jan. 23, *Ottawa Citizen*, Jan. 29).

• Hamilton Public Health Services awarded smoking cessation funding to 14 local high schools to develop youth tobacco prevention strategies. "Supporting youth to spread this message to other teens is key to having an impact on their choices," said RNAO member and public health nurse **Lynn Wright** (*Hamilton News Mountain Edition*, Jan. 27).

Nursing job cuts and new hires

On Jan. 31, London Health Sciences Centre and St. Joseph's Health Care announced the elimination of 117 nursing positions in order to balance budgets by the *Hospital Accountability Agreement* deadline of March 31, 2006. "As an organization, we are deeply concerned about the reduction of care," responded RNAO president **Joan Lesmond** (*The Gazette* – University of Western Ontario, Feb. 3).

• RNAO member and ONA president **Linda Haslam-Stroud** called on the government to stop the layoffs that will occur in April when two long-term care facilities merge in Chatham, leaving only six full-time and nine part-time nurses to care for 320 residents around the clock (*Chatham Daily News*, Feb. 3).

• Retention and retirement are behind the need for more nurses at Sudbury Regional Hospital. "Every year, we have need for 60-80 new nurses to replace nurses leaving the system or to fill positions created by retirements," said RNAO member **David McNeil**, the hospital's chief nursing officer (*Sudbury Star*, Feb. 7, *CJMX-FM*, *CIGM-AM, PER-TV* – Sudbury, Feb. 3, *CBCS-FM* – Sudbury, Feb. 6).

Defending well-qualified nurses

RNAO's Region 2 board representative **Heather Whittle** wrote a letter-to-the-editor in defence of the role and academic background of nurses in the operating room after the *London Free Press* published an opinion piece by a freelance writer criticizing a floating anesthetist pilot project in Ontario and the training of nurse anesthesiologists in the U.S. "RNs in advanced practice roles also spend nine or more years in academic prepa-

Out & About

Above: On Feb. 23, RNAO member and West Park Healthcare Centre RN Susan Oates (left) participated in the 2nd Annual Tecla Lin Chinese Banquet, an event hosted by West Park to raise money for the Tecla Lin Continuing Education Bursary Fund. Lin was an RN who volunteered to care for SARS patients in 2003 and subsequently lost her life after contracting the illness. Oates is joined by West Park clinical dietician Sharlene (Xiaohong) Feng (centre) and RN Cathy Robb.

Below: RNAO executive director Doris Grinspun (left) paid a visit to the Kitchener/Waterloo chapter of RNAO on Nov. 30. As part of her visit, she toured Cambridge Memorial Hospital, meeting with RNAO member and nursing professional practice lead Kim Pittaway (centre) and Jen Ough, a staff RN in the medical unit.

ration. It is offensive to suggest RNs want to 'play anesthetist,'" wrote Whittle (Feb. 11).

RN calls for more organ donors

Heart transplant recipient and RN **Susan Hilton** wrote an opinion piece about organ donation in Canada, suggesting it be based on presumed consent just as it is in many European countries. "With a new federal government taking office in Ottawa, I challenge the politicians to seriously consider this life and death matter of organ donation by assumption rather than debate over frivolous issues. In the meantime, I beg friends and family to discuss organ donation and share their wishes." (*The Record* – Kitchener, Cambridge and Waterloo, Feb. 6)

Minimum pledge too high for breast cancer walk

In a letter-to-the-editor published in the *Ottawa Citizen*, RNAO member **Kelly Robillard**, an RN at Ottawa Hospital, wrote that she is not confident she can raise the $2,000 minimum pledge required to participate in the *Walk to End Breast Cancer Weekend* (July 21-23). Robillard said the cause is special to her because her mother-in-law passed away from breast cancer and her great-aunt survived it. "This large minimum sponsorship amount will not only scare a number of people away from the event, but leaves out people in poorer income brackets, who are equally affected by this raging disease. Surely there has to be room in the organization for people who simply want to raise what funds they can while raising awareness at the same time," she wrote (Feb. 6).

RNs bust healthy tan myths

In the *Healthy Bytes* column of the *Brantford Expositor*, RNAO member **Tara Vyn**, public health nurse at Brant County Health Unit, listed six myths about tanning and gave readers the truth about tanning: whether in a salon or outdoors, tanning can lead to skin cancer, the most common cancer in Canada (Feb. 8). RNAO member and public health nurse **Ann Nosratieh** also warned *CKVR-TV* viewers in Barrie about artificial tanning and cancer during a program that aired on Jan. 20.

RNs warn of hazards to kids' health

In a joint presentation to grade 7 and 8 students, RNAO member **Lila Shaule** joined Sault Ste. Marie police in explaining the dangers of playing the choking game. The game is played by children who use their hands, belts or ties, to choke themselves or another child, getting a high when the pressure is released and blood surges to the brain. Dangers of the game include having a seizure, going into cardiac arrest, and death. "A big concern is kids think it's a safe game to play (because it doesn't involve drugs or chemicals). I don't think they understand the severity of the risks," said Shaule, an RN at Algoma Family Services (*Sudbury Star*, Feb. 7).

- In a special submission to the *Peterborough Examiner*, RNAO member **Donna Churipuy**, manager of health protection at the Peterborough County-City Health Unit, informed readers of the many easy ways children may come into contact with pesticides, and offered a simple solution: refrain from pesticide use. The city's new pesticide bylaw came into effect March 1 (Feb. 6).

Overcoming cultural boundaries

In a *Toronto Star* feature about diversity, RNAO president **Joan Lesmond** and RNAO members **Shereena Yaseen**, an obstetrics nurse at Scarborough Hospital, and **Rani Srivastava**, chair of the cultural diversity BPG, explained the importance of cultural competence in the health-care system, which services a population that continues to become more diverse. "We have to talk about it, not shy away from it. The diversity agenda is something that we can't ignore," said Lesmond (Jan. 13).

- RNAO member **Sue Coffey**, assistant nursing professor at York University, highlighted the benefits of the school's 20-month bridging program for internationally educated nurses, a program that makes it possible for foreign-trained nurses to become eligible to write the registration exam in Ontario (*Toronto Sun*, Jan. 25). **RN**

On Jan. 28, RNAO member Marion Willms (second from left) provided the keynote address at a breakfast meeting hosted by the Kitchener-Waterloo Nurses Christian Fellowship and RNAO's Parish Nurse Interest Group (PNIG). Willms, whose personal reflection about working with Hurricane Katrina survivors appeared in the Sept/Oct issue of *Registered Nurse Journal*, shared stories not only of her relief work in Mississippi, but also provided details of her work as an outpost nurse in Nunavut.

RNAO president Joan Lesmond (second from left) visited international nursing students at York University on Feb. 21 to talk about the importance of joining RNAO. From left to right, nursing students Dahoibo Ali from Samaria, Hawa Hasan from Samaria, and Indira Krishna Pillai from India.

by Jill Shaw

On April 28, Mary Ferguson-Paré, Vice-President of Professional Affairs and Chief Nurse Executive at Toronto's University Health Network, and a professor of nursing at the University of Toronto (U of T), will become RNAO's 49th president. She sat down with *Registered Nurse Journal* to talk about her goals, what she's learned through nearly four decades of nursing, and the direction she sees the profession taking.

Q&A WITH Mary Ferguson-Paré

Registered Nurse Journal (RNJ): Why did you decide to become a nurse?
Mary Ferguson-Paré (MFP): I very much admire the work of my mother, who is a registered nurse. She told me, many years ago, that if I was going to go into nursing, I should get a baccalaureate degree (BScN) because in the future it would be required. She told me that about 50 years before it actually became mandatory (for entry to practice in 2005).

RNJ: You joined RNAO after finishing your BScN at U of T. Why?
MFP: As far as I was concerned, that's what you did. When you're a professional, you belong to your professional association. My mother always belonged to RNAO, and she was my role model. Also, when I was at U of T, we were taught…the criteria for a professional included membership in the professional association.

RNJ: Why do you want to be president of RNAO?
MFP: I had the opportunity to contribute to the board of directors as Member-at-Large, Nursing Administration in 2003 and 2004. I absolutely loved it. It provided an opportunity to come together with nurses from a whole variety of backgrounds…to talk about issues of importance to nursing and also about health and healthy public policy that helps keep people healthy. I found that extremely positive. It was a little jolt of inspiration every time I would come to a board meeting.

