MARCH/APRIL 2013

REGISTERED NURSE JOURNAL

SPOTLIGHT ON BPSO

Best Practice Spotlight Organizations celebrate 10 years of nursing innovation that makes evidence-based practice a priority.

The unique challenges of rural nursing • Taking Queen's Park Day "on the road"

BPSO

RNAO

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CANADA

RNAO celebrates 10 GREAT YEARS with BPSOs

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Bluewater Health

Cambridge Memorial Hospital

CBI Home Health

Centre for Addiction and Mental Health

Chatham-Kent Health Alliance

Clinica Las Condes, Chile

Escuela De Enfermeria, Facultad De Medicina, Universidad De Chile, Chile

FOSCAL Fundación Oftalmológica de Santander – Colombia

Grand River Hospital

Grey Bruce Health Unit

Guelph General Hospital

Hamilton Health Sciences Centre

Health Sciences North

HNHB Community Care Access Centre

HNHB Local Health Integrated Network

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its leading edge BPSOs and the thousands of nurses and health-care professionals who have led the way over the past 10 years to enhance evidence-based practice for the benefit of Ontarians.

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Thunder Bay District Health Unit

Thunder Bay Regional Health Sciences Centre

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Trent University

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Two Rivers Family Health Team

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University Health Network

University of Hartford, USA

VHA Home HealthCare

VON Canada

West Park Healthcare Centre

Windsor Essex Community Health Centre

Women's College Hospital

http://rnao.ca/bpg/bpso

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REGISTERED NURSE JOURNAL

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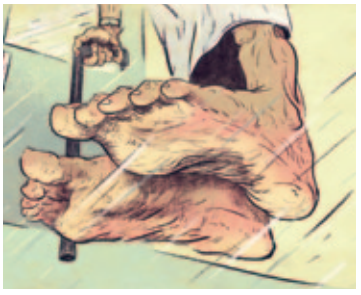

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EDITOR'S NOTE KIMBERLEY KEARSEY

Every idea has merit

I often talk to members on the phone about story ideas, and how to write submissions that will work for *Registered Nurse Journal*. I offer suggestions for shaping thoughts and experiences so they resonate with our readers. And I provide reassurance that every idea has merit, and often only needs a bit of molding to become something special. During a recent conversation, I provided honest feedback to a member with an idea. What stands out about this conversation is the way it ended. She sighed audibly in relief when we were done talking, and thanked me for not making her feel silly. She told me she was worried I would laugh at her, and she would look like a fool.

"WE LOOK TO YOU TO SHARE YOUR STORIES. WITHOUT THEM, WE WOULDN'T BE ABLE TO DO WHAT WE DO."

As a writer, I know how easy it is to become attached to a story, or the idea of a story. I know how personal it can sometimes become, and how intimidating it is to open up about an idea. Writing is a very personal thing, especially reflective writing. Anyone who has turned an idea into a draft submission, then gone through the editing process, will know I am honest and constructive in my feedback, and always try to ensure the message a writer wants to convey is never lost through the process.

In this issue, you will read the submissions of three Grey-Bruce members who share their stories of rural nursing (pg. 18). Each was open to edits that made their stories concise and clear, while maintaining their voice and message. This issue also includes another installment of *In the End*, your opportunity to reflect on one moment or experience that illustrates what nursing means to you. I love working on these with members because they come from the heart and really mean something to the RNs who write them.

As Nursing Week nears, RNAO once again looks to you to share your stories (this year about funny nursing moments, see pg. 28). I assure you there's no cause for reluctance or need for fear that I – or any member of the communications team – will be dismissive or disinterested. We look to you to share your stories. They bring the magazine to life. And without them, we wouldn't be able to do what we do. **RN**

A courageous policy platform for courageous leaders

I RECENTLY HAD THE OPPORTUNITY to visit with nurses in Sudbury, and what a wonderful experience it was. With my guide, Paul-André Gauthier (RNAO's Region 11 Representative), I was able to meet RNs who work in home care, long-term care and acute care, as well as nurses who work with First Nations people, and for Canadian Blood Services. I was moved by their dedication and the common themes they shared with me.

They talked about access to care, and how to optimize the role of the RN, the need to pay nurses an equitable salary across all sectors, the push for a patient-focused approach to care, and how to help people living in poverty to stay healthy. These are issues I have discussed with board and assembly members, and with other RNAO members I have met on my travels as your president.

The nurses in Sudbury wanted to know how they can address these "real" issues. There are many activities that nurses can engage in to make a difference, but it takes courageous leadership.

How does one define this kind of leadership? Put simply, it means confronting the truth, no matter how uncomfortable it may make you or others. It is taking action and not being tied to "an old script" about how things should be. This can be difficult and requires an openness to step out of our comfort zone. For me, it constitutes one of the moral obligations within nursing: advocating for change at the individual patient level, speaking up for his or her family, and supporting change within the system itself.

With your assistance, RNAO has and will continue to demonstrate courageous leadership. At the end of January, on the heels of the election of Ontario's new Liberal leader and first female premier Kathleen Wynne, RNAO released *Why Your Health Matters*, a platform of policy recommendations that we want all parties to adopt. Many of the key messages in the platform align perfectly with the issues nurses raised with me in Sudbury. For me, the platform represents courageous leadership in action. I want to review two areas that are key and important to nurses.

"MANY OF THE KEY MESSAGES IN THE PLATFORM ALIGN PERFECTLY WITH THE ISSUES NURSES RAISED WITH ME IN SUDBURY."

Poverty reduction

Nurses know that individuals who live below – or at – the poverty line experience more adverse impact on their physical, emotional and mental health. We know that families forced to decide between feeding their children and purchasing asthma medication for their youngest child are playing a "no-win" lottery game that compromises the health of the whole family. Malnutrition is an often underdiagnosed condition and one that, if identified early and reversed, can prevent many long-term ill effects on physical health and intellectual development. Nurses see poverty in their everyday practice, which makes them obvious leaders in trying to make a difference.

Access to care

For my entire nursing career, I have always thought that "everybody needs a nurse." The RN looks at the whole person living through expected and unexpected life events. The goal is to assist the person/family/community to take charge of their health. It becomes difficult to do this if we reduce access to nurses, particularly RNs. The latest report from the College of Nurses of Ontario indicates a drop in the number of RNs in Ontario, consecutively over the past two years. It's a worrisome trend with dire consequences in terms of patient outcomes. Making sure we have enough RNs, and that they are paid fairly, would ensure the kind of access and attention that people urgently need.

The RNAO platform also talks about the link between health and the environment, and about the need to sustain Medicare and strengthen publicly funded, not-for-profit services.

The political platform excites me because the health policy recommendations we propose perfectly complement nursing care and the perspective of the nursing profession. We understand how the social and environmental determinants of health affect individuals and communities. We understand that nurses work with the whole person and the whole system, and if we really want people to be healthy, we need to address such issues as poverty and access to health care.

I encourage you to read RNAO's platform and background material that provides the evidence to support our recommendations. Be courageous leaders and take political action. Speak with your MPP, your city or town councillor, other leaders in your community and in your workplace. As nurses, we offer a unique perspective and must speak out on these issues.

I know I will be speaking up. Will you? **RN**

RHONDA SEIDMAN-CARLSON, RN, MN, IS PRESIDENT OF RNAO.

For a copy of *Why Your Health Matters* and its various background materials, visit www.RNAO.ca/policy

Advancing positive change with premiers past and present

When Dalton McGuinty announced his resignation last fall, I was not surprised. After 10 years as Ontario's premier, many suspected he would not stay for another election. Nonetheless, I was saddened. First, that he prorogued the legislature, a move that I – like most Ontarians – did not support. More importantly, though, I was saddened to see the departure of a premier who had been an awesome friend to nursing, and quite progressive on health and health-care issues. During his tenure, McGuinty launched several initiatives that have changed the profession forever, and many emerged from discussions with RNAO. Let's reflect on the most important milestones, and how we advance these with our new premier, Kathleen Wynne.