When the opportunity to run for president-elect came up, I thought it would be a really positive experience. Over all these years, I've developed quite a lot of experience to bring to the role. My graduate work really started me on a path of inquiry, research, publications, and presentations about how to foster the autonomous, professional practice of registered nurses and create environments in which this type of practice can be nurtured and sustained. I thought all of that experience would really be helpful as the president for RNAO because what RNAO is advancing is congruent with those ideas and thinking.

RNJ: What are your goals for the next two years?

MFP: I believe strongly in listening…really paying attention to what's important to members and to registered nurses in Ontario, and understanding…more broadly what is needed to bring that voice forward. I think our leadership must always reflect the voice of the membership. Another goal would be to build an effective and visible presence as a leader for RNAO, developing strong partnerships with other organizations to advance the mission of RNAO.

RNJ: You recently spent three-months traveling around Western Europe and Scandinavia, exploring the health-care systems of those countries. Did you learn anything from your sabbatical that you want to bring to the presidency?

MFP: I learned that we have to stop whining about our Canadian health-care system. We have an outstanding system. It's something that we should be proud of. We simply have to start supporting it and helping it to succeed; we have to stop saying it's not sustainable. I absolutely believe that for the 9.7 per cent of gross domestic product that we spend on health care in Canada, we get a very strong return on investment…our job is to sustain it and to re-commit fully to the letter and the spirit of the *Canada Health Act*.

The countries I visited were all trying to produce strong public health-care systems. We can certainly learn from our international colleagues, because they're all doing things in a different way…they have great successes that we can learn from, and we have great successes that we can share. Some of the countries I visited have varying ventures into privatizing the system. It's important to learn from those endeavours. We certainly are hearing lots out of the United Kingdom about their journey to rebuild the National Health System. We can learn from their triumphs, and we can learn from their tragedies.

RNJ: As a faculty member at U of T, do you notice any similarities or differences between younger generations of nurses and their more senior colleagues?

MFP: I think the thing that is the same about all nurses is what's in their heart. If you talk to nurses – no matter when they came into nursing – about what brought them into the profession, they will all talk to you about some altruistic motivation. They came to nursing to help, to give back to their community, to be there for people in need, to help people through the health and illness transitions of their lives. In some ways, new grads today are no different from any of us who have been in the profession for years.

What is different is that they are coming to their work with, of course, a baccalaureate degree, and they are socialized to expect they will be treated as professionals in their work environments. They expect to be part of decision making, to be in charge of their work, to be respected as professionals. They are willing to give a great deal of energy to their work – but they also expect they will be able to have a personal life. To me, that is really not a great deal different from what you would hear from senior nurses. At the later stages of their careers, some of the motivation may be different, but it is a similar mission and interest.

I think new grads will leverage nurses' ability to transform the work environment in a way that has always been needed. In health care, we need to move away from top-down, controlling practices, to much more participative, shared leadership. Our new grads won't stay if we're not prepared to support them in that way. To that I say 'bravo' because these changes have been long overdue for all nurses.

RNJ: What's your sense of current opportunities and challenges for nurses?

MFP: Nurses are in a time of tremendous opportunity. Originally, nurses were healers in their communities, and I see that returning to us. I think we're seeing a system that's moving to a greater focus on population health, which is a natural place for nurses. We're tightly connected to patients and families, moving with them on the continuum of health or illness, life or death. In the future, especially now that we see the integration of the health-care system coming through Local Health Integration Networks, I see huge opportunities for nurses to re-engage with populations of patients.

What gets in the way for nurses is the way organizations and employment relationships confine nurses' ability to practice to their full capacity, silence the nursing voice, and control the nurse's practice and leadership ability. We need to release those constraints and liberate nurses.

"I think we're seeing a system that's moving to a greater focus on population health, which is a natural place for nurses. We're tightly connected to patients and families, moving with them on the continuum of health or illness, life or death. I see huge opportunities for nurses to re-engage with populations of patients."

RNJ: What is RNAO's role in helping nursing achieve that?

MFP: I think RNAO plays a tremendous role in influencing the system, public policy, and in creating supports for the advancement of nursing practice through such things as evidence-based advocacy and best practice guidelines. The growing strength of the membership reflects the fact that nurses across the province recognize the tremendous leadership role of RNAO. It's really positive to see that every year membership continues to grow, and I'm hoping we'll see even greater membership growth as the years progress, and as more nurses see that RNAO is a vital voice. Not only is RNAO speaking for nursing, it's also speaking for health, healthy public policy and for patients and families. Those are the things that are important to nurses deep down. **RN**

by Bonnie Russell

RN offers sound advice to hearing impaired

Why Nursing?

A desire to be with patients at the bedside led Tiffany Landon to pursue a three-year nursing diploma at Fanshawe College. After graduating in 1997, she was hired by London Health Sciences Centre (LHSC), where she cared mainly for palliative patients. Landon says palliative care probably came easy to her because she often heard her father, who was a funeral director, speak about death, dying and dealing with grieving families. After working for three years, Landon found the nursing shortage was pulling her away from what drew her to nursing in the first place: one-on-one patient interaction. She says shortages on a palliative care unit are particularly troubling because dying patients and their family members rely on nurses for emotional support. They don't always get it because nurses are also responsible for caring for extra patients from other areas of the hospital, like the ER, who end up on the palliative unit when beds are not available elsewhere.

This troubling situation prompted Landon to refocus her career and enrol in a hearing instrument specialist (HIS) program at George Brown College in 2000. "This program gave me my patient back," she says, adding she could have the one-on-one care while still in the health-care field. Landon believes her nursing background and her experience in assessing situations and patients helped her secure one of 25 spots in the program, which was the only one of its kind in Ontario at the time.

NAME: Tiffany Landon
OCCUPATION: Hearing Instrument Specialist, RN
HOME TOWN: St. Thomas, ON

Responsibilities:

Upon completion of the HIS program in July 2005, and after 3,000 clinical practice hours which included recommending and fitting hearing aids, as well as counselling clients and their families, Landon opened the St. Thomas Hearing Clinic in October 2005, becoming the only full-time HIS in St. Thomas, and one of four known Ontario nurses to complete the program at George Brown College.

As an HIS, Landon is authorized to perform hearing tests on patients 18 and older. If the tests determine that a hearing aid is needed, Landon makes a recommendation to the patient's family physician, who must sign a form for hearing aid coverage. In Ontario, the government pays $500 per ear every three years for hearing aids. After the hearing aid is created and fitted, Landon sees the patient for their two-week follow-up appointment and checks on them every four to six months. More than three million Canadians have some form of hearing loss. Landon says most of that hearing loss occurs as a result of the natural aging process, or is induced by prolonged exposure to loud noise.

Challenges:

Landon says one of her biggest challenges is telling patients that they need a hearing aid. She says new patients who are just learning about their hearing loss are often shocked. Hearing loss is so gradual that it can go unnoticed for years. "It takes about seven years from the start of hearing loss to when they come into the clinic," says Landon. "They don't notice that they're not hearing the clicking of the clock or the telephone ring." It's usually a family member who notices first. Landon says she deals with her hearing patients' families in the same manner that she deals with the families of her nursing patients, such as offering health teaching and coping strategies. Landon notes that her hearing patients are very similar to her patients as a nurse, and the assessments, which include physical and psychological evaluations, are the same.

Landon says identifying hearing loss is particularly troubling for some of her patients because of their age. The age group of the hearing impaired is getting younger because society is getting louder. Landon says that while most of her patients are 50 or older, she's also had patients in their early 30s whose tests reveal they are suffering from mild hearing loss.

Memories of a job well done:

Landon remembers one patient in her early 50s who suffered with hearing loss for quite some time before finally deciding to get hearing aids in 2005. She turned to Landon for help and "was floored with the sound that she could hear." The patient's hearing impairment not only affected her job performance, it also affected her socially. She dreaded going to family functions because she couldn't pick up what was being said to her and would give unsuitable answers, which made everyone laugh. "Now, wearing the hearing aid, she's more confident. It was a nice reward, I helped changed her life. She's back to going out to dances with her husband. She said 'You've given me a new life,'" Landon says proudly.

Future plans:

"My main goal is to help the hearing impaired," says Landon, adding that she focuses on the patient as a whole, not just the hearing loss. Taking that holistic approach that considers the patient's quality of life is something that Landon learned while working in palliative care. Landon recently switched from part-time to casual hours at LHSC and admits that although she left full-time nursing for something less fraught with shortages, she has no plans to give up her first love, nursing.