Ontario's NPs have seen substantive gains in their scope of practice thanks to McGuinty. His support, and the understanding of then Health Minister George Smitherman, resulted in the opening of Canada's first NP-led clinic in 2007. Another 25 such clinics have since opened across the province, providing access for thousands of Ontarians. NPs are finally working autonomously, prescribing without "a list," and are now authorized to admit, treat, transfer and discharge inpatients in hospital. Ontario is the first jurisdiction in North America where this is possible, and Canada is one of only three countries in the world to enjoy this expanded scope for NPs. Credit goes to McGuinty and Health Minister Deb Matthews for this. Going forward, we must see NPs with the same authority and expanded scope working in Ontario's nursing homes to enable timely diagnosis and treatment.

Other milestones during McGuinty's tenure include the 70 per cent full-time employment and Nursing Graduate Guarantee. When first elected in 2003, barely half of nurses were working full time. Today, 68.6 per cent of RNs have full-time employment. And, since 2007, new graduates have been guaranteed full-time positions as they begin their careers. Nurses 55 and older can also thank McGuinty for launching the Late-Career Nurse Initiative in 2004, allowing them to spend 80 per cent of their time on direct patient care and 20 per cent mentoring or participating in professional development.

> "POLICY AND FUNDING DECISIONS WILL TELL US OF PREMIER WYNNE'S STRENGTH AND ABILITY TO BUILD A PROGRESSIVE VISION."

Unfortunately, not all was rosy for our former premier, especially related to our RN-to-population ratios. During his first term in 2003, Ontario had 70 RNs per 10,000 people, a number that only sits at 70.5 per 10,000 today. Ontario saw encouraging gains through McGuinty's first six years as premier, but the bulk of those gains were given back in the last two years. Ontario now ranks second worst in the country, a stark reminder that we must insist that government and health-care organizations focus on greater employment of the RN workforce.

I look forward to a very positive relationship with Ontario's new – and first female – Premier Kathleen Wynne. I was privileged to be invited to her swearing in ceremony, and applaud her integrity and openness about her sexual orientation. As the first openly gay premier, she exemplifies the power of standing tall and proud of who you are. I was tremendously moved when she said: "It is not lost on me that I am the first woman to be sworn into this office, and that I'm doing so with the support of the woman I love."

Courage, integrity, honesty and solid social values are important hallmarks of our new premier. But, only policy and funding decisions will tell us of Premier Wynne's strength and ability to build a progressive vision. RNAO's policy platform, *Why Your Health Matters,* was purposefully released the day after Premier Wynne's election, sending a clear message that Ontario's RNs will continue to urge all political leaders to improve access to RN care, strengthen our publicly funded, not-for-profit health-care system, lift people out of poverty, clean-up our environment, and restore fiscal capacity on the basis of progressive taxation. Our members have already met with 80 MPPs across the province to discuss the policy platform (see *Queen's Park on the Road,* page 22).

The legislature's prorogation and the transition of a premier did not serve to quiet down the urgency of RNAO's advocacy. Armed with evidence, our members have used every week, day and minute to take RNAO's recommendations to communities across Ontario. I have also met regularly with – and been impressed by – Conservative Leader Tim Hudak and NDP Leader Andrea Horwath. Both are well versed on RNAO's recommendations. Now, they too must follow with actions.

RNAO and its members' collective focus on values-driven and evidence-based advocacy, coupled with our strong partnerships with political leaders and MPPs from all parties, will serve nurses and Ontarians well as we work to make these recommendations a reality. **RN**

Doris Grinspun, RN, MSN, PhD, LLD(Hon), O.Ont, is chief executive officer of RNAO.

MAILBAG

RNAO WANTS TO HEAR YOUR COMMENTS AND OPINIONS ON WHAT YOU'VE READ OR WANT TO READ IN RNJ. WRITE TO LETTERS@RNAO.CA

Not all members agree with RNAO

Re: Combating gun violence, Jan/Feb 2013

I have spent three years on the Canadian National Small-bore Rifle Team, competing nationally and internationally. I am also a Canada Winter Games medalist. As a firearms owner, I absolutely believe in effective gun control, which covers a licensing system, regulations and screening process. However, I do not support a stance on gun control that defends wasting $2 billion without benefit to the safety of society. The misconception that Canada's long-gun registry saved lives and helped the police has no supporting facts. Stronger gun control does not prevent gun crime. The Coalition for Gun Control, which has support from RNAO, does not understand this concept. It wastes its resources, time and money attempting to take firearms away from law-abiding citizens. Why am I painted with the same brush as criminals? Your article states "over 70 per cent of gun fatalities...are done with shotguns." My research with Statistics Canada shows it's fewer than 29 per cent. This is a far and embarrassing cry from the 70 per cent reported. Not all members of RNAO agree with its stance on this topic.

Chris Baldwin
First-year nursing student
Western University
Fanshawe College

Culture of safety starts with longer sentences

Re: Combating gun violence, Jan/Feb 2013

I just thumbed through my wife's latest *Journal* and want to share my humble opinion. Licensing and registering guns will not stop anyone from using a gun violently against another person. Whether or not the gun was registered made no difference in the death of Karen Vanscoy's daughter. It was improperly stored and, consequently, accessible. I hope the boy's father was brought up on charges for breaking the law. This article states "stronger gun laws inform gun culture," and I agree 100 per cent. We have a minimum three-year prison sentence for the use of a gun in a crime. That is not enough. If someone uses a gun in the commission of a crime, they should get an automatic 10-year sentence with no exceptions. We need to be tough on the criminal use of guns across the country and the world. As a licensed gun owner, I am on the side of Karen Vanscoy, and wish her much success in her ongoing efforts to create a culture of safety.

Dan Cashmore
Milton, Ontario

Students suffer most at the hands of bullies

Re: Bullying is alive and well in nursing, President's View, Nov/Dec 2012

Nursing students who are bullied the most are strong, individual thinkers who do not feel that the title of "student nurse" earns them a bullseye on their back. Those who try not to upset the norm are bullied less. Would you want a nurse who is able to think, assess and make decisions for your care that are best for you, despite pressure to do otherwise? A nurse who is competent, caring and wants to help you heal? Or a nurse who cannot make independent decisions? The nursing profession is said to be made up of autonomous, critical thinkers who are advocates for clients' needs and rights. Is the atmosphere in which we are educating the next generation of nurses supporting the development of quality nurses, or is it creating nurses who are duplications of their preceptors, advisors, instructors and peers with no autonomy or original thought of their own?

Brooke Simpson
Smiths Falls, Ontario

Nurses must support one another

Re: Full Scope Nursing in Primary Care, Nov/Dec 2012

This article suggests RNs who advocate for full scope of practice may encounter resistance from NPs. I find it distressing that NPs would be portrayed as unsupportive of our nursing colleagues. I would like to reinforce that all nurses must work to their full scope of practice to ensure the most effective and efficient care for all. This makes full use of our knowledge, skill and judgment, and is the cornerstone of the government's *Action Plan for Health Care*. Just as RNs supported the NP role, NPs will support the full integration of all nurses in all areas of the system. As full scope of practice is realized, we must clarify the role of NPs and RNs to avoid confusion for patients and other health-care professionals.

Claudia Mariano
Past President, NPAO

RNAOnline WHAT PEOPLE ARE SAYING ABOUT REGISTERED NURSE JOURNAL ONLINE

@picardonhealth: The epidemic of nurse fatigue rnao.ca/sites/rnao-ca/… via @RNAO @krystalsharlene #nursing #cdnhealth

@krystalsharlene: An excellent read in this month's @RNAO journal @ontarionurses @CNSA1 @canadanurses #nursing #nursefatigue #BPG

Send your tweets to **@RNAO**

NURSING IN TH

Nurses want stability, security at work

Uxbridge RN Mary Beddows wonders if she's going to need a part-time home care nursing job to make ends meet.

As a home care nurse with a fluctuating income, Tom Chang worries about going into debt during those months when work is slow.