"I really, really enjoy the nurses I work with," says Landon. "I also like my palliative care patients and I find it very rewarding to help somebody in the final stages of their life." **RN**

BONNIE RUSSELL IS ACTING EDITORIAL ASSISTANT AT RNAO.


Diagnostic Imaging
CT
MRI
X-ray
Lab Services
Blood Transfusion
Hematology
Microbiology
Pathology

by Jill Shaw

From Paper to programming

Nurses play an important role in ensuring tomorrow's e-Health technology helps promote more efficient nursing care and ensures patient safety.

Imagine a health-care system in which ER nurses input patient identification numbers and scroll through a patient's complete medical history, test results and medications on a computer screen, even if that patient is unconscious or in a hospital far from home. Imagine the possibilities if best practices were just a mouse click away on a laptop or portable computer by the bedside. And consider the impact on infection control if disease outbreaks could be tracked through a province-wide database.

If *Canada Health Infoway* achieves its goals, this world is only four years away.

The independent, not-for-profit agency that funds electronic health record projects across the country hopes to have half of all Canadians registered for an Electronic Health Record (EHR) by 2010. It's an ambitious goal, but an inevitable one when you think about the movement away from paper and into the electronic age over the past 20 years. In fact, EHRs have been a long time coming. In 2003, the *Romanow Report* proposed these electronic tools – which provide a common thread through every stop along a patient's health-care journey including clinics, hospitals and pharmacies – as a way to reduce medical errors and improve patient care. And, in its second annual report released in February, the Health Council of Canada recommended *Canada Health Infoway* set its sights higher and make EHRs a reality for 100 per cent of Canadians by 2010.

In some respects, the health-care sector has held its own against other sectors racing to keep pace with technological change. Innovative telehealth projects, for instance, are allowing patients to receive care in the community while their health data travels hundreds of kilometres along cables to nurses and specialists in larger cities who can see the patients through television screens. Projects such as this rely on the expertise of nurses, particularly those who are involved in nursing informatics, a sector of nursing that examines how information technology (IT) can be used to provide better access to patient information and resources at the bedside.

In other respects, however, the health-care sector has a lot of catching up to do if it wants to keep pace with change in a way that will mean better patient care.

This new workplace reality may seem a little daunting for some RNs. Since the average age of nurses now creeps above 45, some may not have used computers for most of their working lives. But as the largest group of health professionals, nurses can't shy away from their responsibility to help health care catch up to other fields that are moving into the electronic age. That's why RNAO, in partnership with RNs who have made nursing informatics their passion, is working tirelessly to help nurses seize the opportunity to influence new technologies that will not only help them in their practice, but will also help their patients.

Elizabeth Borycki, an RN and assistant professor at the University of Victoria's School of Health Information Science, has studied the impact of technology on patient care and says EHRs can allow nurses to make well-informed, timely decisions about patient care. Technology also makes it easier to access nursing research relevant to their patients.

But Borycki cautions that some research suggests technology can lead to medical errors if it isn't designed in a clinician-friendly way. That's why she says it's essential for nurses to provide their expertise when new patient documentation methods are being developed and introduced.

"Nurses can identify aspects of technology that don't allow for its easy introduction to the clinical practice setting," she says. "They can identify functions, features and components of technology that don't meet nursing's needs, and suggest elements that should be changed."

RN Nancy Sangiuliano, co-ordinator of RNAO's e-Health project, agrees: "Nurses are the practice experts who can provide computer programmers with the information needed to build robust and reliable automated systems," she says. "When you build a program that involves the programmer and the clinical experts, you're going to

Illustration: Stephanie Wunderlich/threeinabox.com

have a good system."

Last fall, Sangiuliano began working on RNAO's e-Health project, and has been involved in surveying and interviewing nurses to find out: how comfortable they are using technology; what kind of education is being provided to them; and what needs to be done to give nurses the confidence to influence electronic documentation systems.

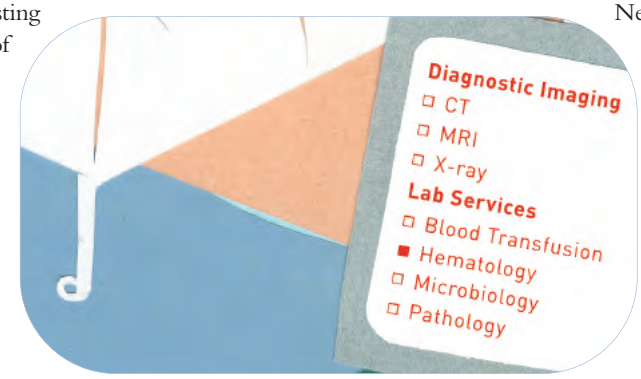
Irmajean Bajnok, director of RNAO's Centre for Professional Nursing Excellence, which is administering the project, says the everyday demands placed on nurses make it difficult for them to find the time to thoroughly learn an electronic patient documentation system. Bajnok says some nurses are anxious about the introduction of new technologies because of their existing responsibilities to ensure the safety of their patients, to develop patient relationships, and to handle already overwhelming workloads. Some late-career nurses, she says, are even looking at retiring earlier as a result of the pressure.

Bajnok says the e-Health project gives RNs a voice in provincial e-Health discussions. Doctors, pharmacists and public health agencies are all represented by their own e-Health councils, and RNAO will represent nursing at the Ontario Hospital Association's (OHA) e-Health Council. OHA is bringing hospitals' interests to the province's *Ontario Information Management Strategy*.

Through this strategy, the province plans to streamline how data is collected from health providers, organizing that data to better inform decision-making about where particular health services should be offered and to better track the system's performance. In its most recent commitment to the strategy, the Ontario government announced 14 Local Data Management Partnerships that will link IT and health-care professionals from each of the 14 Local Health Integration Networks.

Sally Remus, an RN and director, clinical informatics, at St. Michael's Hospital, is worried nurses' contributions to patient care, and the related positive outcomes, will be invisible in EHRs. She says EHRs are in the early phase of design, but they more easily show contributions doctors make to patient care because physician data is coded in a standardized way that makes it easy to store and retrieve from databases. Remus believes that nurses and other health professionals must ensure their contributions to illness prevention and health promotion are equally accessible and recognized in EHRs. Unless EHRs include nursing data standards – such as those developed by the International Council of Nurses that RNAO and the Canadian Nurses' Association are working to adopt in Canada – Remus says it will be difficult to determine nurses' contributions and demonstrate evidenced-based practice.

Sangiuliano agrees. She says RNs are quickly realizing technology's potential to give them a voice, and are beginning to see past their concerns about the effects of technology on patient care, particularly on patient confidentiality. Sangiuliano says thanks to security features such as firewalls that block outside users from accessing the system, and unique user names and passwords, a patient's EHR is more secure than a paper record.



"When you build a program that involves the programmer and the clinical experts, you're going to have a good system."

According to Sangiuliano, the best way to overcome nurses' apprehensions about shifting to EHRs is through education.

"Information and communication technology is not widely integrated in the nursing curriculum," she says, adding the desire to learn about it is growing. "I think, right now, nurses are ready to fully explore the advantages of eHealth."

Unfortunately, that education is not widely available for nurses, whether they are new RNs or in the final years of their careers. Lynn Nagle is an independent health informatics consultant who teaches an informatics graduate course at the University of Toronto. She says there isn't enough informatics content integrated into undergraduate courses. She explains that might be because current faculty members have had limited exposure to informatics, and may not be comfortable teaching the next generation of RNs about how to participate in the design of information systems that support nurses and improve patient care. While younger nurses are part of a generation that has grown up with computers, that tech-savvy must be integrated into clinical practice.

Kristine Newman, clinical educator at St. John's Rehab Hospital in Toronto, says that experience must not be lost. As part of her master's degree research at Queen's University, Newman explored fourth-year undergraduate students' comfort levels when using personal digital assistants (PDAs) for documentation. She wanted to determine their satisfaction with the PDA, which could improve their access to resources such as drug guides. She says while most of the group was between 20 and 24 years old, a minority still felt writing down information would be more useful. Most of the group was excited about the possibility of having so much information – including best practices from numerous disciplines – at their fingertips. Newman believes students must be exposed to technology in the classroom if they are going to be truly accepting of it in the workplace.

"It's an ideal time because they're open to new ideas and ways of thinking and doing," she says.