A report released by United Way Toronto in February suggests only 60 per cent of workers in the Greater Toronto Area have stable, secure jobs. Home care nurses **Mary Beddows** and **Tom Chang** belong to the 40 per cent who have unstable employment. Their pay is determined by the number of patients they see, but their client visits are often irregular. Uxbridge-based Beddows says she has eight client visits each week, but "…three of them could be gone next week." With that kind of uncertainty, she worries she will need a part-time job to pay the bills. Beddows takes all the work she is offered, but wonders "…how many clients can I see…without becoming thoroughly exhausted?" Burlington-based Chang "…is constantly worried about going into debt." He says "…last month my income was half of what it was in August." As the sole breadwinner in a two-member household, Chang works evenings because the pay is higher, but says he often doesn't have time to eat. He says there are upsides to his job, such as flexibility, but "(he is) constantly working." (*Toronto Star*, Feb. 23)

Sharing beliefs over breakfast

Each year, RNAO's Region 10 hosts its *Breakfast with Politicians* so nurses can meet their political representatives to talk about healthy public policy. Retired RN and former RNAO board member **Riek van den Berg** spoke with *CFRA*'s Tom Woodward about the event, and the release of RNAO's election platform. When Woodward suggested RNAO leans left, van den Berg responded: "We look at it from the perspective of what's needed to improve the health of the people of Ontario. We don't start from left or right." Noting the recommendations in RNAO's platform are pragmatic, Woodward asked van den Berg to explain how NPs can be better utilized. "The bulk of what we currently ask general practitioners to do is not really within what they should be doing. We're almost wasting their knowledge and expertise," she said, adding "we have a whole group of people we call registered nurses and nurse practitioners who have the knowledge, skill and expertise to do that." Reflecting on her time as an intensive care RN, she said: "You have to work really closely with all the members of the team...We want to use the best of everyone's knowledge in the health-care system...that way we're going to provide the most efficient and best care for people." (*CFRA Radio*, March 7)

PHOTO: (LEFT) GALIT RODAN; (RIGHT) CARLOS OSORIO

E NEWS

BY CLAIRE O'KEEFFE

Calls for inquiry and funding

RNAO CEO **Doris Grinspun** says a tragic death in a Scarborough nursing home was likely "preventable." In mid-March, a male resident hit a female resident, who later succumbed to her injuries. He also put another in hospital. The man was charged

with second-degree murder and aggravated assault. Grinspun is calling for an independent public investigation by the Ministry of Health and Ontario's coroner. "(The situation) is horrific," she says. "And in addition to horrific, it's outrageous because I'm afraid it will not be the last tragedy unless something is done." RNAO wants more funding for registered long-term care nursing staff, which is the first step to deal with the systematic failures that likely led to this and other similar incidents at nursing homes. Statistics Canada confirms that Ontario spends $155.30 per long-term care resident, while Quebec spends $254.30, Saskatchewan $216.70, and Alberta $201.80. In an interview with *CTV News*, RNAO President **Rhonda Seidman-Carlson** says most staff in long-term care homes "...are personal support workers who are not supported by enough professional staff." RNAO is calling for "an increase in regulatory registered nurses – RNs and NPs – so that issues can be addressed immediately," Seidman-Carlson adds. (*Toronto Star*, March 16) (*CTV News, Close Up*, March 19)

Free blood pressure readings from RNs

Rhonda Walsh was one of several nurses offering on-the-spot blood pressure readings to shoppers at a Kincardine Sobeys during a February in-store clinic to promote awareness of the condition. Walsh says a variety of strategies can be used to keep peoples' blood pressure at an acceptable level. She says "the first thing you (should) do" to manage your health is to check blood pressure levels with your health provider annually. She also advises that people follow a low-fat diet, limit their alcohol intake and avoid cigarettes. Exercising for at least 30 minutes daily and having a waist circumference no more than 40 inches for men (35 inches for women) is also recommended. Walsh warns high blood pressure "...is often referred to as a silent killer" because a lack of awareness can prove deadly. (*Kincardine News*, Feb. 26)