Going back to class is just one way to give nurses the skills they need to keep pace with technological change. Frontline nurses can also learn on the job. Nancy McNairn, president of RNAO's Ontario Nursing Informatics Interest Group, says nurses can adopt new technologies at any age or stage of their careers. McNairn, who led West Park Healthcare Centre's development of an evidence-based paper system that could eventually become an electronic system, says many health professionals are wary of change at first, fearing it will take them away from their work with patients. But she says attitudes change as they learn more.

That's what happened to Allison Loh-Kandylis. When she began working on the cardiology floor at Toronto's Hospital for

Sick Children four years ago she knew little about electronic documentation systems or the elaborate technology used to monitor patients. She says it was overwhelming to have to learn the systems in addition to the challenge of learning her new role at the hospital. But an eight-hour training session and a two-month preceptorship program helped her overcome her anxiety.

Today, Loh-Kandylis enthusiastically supports what technology can do for nursing and patient care. She is now a nurse analyst in the hospital's information services department and helps all the hospital's clinical staff – whether they're new grads or more experienced nurses – to master the technology in their midst. When a new staff member starts, Loh-Kandylis is one of the RNs who provide eight hours of instruction on the hospitals' electronic charting system. She says it's important that those doing the teaching have first-hand knowledge of the working situations on the floor.

"I know how it is," she says of her colleagues' workdays. "You're already busy with complex patients who need your attention. You don't need technology to hinder you; it's supposed to help you with your role."

When the hospital introduced a new electronic-charting system last December, Loh-Kandylis and her team had six weeks to train 2,000 staff members who either attended instructor-led classes, or learned at their own pace using a CD that contained all the needed materials.

RN Christine Henhoeffer says it's understandable that nurses are apprehensive about changing the way documentation is completed, because they spend up to a third of their time doing it. Henhoeffer is director of clinical practice at Healthtech Inc., a consulting company that specializes in planning and implementing health-care information systems. She says that uneasiness can be overcome with the right attitude.

"It starts with leadership," she says, adding you need management's commitment to make it work. "Right from your vice-president to your directors, they need to champion this. (It's) a huge clinical transformation within patient services…and it has a huge impact on staff."

Henhoeffer says nurses need to get excited about the benefits of electronic data documentation. They need to be excited about the possibilities of linking the complexity and number of patients they see to a system that tracks their workload. That enthusiasm becomes contagious and can help bring anyone who was previously reluctant about the project on board. Henhoeffer adds that it's vital the units where these electronic systems are being introduced ensure they have adequate staff available during the changeover. That way you ensure patient care doesn't suffer while staff members help each other get used to the technology.

And get used to it they must.

"It just doesn't come through by osmosis," Bajnok says of the learning process. "Organizations need to understand that if they want to gain maximum benefit from technology for patients, they really need to give maximum supports to nurses, which will mean resources."

Bajnok says everyone involved needs to understand that bringing technology to health care isn't about the latest gadgets. She says by having information about workloads and levels of patient acuity in a database, researchers working on healthy work environment guidelines will be able to determine what changes are needed to create a workplace that recognizes the work RNs do – and the amount of time it takes – so they can provide high-quality patient care.

But patient care requires more than a healthy workplace. Tazim Virani, program director for RNAO's clinical best practice guideline program, says allowing nurses to access clinical guidelines at their fingertips will improve care by helping them make sound decisions.

"We see how nurses are accessing RNAO's guidelines at their worksites more and more," she says. "It's a promising road we're traveling."

Indeed, the journey to electronic solutions that will make health care seamless for both patients and nurses is no longer the stuff of futuristic ramblings. They are simply the next stage of nursing's constant and intricate evolution. **RN**

JILL SHAW IS ACTING COMMUNICATIONS OFFICER/WRITER AT RNAO.

Using technology to track disease

IN the aftermath of the SARS outbreaks in 2003, tracking communicable diseases has become a top priority for governments across Canada and the world. In Ontario, the government's *Smart Systems for Health Agency* (SSHA) is building an information highway to ensure patient information travels between hospitals, pharmacies and public health units, giving health practitioners the resources to track any possible disease outbreaks. Last year, all public health units in Ontario began using the SSHA-hosted *Integrated Public Health Information System* (iPHIS) which allows them to better track outbreaks across the province.

Effie Gournis, an epidemiologist and manager of the communicable disease surveillance unit at Toronto Public Health, says iPHIS allows the Ministry of Health to track infectious disease outbreaks province-wide, and gives public health staff instant access to current information about outbreaks to help prevent them from spreading further. She says that, eventually, provincial laboratory staff will be able to put information about positive test results for diseases like influenza directly into the public health unit's database. Gournis says this could replace the fax and mail system used today, and would allow public health to take the necessary steps to stop the spread of disease immediately.

Gournis believes technology will revolutionize the way diseases are tracked and stopped. For example, electronic health records will tell public health officials about an individual's vaccination history so they can focus their efforts on those most vulnerable to infections.

Informatics consultant and RN Lynn Nagle agrees. She worked at Toronto's Mount Sinai Hospital during the 2003 SARS outbreaks and says electronic public health surveillance could have saved lives, particularly because it tells a story of which health-care organizations a person has visited recently.

"I've lived the downsides of not having access to good information either about patients or nurses," she says. "If we had better systems and integration of information, we could have kept our patients and our staff much safer."

To find out more about SSHA, visit www.ssha.on.ca

by **Jill Shaw**

Work in progress

ON On March 1, the provincial government moved *Bill 36*, the *Local Health System Integration Act*, through the provincial legislature and toward becoming a law that will forever change how Ontario's health-care system is managed. The legislation – which gives Local Health Integration Networks (LHIN) the ability to plan, coordinate, integrate and fund the delivery of health-care services at the local level – has generated considerable discussion. In February, RNAO participated in public consultations before the Standing Committee on Social Policy, wrote letters to politicians and the media, and met with LHIN chief executive officers to add nurses' voices to the fray. RNAO called for several changes to the legislation, and the government responded to some, including:

• Changes to the bill's preamble to include the *Canada Health Act* and the *Commitment to the Future of Medicare Act,* as well as an emphasis on not-for-profit delivery of health services.

• While cabinet retains the power to contract out non-clinical services, it will only be able to do so until April 1, 2007. Previous wording left this practice wide open.

• The amended bill provides the Minister with equal power with respect to not-for-profit providers and for-profit providers.

• No majority for any one health profession on LHIN advisory committees.

As with every fight; you win some and you lose some. RNAO lost its bid to cease contracting out of two non-clinical services: housekeeping and food delivery services. RNAO's advocacy on this was based on the impact of those services on quality patient care, infection control, and occupational health and safety. RNAO argued that, with an influenza pandemic on the horizon, and hospital acquired infections on the rise, now is not the time to take chances.

RNAO also lost in its quest to ban competitive bidding. "Nurses simply don't want to work full-time in such an environment. It means less continuity for patients and their families," RNAO executive director Doris Grinspun said, adding that RNAO is not discouraged. "Be assured, the fight is not over."

During RNAO's Feb. 6 presentation to the Standing Committee on Social Policy, RNAO president-elect Mary Ferguson-Paré told the committee that while the LHINs' goals are commendable, this vision must not come at the expense of Ontario's not-for-profit health-care system.

"We understand that the government's objective…is to better serve Ontarians," Ferguson-Paré said. "This bill will not achieve that without an explicit commitment to a single-tier health-care system, and to expanded not-for-profit delivery."

LHINs and RNAO BPGs help Ontarians kick the habit

Early in January, RNAO began what is likely to be a proactive and fruitful partnership with Ontario's LHINs. The 14 newly formed regional health-care bodies, have collectively agreed to endorse and help disseminate RNAO's *Integrating Smoking Cessation into Daily Nursing Practice Best Practice Guideline* (BPG) across the province.

This timely partnership helps hospitals and other health-care providers meet the upcoming requirements of the *Smoke Free Ontario Act*, coming into force May 31. Under the new law, Ontario's enclosed public and other workplaces will become100 per cent smoke-free. Nurses providing home health-care services will also have the right to request a person not smoke while they provide care.

"RNAO's smoking cessation best practice guideline is the gold standard in this area and has already been tested and tried within the Ontario context. It will be of great use in helping staff, patients, and patients' families quit smoking," Dr. Robert Cushman, CEO of the Champlain LHIN, said on behalf of all LHINs. Under Cushman's leadership, the guideline has already received widespread distribution in major Ottawa-area hospitals. He says he will continue to promote it throughout his LHIN this spring.

After the initial partnership was established in January, further meetings with all CEOs from the 14 LHINs and two key members of the province's Health Results Team were arranged to begin a wider discussion on how to best integrate other RNAO guidelines throughout the province. "We are thrilled with this first guideline partnership and are certain we will expand it further. Ontario's LHIN system provides a fast, coordinated and effective network to help spread the word about these outstanding clinical and educational resources. Add to this the trust that nurses' advice carries with the public, and you have a recipe for success," says RNAO executive director Doris Grinspun.

While this new working relationship is still evolving, there's no question about the many shared goals between RNAO and LHINs. Many LHIN leaders emphasized that RNAO's nursing guidelines are practical aids for the greater efficiency and improved patient care they are hoping to achieve. According to the Ministry of Health and Long-Term Care, the local health-care bodies are charged with achieving measurable, results-driven outcomes in health-care. Similarly, BPGs aim to improve health-care outcomes and improve the level of patient care by raising the knowledge and awareness of health-care providers. Cushman notes: "Overall I'd say disease prevention and health promotion are key unifying mandates for all LHINS, so I think we'll be turn-

Planning for Ontario's Local Health Integration Networks continues amid controversy and questions.

More than 100 members responded to RNAO's Feb. 13 action alert urging RNs to write to Premier McGuinty and Minister Smitherman and encourage them to respond to nurses' concerns.

RNAO member Joan Garrow says she wrote a letter to the premier because she believes all health professionals need to overcome traditional notions about authority in working relationships. "We all have to respect each other and work together," she says.

RN Maria Casas, an executive member of RNAO's Sudbury chapter, also sent a letter to the Premier, and had it published in the *Sudbury Star* on Feb. 16. She says that given the controversy LHINs are generating, the chapter wanted to share nurses' perspective with the public at large.

"There's a lot of information out there, and people are being frightened," Casas says, adding the chapter also spoke out because several members have endured the unsettling effects of competitive bidding in home care, and wanted to help ensure nurses working in the Sudbury LHIN would not have the same experience.

RNAO member Pat Mandy, CEO of the Hamilton-Niagara-Haldimand-Brant LHIN, spoke to RNs about LHINs at the annual meeting of RNAO's Halton Chapter in February.

Halton Chapter co-chair Susan Ritchie says Mandy covered everything from the future of hospitals to RNAO's best practice guidelines during her presentation. Ritchie says 86 nurses attended – unprecedented numbers for a chapter meeting – which she attributes to the fact that RNs are still trying to wrap their heads around what LHINs will mean.

"We often know as little as the public knows about how (LHINs) are going to affect us as professionals and potential patients," she says.

Once *Bill 36* receives royal assent and becomes a permanent fixture in provincial law, LHINs will direct how health care is managed in Ontario. RNAO and members will continue to take nursing's concerns and solutions to top LHINs decision makers to ensure our health-care system allows nurses to provide the care people need. **RN**

JILL SHAW IS ACTING COMMUNICATIONS OFFICER/WRITER AT RNAO.

Making headlines

RNs' concerns on LHINs were reported by media across Ontario.

- RNAO president-elect Mary Ferguson-Paré's presentation to the Standing Committee on Social Policy was covered by *CKTB-AM – St. Catharines* and *CFMT-TV – Toronto* (Feb. 6).
- RNAO's Halton chapter annual meeting was covered by the *Oakville Beaver* and *Burlington Post* (Feb. 3 and 5).
- RNAO member Betty Oldershaw, president of the Ontario Nurses' Association Local 35, told the *Chatham Daily News* she distributed pamphlets to educate residents about the implications of LHINs (Feb. 10 and 14).
- In a submission to the *Kingston Whig-Standard*, Ross Sutherland, an RNAO member and chair of the Kingston Health Coalition, cautioned that LHINs are not democratic or locally accountable (Feb. 16).
- RNAO member and CEO for the Northwest LHIN, Gwen Dubois-Wing, said she would manage the LHIN by gathering feedback from both health-care providers and users to create local solutions to the region's challenges (*CKPR-AM, CKPR TV* and *CFQK-FM*, Jan. 27, *CHFD-TV*, Jan. 29).

ing to these useful tools…to help us achieve this." He adds that each LHIN may require different BPGs according to local demographic and population needs.

So what does this new partnership mean for nurses? "The greater potential availability of BPGs throughout LHINs will result in the greater use and sharing of these resources in daily nursing practice. And in the big picture, using RNAO guidelines within their health-care setting can help nurses become part of the grounds-up change the system's leaders are working towards," says BPG program director Tazim Virani.

RNAO's network of BPG Spotlight Organizations and Champions – institutions and individuals who have agreed to implement and evaluate guidelines – are also helping to educate LHIN members about the benefits of BPGs. In the North Simcoe Muskoka LHIN region, Royal Victoria Hospital (RVH), an RNAO Spotlight Organization, held an introductory BPG workshop last November. "I think this session provided an excellent, on-the-ground opportunity for our local LHIN representatives to discover for themselves how BPGs work in daily nursing practice," says Sue McLeod, an RN and clinical educator at RVH.

"The seminar also provided a great opportunity for networking and resource sharing between BPG users and LHIN members," reports McLeod, who's committed to continuing a dialogue through regular meetings with representatives from her LHIN.

"Nurses are the most trusted health-care providers as a result of our professional passion and expert knowledge. Our credibility with the public can advance the LHINs' new mission. We are confident that our evidence-based BPGs can help raise the overall level of knowledge, skill and responsiveness in our health-care system," sums up Grinspun.

To learn more, visit www.rnao.org/best-practices or contact hmcconnell@rnao.org.

– By Anila Sunnak

RNs MEET WITH POLITICIANS

On Jan. 27, 130 RNs – among them RNAO's board of directors, assembly members, political action officers, and nursing students – headed to Queen's Park to help influence and shape policies that will affect the health and well-being of Ontarians and nurses.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This year marked the 7th anniversary of RNAO's popular political event known as the *Annual Day at Queen's Park*. Although the mood was celebratory following Health Minister George Smitherman's Jan. 26 announcement of $40 million to retain senior nurses, RNAO members did not forget they were there to press politicians on other equally important nursing issues, including: the protection of not-for-profit health care; the need for tuition reimbursement for nurses who are willing to relocate to northern Ontario; earmarked funding for full-time employment to achieve the 70 per cent full-time solution; the creation of full-time solution opportunities for new grads; funding to ensure senior nurses spend 80 per cent of their time on clinical work and 20 per cent on mentorship and education; Local Health Integration Networks (LHIN); the much-anticipated response to Elinor Caplan's report on competitive bidding in home care; and improvements to the minimum wage and to social assistance.

Smitherman, who offered opening remarks, congratulated RNAO for its advocacy work on behalf of the profession and Ontarians, and asked that nurses continue to share ideas with the Ministry of Health. He also spoke to RNAO leaders about other issues, including the need for health-care integration through LHINs, and his pledge to use *Bill 8*, the *Commitment to the future of Medicare Act,* to stop Vancouver-based businessman Don Copeman from setting up for-profit medical clinics in Ontario.

Ontario PC leader John Tory was also on hand, and pointed out weak spots in the Liberal government's health record to date, expressing dismay that it has yet to reach its 2003 election-campaign promise to hire 8,000 new nurses. He promised his government, if elected in 2007, would take a lead in giving nurses the time, equipment and resources they need to do their jobs to the fullest extent. He expressed a clear commitment to publicly funded and universally accessible health care. While acknowledging his party's differing views from RNAO regarding for-profit delivery of care, Tory said he will look to RNAO on other policy issues as his party builds its next election platform.

Andrea Horwath and Rosario Marchese, NDP MPPs for Hamilton East and Toronto's Trinity-Spadina, respectively, brought the event's formal presentations to a close by offering their party's message on privatization. Whether you call funding arrangements public-private-partnerships (P3s), as the PC government did, or by the Liberal moniker alternative financing and procurement projects, both argued they open the door to increased privatization and cost taxpayers more. Horwath also called on the government to abolish the competitive bidding process in home care, noting it leads to poor patient care and squeezes not-for-profit providers out of the market. **RN**

1 RNAO president Joan Lesmond offers Health Minister George Smitherman an orange RNAO wristband, created by the membership department in 2005 and reading: "RNAO. Save Medicare Now."

2 Although unavailable to provide remarks and attend individual meetings with RNs and students, Ontario Premier Dalton McGuinty made the rounds during a lunch-time meet and greet at Queen's Park.

3 McGuinty poses with RNAO's Essex chapter, which won its second consecutive recognition award for *Chapter of the Year*. From left to right: Former health minister and Kitchener-Waterloo Conservative MPP Elizabeth Witmer, nursing student Jennifer Krall, executive director Doris Grinspun, nursing student Michael Jankowski, Lesmond, McGuinty, Essex chapter president Lynda Monik, and Carole Gill.

4 Lori Korkola, political action officer for the Ontario Association of Rehabilitation Nurses (OARN) approaches the microphone during a Q&A session with Smitherman. RNAO board members Elsabeth Jensen, Member-at-Large, Nursing Research, and Paula Manuel, Region 6, wait for their opportunity to "press for answers."

5 Lesmond offers Ontario's Conservative Leader John Tory a package of RNAO materials during a small group meeting in his Queen's Park office. The small group sessions were designed to offer RNs the chance to introduce themselves to the politicians, and to provide their nursing perspectives face-to-face with the decision makers.

6 Burlington Conservative MPP Cameron Jackson (right) participates in a small group meeting in his Queen's Park office with students and board members.

Nursing students from universities and colleges across the province were an important part of RNAO's *7th Annual Day at Queen's Park*. In fact, the 16 who attended the event (pictured above) represent the growing number of students who are aware of the importance of political activity in nursing, particularly in the formative years of nursing study. In these personal reflections, Carling Provost, Kim Van Herk, Jill Batrovic, Sherrene Outten, and Kristine Cleary tell readers about the role they've played educating peers, politicians, and the public.

Political activism and nursing

by Carling Provost and Kim Van Herk

In the fall of 2005, we had the opportunity to hear Charlotte Noesgaard, former president of RNAO and a nursing professor at McMaster University, speak about her political activities as RNAO's president. She drew attention to the need for more nurses to step up and become prominent leaders in the political arena. We realized nursing students, as the future of nursing, have an important obligation to take up her challenge and get involved.

We wanted to know: What initiatives need to be implemented with BScN undergraduate students to prepare them to be more politically aware and politically active in the health-care system? To find the answer to that question, we looked to nursing research for hints on why students may not be as politically active as they should be.

Research shows a "disconnect" between nursing students' personal and professional obligations to political activity. For instance, when nursing students vote, they don't vote as nurses; they vote as students. The literature is clear that nursing students need to be more aware of how health policies not only affect them as health professionals, but also have an impact on larger society.

Another thing that is clear in the literature is that increased enrolment of nursing students in political organizations like RNAO or the Nursing Students of Ontario (NSO) would have a positive impact on their level of political activity. In fact, according to research, organizational affiliation keeps nursing students informed and provides opportunities to develop political competence through contacts with fellow association members.

We feel it's imperative that nursing students are also formally educated to be politically active. Research shows that when policies and politics become intertwined into the education of graduate nurses, these students are more likely to feel competent and comfortable engaging in political activity. A 2001 study published in *Public Health Nursing* found that a major barrier to nursing students creating more effective political action is their inability to note the interconnection between personal, professional and political views.

To overcome these barriers, student nurses need to become more aware of how policies are made and implemented within the Canadian system. One way to do that is to build opportunities into nursing curricula whereby students observe the policy-making process.

Students also need to become more aware of the resources in the community, and must be encouraged to collaborate with the media and with various community colleagues, for instance environmental groups and anti-poverty groups, in order to facilitate more effective social change and provide a larger political voice.

One strategy to promote incentive among nursing students is to include political activity hours into clinical placements. Some researchers also suggest implementing social science and political science courses into the curriculum to increase students' understanding of the broad determinants of health, the context in which the determinants are embedded, and strategies for influencing policy.

Nursing students may not be aware of the different political party views of nursing, the health-care system, and their political agendas. To help develop that knowledge, students should be exposed to health policy education, using such methods as writing a paper about a nurse who is a political leader or about political party's views on a nursing topic.

As two nursing students who considered themselves politically aware and interested, it came as a shock to realize our own political inactivity. We plan to become more actively involved in our education as it pertains to political activism, and we encourage the university to also make the nursing curriculum more politically involved.

We're looking forward to our new memberships with RNAO and becoming more aware of our individual political roles not

only within the nursing profession but also within the larger social sector.

CARLING PROVOST AND KIM VAN HERK, FOURTH-YEAR NURSING STUDENTS AT MCMASTER UNIVERSITY, CONDUCTED THEIR RESEARCH WHILE COMPLETING A POLITICAL ACTIVISM AND NURSING COURSE IN NOVEMBER 2005.

Beyond the classroom

by Jill Batrovic, Kristine Cleary, and Sherrene Outten

Nurses provide an essential service and constitute the largest employment group within the health-care system. Collectively, we represent an important voice. As nursing students, we want to advocate for the special interests of beginning practitioners and also influence the direction of the nursing profession as a whole. Political activism is a vital tool that we can use to speak out on important issues facing nursing students today.

While completing a nursing course that examined the policy and politics of Canada's health-care system, we developed a political action tool to raise awareness of the issue of inadequate nursing resources. We designed a postcard that would publicize the issue of nursing shortages and challenge provincial politicians on how they plan to address the problem. This political action tool was created for the general public and called on individuals to support nurses by mailing the card to the government. This would do two things: raise awareness of the issue with the general public; and amplify the message to the government by demonstrating broader public support. By using the public as the medium to inform the government, we hoped to intensify the message and target two groups with one action.

This experience has taught us the importance of having a clear and concise message that targets the right political leaders and policy makers. As students, we represent the future of nursing. And in realizing our goals of becoming influential leaders of tomorrow, we need to become more politically active in transforming health care and nursing policies today. **RN**

JILL BATROVIC, SHERRENE OUTTEN, AND KRISTINE CLEARY ARE IN THEIR FINAL YEAR OF STUDY AT THE UNIVERSITY OF TORONTO.

In their own words

Quotable moments from RNAO's *7th Annual Day at Queen's Park*

"It recognizes that RPNAO, RNAO and ONA are powerful forces with respect to the nursing agenda in the province of Ontario…Our government, with $40 million of the people's money, is demonstrating the trust that we have, the confidence that we have, and the commitment that all of you have to work together to enhance the circumstances for nurses."

*Health Minister **George Smitherman** on the nursing retention fund*

"At the heart of LHINs is the very simple concept that the command and control structures that the Ministry of Health has traditionally operated on have not served health care very well."

***Smitherman** on LHINs*

"We've been very clear as a government; we will not stand idly by. Bill 8 gives us significant penalties to impose. Anyone in this province (who) suggests they can operate a clinic which … requires a payment to access, I will not fail to act on the public's behalf."

***Smitherman** on Don Copeman's proposal to set up private clinics in Ontario*

"I am disappointed that we do not seem to be…on track to achieving the government's goal to have 8,000 nurses with full-time employment."

*Ontario PC leader **John Tory** on the Liberals' 2003 election promise to hire 8,000 full-time nurses*

"What I don't want to do is be a leader of a government after 2007…trying to find out what excuses we can offer as to why we don't have the people in place when we knew they were needed for the health-care system in Ontario."

***Tory** on the need to work with nurses to find solutions to the nursing shortage*

"Nurses tell me that nurses must be allowed to be nurses, and not be smothered by bureaucracy or anxious about legitimate concerns around safety or other working conditions…that anxiety takes away from nurses' ability to be nurses."

***Tory** on reactions he hears while touring health-care organizations around the province*

"We don't believe that P3 hospitals are the way to go. It's not unreasonable for us to take that position…if you have $10 for health care, how do you justify spending only $8 on it, and putting $2 in the pocket of the private financier? We think that money belongs in more investments to create better conditions (for nurses), more full-time positions…we're not embarrassed by our position. We think we've got the right position on this issue."

*NDP MPP **Andrea Horwath** on P3s*

by **Kimberley Kearsey**

HOME sweet HOME

RNAO officially opens its doors and welcomes visitors to 158 Pearl Street, our new home in Toronto.

IN 1978, Joseph Pope, a Toronto stockbroker, purchased a red brick building at the corner of Duncan and Pearl Streets. Two years later, he bought the red brick building right next door. That second building now belongs to RNAO. And thanks to Pope, who still works next door, we were able to share a little bit of its history with more than 200 people who attended RNAO's Open House on Jan. 26.

Pope was among the 200 visitors touring the new location in January, and he spoke to visitors about some of the property's previous owners. In 1829, the two red brick buildings and a third just north at Duncan and Adelaide Streets belonged to Upper Canada College (UCC). The building RNAO purchased late last year was once the residence of the school's principal. In 1895, UCC sold the building to the University of Toronto, which, 10 years later, sold it to commercial interests. The property's bottom two floors sat empty when RNAO board members and staff paid a visit in the summer of 2005 and decided it was just the right place for RNAO.

"Thanks to the strength of each of you, and our joint achievements, RNAO reached the long-held dream of having a home to call its own," executive director Doris Grinspun told visitors in January. She went on to explain how the office's design, created from a barren concrete shell, was made possible after consultation with RNAO board and staff. The use of glass throughout the office, for instance, is quite deliberate, and represents transparency and openness, two important qualities developed through surveys and meetings with designers.

RNAO president Joan Lesmond was involved in those consultations and couldn't be happier with the final look and feel of the new office. At the Open House, however, she fended off questions from Conservative Leader John Tory who noted the "Liberal red" in the reception area. Lesmond assured him there was plenty of "Conservative blue" throughout the rest of the new facility. **RN**

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1 RNAO executive director Doris Grinspun publicly thanks Nancy Campbell (centre, with scarf), Director of Finance and Administration, for her leadership role in the move to our new home.

2 RNAO's region 6 board member Paula Manuel (right) chats with former health minister and Kitchener-Waterloo Conservative MPP Elizabeth Witmer, an honourary member of RNAO.

3 RNAO president Joan Lesmond shares some sushi and chats with RNAO members Urica Parris, Valerie Glasgow, and Paulette Stewart during the open house festivities.

4 RNAO president Joan Lesmond and region 11 board representative Paul-André Gauthier (centre) laugh with Conservative Leader John Tory about the red colour in RNAO's reception area, reassuring him there is also plenty of "Conservative blue" throughout the new facility.

5 (Left to right) Former RNAO board member Marianne Cochrane, past-president Adeline Falk-Rafael, RNAO member and nursing leader Dorothy M. Wylie, and executive director Doris Grinspun take a moment from their conversation to share a smile and pose for the *Journal*.

6 Former RNAO president Sue Williams talks with Carol Jacobson, Director of Health Policy at the Ontario Medical Association, before the official ceremonies begin.

7 Nursing students (left to right) Erin Johnston, Jodie Boltu, Alanna O'Malley, and Joseph Gajasan enjoyed the opportunity to network with more than 200 guests at the open house.

8 RNAO past presidents and current board members gather at the front entrance of the new Pearl Street location to celebrate the grand opening.

9 Joseph Pope, the former owner of 158 Pearl Street, provides a snapshot of the building's colourful history as RNAO board members look on.

10 Left to right: Nancy Campbell, RNAO's Director of Finance and Administration, RNAO member Ester Bard, Grinspun, Irmajean Bajnok, Director of RNAO's Centre for Professional Nursing Excellence, and Lesmond share a laugh before guests arrive.

11 RNAO's Essex chapter representatives Michael Jankowski (back row), and (left to right) Jennifer Krall, Carole Gill, and Lynda Monik present RNAO president Joan Lesmond with a framed copy of a special Nursing Week insert published in *The Windsor Star* in 2005.

12 Ginette L. Rodger, VP Patient Care and Chief Nurse Officer at the Ottawa Hospital, celebrates the open house with Grinspun. Ottawa Hospital is one of RNAO's twelve new BPG Spotlight Organizations.

NEWS to You to Use

At press time, talks to resolve the strike at Ontario colleges continued. RNAO is urging the government to assist in bringing about a quick resolution. The strike, which began March 7, affects RNAO student members and college faculty, many of whom belong to the association. Among them, Heather Grit, a fourth-year Humber College nursing student, who had her classes cancelled and her clinical placement put on hold. RNAO member Betty Cragg, interim director of the collaborative nursing program at University of Ottawa, is working with the head of nursing at Algonquin College to ensure students do not lose a year of studies. On March 20, talks between the Ontario Public Services Employees Union (OPSEU) and colleges resumed. RNAO hopes the union representing faculty members and the colleges reach a settlement quickly so students and teachers can return to the classroom as soon as possible.

Registered Nurse Journal has been following developments and investigations surrounding the death of RN Lori Dupont. On March 1, Dupont's family filed a $13.5-million lawsuit against Hotel-Dieu Grace Hospital (HDGH). According to the *Windsor Star*, the lawsuit claims that Dupont's employers were aware of harassment and threats made by Dr. Marc Daniel for months prior to the murder. The family says HDGH "failed to respond with sufficient urgency or concern to the danger posed by Daniel." HDGH chief executive officer and president Neil McEvoy said to reporters: "The brutal murder that happened here was the act of one individual. I have a lot of difficulty thinking that anything the hospital did, or could have done, would have changed his mind or changed his intent." No criminal charges were laid against HDGH following a homicide investigation by Windsor police. On March 22, the Ontario coroner announced there would be an inquest into the deaths of Dupont and Daniel, the doctor who murdered her. *Registered Nurse Journal* will continue to monitor developments in the case.

London Health Sciences Centre surgical nurse clinician Lina Martins recently received the *Iota Omicron Clinical Excellence Award*, presented by the Iota Omicron Chapter of Sigma Theta Tau, at an induction ceremony at the University of Western Ontario. Martins, who has been an RN for 18 years, was honoured with the award for her contributions to the profession, her clinical expertise, volunteer work in the community, mentoring, and commitment to achieving a master's degree despite a full patient load.

Five RNs were among six individuals to receive $1,000 TD Canada Trust Grants that will provide a financial boost towards continuing their health education. The recipients are, from left to right: RN Della Hare, Veronica Nelson, RN Karen Callaghan and RN Marsha Coombs. RNs Sheila O'Keefe-McCarthy and Amy Pruett are not in the photo. The grants are designed to attract and retain health-care professionals in Canada, and are presented each year by the *Ross Memorial Hospital Foundation* in Lindsay, Ontario. The recipients must commit to working at Ross Memorial for two years following the completion of their individual studies.

The Ottawa-Carleton Detention Centre recently opened a new, all-female wing, which includes a 24-hour nursing health-care centre that treats both male and female inmates. RNAO member and health-care co-ordinator Dionne Sinclair said the 34 nurses at the centre treat a range of ailments, from IV drug use wound infections to alcohol withdrawal symptoms.

On Jan. 16, RNAO member Tracey Collins, a street nurse for the Region of Waterloo, received a $1,500 academic leadership scholarship from Athabasca University. The scholarship is awarded to students with a high grade point average who have demonstrated leadership or volunteered in their community. Collins is completing the final course for a post-basic bachelor of nursing degree at Athabasca University and received the award for meeting the academic requirements and for her work as a street nurse in Kitchener-Waterloo's downtown core.

RNAO student member Joseph Gajasan is being celebrated for his exceptional efforts and unprecedented recruitment work during student events at Ryerson University, George Brown College and Centennial College. Gajasan secured more than 200 new and renewing student memberships this fall. Gajasan is a fourth-year nursing student who is an active member of the association, and sits on the Editorial Advisory Committee for *Registered Nurse Journal*.

Calendar

April

April 6
WORKING IN CULTURALLY DIVERSE ENVIRONMENTS
Regional Workshop
Delta London Armories
London, Ontario

April 13
DISCOVERING THE LEADER WITHIN YOU
Regional Workshop
Capones Catering and Banquet Facilities
Ottawa, Ontario

April 23-26
PERI-OPERATIVE REGISTERED NURSES ASSOCIATION OF ONTARIO, FOUNDATIONS OF CARE, 9TH BIENNIAL CONFERENCE
Novotel Hotel
Ottawa, Ontario
For more information, visit www.conference.ornao.org/

April 27-29
RNAO ANNUAL GENERAL MEETING
Sheraton Parkway
Richmond Hill, Ontario

May

May 4
PRECEPTORSHIP FOR NURSES
Regional Workshop
Kingston, Ontario

May 9
STORIES IN NURSING: BEYOND THE BEDSIDE
Region 8 Workshop
Best Western Cobourg Inn
Cobourg, Ontario

May 10
RNAO HEALTH-CARE EXPOSITION
Nursing Career Fair
89 Chestnut Residence
Toronto, Ontario

May 26-27
HEALING THE LEARNING ENVIRONMENT
Symposium and workshop
Hosted by RNAO's Provincial Nurse Educators Interest Group
Kingsbridge Centre,
King City, Ontario
For more information, visit www.pneig.ca

June

June 2
THE MANY FACES OF DIABETES: BEST PRACTICE ACROSS SETTINGS AND POPULATIONS
Conference
Ottawa Congress Centre
Ottawa, Ontario

June 4-9
CREATING HEALTHY WORK ENVIRONMENT SUMMER INSTITUTE
Delta Pinestone Resort
Haliburton, Ontario

June 15
LEADING AND SHAPING SUCCESSFUL CHANGE
Regional Workshop
Vallhalla Inn
Thunder Bay, Ontario

June 16-17
TLC—TEACHING, LEARNING, COMMUNICATING
Ontario Family Practice Nurses Conference
Radisson Admiral Hotel
Toronto, Ontario
For more information, please contact: Shirlee.oconnor@sw.ca

June 24-29
NURSING BEST PRACTICE GUIDELINES SUMMER INSTITUTE
Nottawasaga Inn Convention Centre & Golf Resort
Alliston, Ontario

Unless otherwise noted, please contact Carrie Scott at RNAO's Centre for Professional Nursing Excellence at cscott@rnao.org or 416-599-1925 / 1-800-268-7199, ext. 227 for further information.

Classifieds

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PATHWAYS TO HEALTH AND WELLNESS

2nd Annual Multi-Disciplinary Health-Care Conference
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University of Windsor, www.uwindsor.ca/wecarenp
"We Care NP" (Windsor/Essex County Nurse Practitioner Conference Planning Committee)

OLYMPIA SPORTS CAMP near Huntsville needs RNs or nursing grads waiting for registration. July and/or August. Family lodging and meals provided, plus salary. Your children attend camp for free. Full use of all recreational facilities and equipment. Nightly social gathering in coaches' lounge. Health centre team includes one doctor, four RNs, and four therapists caring for a lively community of 575 campers, staff, coaches and their families. Spend your summer with us in the heart of beautiful Muskoka. Call collect: 905-479-9388.

UPCOMING CONFERENCE

The London Health Sciences Centre will be presenting its bi-annual Post Anaesthesia Conference, April 8, 2006. The Best Western Lamplighter Inn will be the host location for our conference. We will be focusing on topics relating to perioperative nursing and current nursing practices. For further information, contact: Kay Revington at kay.revington@lhsc.on.ca or PACU-London Health Sciences Centre, 519-685-8500 ext. 52879.

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For the most current information about the Nursing Education Initiative, please contact:

RNAO's Frequently Asked Questions line
1-866-464-4405
OR
e-mail Meagan Wright and Lisa Beganyi at
educationfunding@rnao.org.

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"Every time I begin my shift, I need to be ready for anything. Verbal abuse from a frightened or out-of-control patient. Threats from an angry visitor. Hostility from a stressed-out co-worker. The only thing certain about my work environment—is its uncertainty."

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RNAO Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario
CENTRE FOR PROFESSIONAL NURSING EXCELLENCE

RNAO HEALTHCARE EXPOSITION
Nursing Career Fair
May 10, 2006
89 Chestnut Residence, 89 Chestnut Street, Toronto, ON

RNAO Healthcare Expositions focus on employment in Ontario for new grads, and creative career options for senior career nurses to retain them in the profession.

To register visit www.RNAO.org click on conferences and download the registration form. Fax your completed registration form to 416-599-1926 or call Kate Poirier 416-408-5642 for more information.

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Hospital News

Are you an Ontario employer?
Receive a free two-month job posting on the RNAO RNCareers website, the #1 source for registered nursing jobs in Ontario with your exhibitor registration.

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- EMERGENCY
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- OPERATING ROOM
- NEONATAL INTENSIVE CARE UNIT
- NEUROSCIENCES
- MEDICAL/SURGICAL
- INFECTION CONTROL PRACTITIONER
- COMMUNITY MENTAL HEALTH NURSE
- CASE MANAGER COMMUNITY MENTAL HEALTH
- CARDIAC/ICU STEP-DOWN UNIT (HIGH ACUITY UNIT) (NEW positions)
  Seeking experienced MS nurses with monitoring and/or telemetry experience

Expansions and new programs have created a demand for advanced practice nursing positions such as Clinical Nurse Educators, Clinical Resource Nurses, Shift Coordinators, Nurse Clinicians, and Case Managers.

- Relocation Assistance is available
- Clinical Laddering Opportunities
- Specialty Education

Please visit our Career Opportunities website at www.fraserhealth.ca for a detailed listing of these and other positions and explore the opportunities available for you. You may also contact us at recruitment@fraserhealth.ca or phone us toll-free at 1-866-837-7099.

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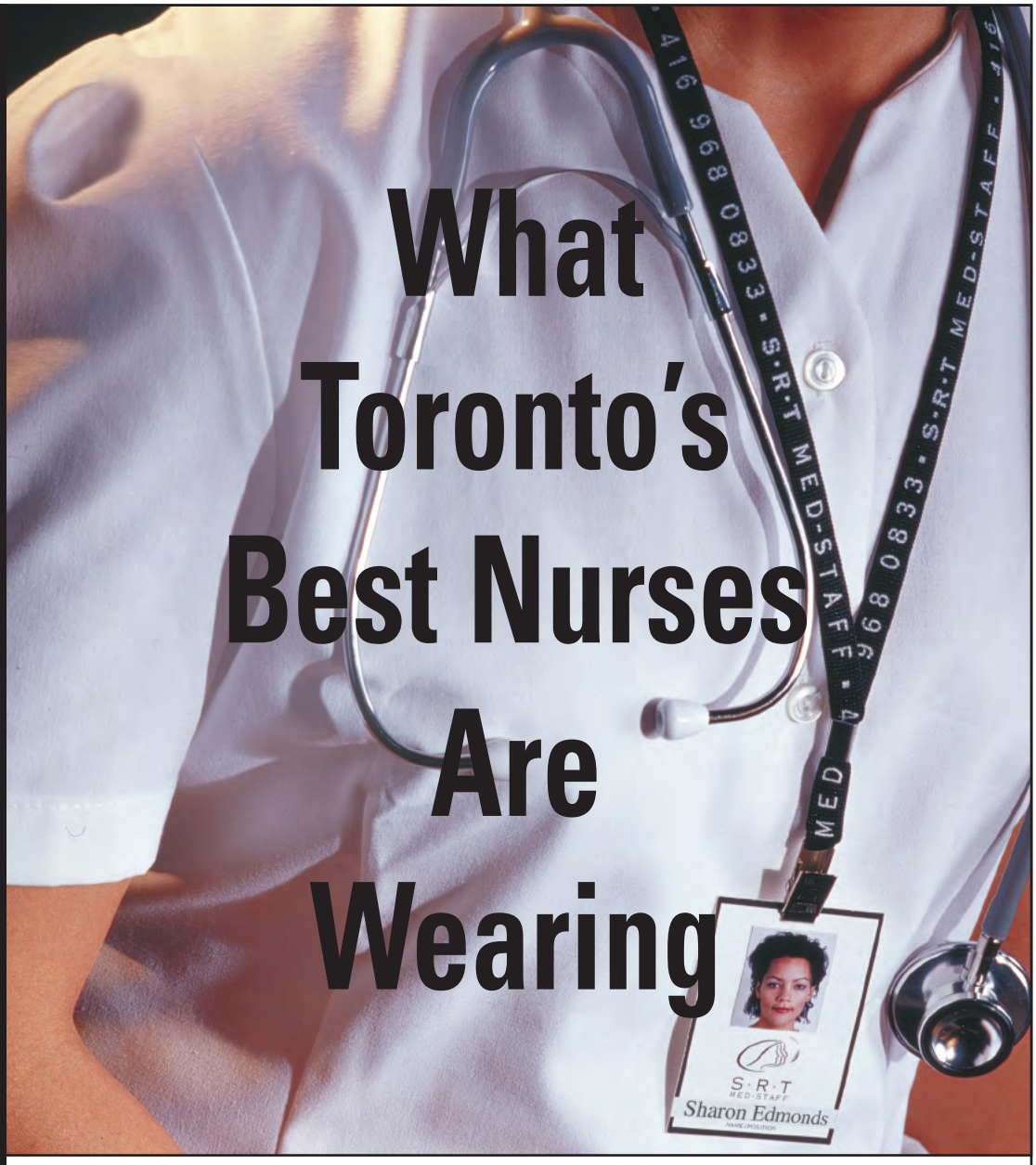

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