LETTER TO THE EDITOR

Following her attendance at a mayor's forum in February, **Sheri Hatcher** *wrote to the* Owen Sound Sun Times *to express her optimism that municipal politicians are open to talking about a recreational and sports agreement again, after negotiations broke down last year. (Feb. 20)*

Please try again

I found it very encouraging and enlightening to hear (the announcement) that the city was receptive to reopening negotiations...particularly when the rates of chronic diseases associated with inactivity and children being overweight are increasing at an alarming rate. As a registered nurse, I see the impact that inactivity has on our youth on a daily basis. The cost to deal with physical and mental illness in the health-care system is enormous, and the outcomes are often devastating. This will only worsen if we create new barriers for children to participate in activity. User fees are a barrier...and will create a tiered system as children from lower socio-economic households may be further excluded from participating because additional fees are financially prohibitive despite subsidization. I encourage all three councils to get back together and renegotiate an agreement that is fair and reasonable; an agreement that is in the best interest of children.

Sheri Hatcher, Grey-Bruce Chapter

RNs support methadone clinic site

"I can't think of a better place," says **Janet Hunt** of the proposed site for a methadone clinic in London. Hunt, RNAO's Middlesex-Elgin chapter president and an incoming RNAO board member, shared this view at a public debate in February, supporting the proposed location at 527 Wellington Rd. "Having a facility like this within the catchment of a major emergency department, and right across the road from where we will have a mental health facility...(means) these people can get the help they need as soon as possible," she says. The public debate was organized by local residents opposed to the location. They say it's unsuitable because of limited parking and proximity to a nearby school. **Deborah Warren**, an RN who works at The Oxford Recovery Clinic (one of five methadone clinics in London), says more than 30,000 people were treated with methadone for opiate addiction in the area in 2009, and the need for this clinic is now greater than ever.

NURSING IN THE NEWS

OUT AND ABOUT

PANEL BEGINS WORK ON ELDER ABUSE BPG

In February, the panel of experts that will help to develop RNAO's new BPG on prevention of elder abuse gathered for its inaugural meeting. Instrumental players include (L to R) retired RN Elizabeth Podnieks, a fierce advocate of elder abuse prevention, Susan Storey McNeill, BPG program manager at RNAO, and Samir Sinha, physician lead for the province's seniors care strategy. Federal funding for the BPG was announced last June 15, *World Elder Abuse Awareness Day*, by Canada's Minister of State for Seniors Alice Wong.

NURSING STUDENTS GET TIPS FROM RECENT GRADS

In an effort to share their new-found knowledge of nursing in the real world, a group of 12 nursing graduates assembled as panelists on March 2 at Ryerson University. The graduates, hailing from York University, Ryerson University, University of Toronto and Nipissing University, answered questions from current students wondering what to expect as they near completion of the program. Among the panelists (L to R): RNs Amrita Mathur, Emily Pitre, Erin Lough and Jazmyne Kent, Ryerson Professor Nancy Purdy, and RN Sarah Portelli.

PHOTO: (BOTTOM) PATRICK WONG

"People treated with methadone are able to make changes to their life over time, in a non-judgmental, safe environment," she says. Despite the support, the application for the new clinic was rejected by the city's Planning and Environment Committee. (*CTV News, London*, Feb. 19; *London Community News*, Feb. 20)

Backpack shrinks teen's hospital time

Yusuf Hirji, an athletic teenager, was diagnosed with osteosarcoma (bone cancer) last summer, but is happily mobile and out of hospital thanks to an innovative idea proposed by his oncology nurse, **Eleanor Hendershot.** Special backpacks that act as portable drug-flushing systems are being used by cancer patients in the U.S., Britain and Brazil. Hendershot suggested that Yusuf use one too. She says such portable treatment "...is quite revolutionary." Usually, osteosarcoma patients must undergo as many as four days in hospital after their regular chemotherapy treatments to flush drugs out of the body. The drug-flushing backpack allows Yusuf to remain at home with his family instead of spending extended periods in hospital. Yusuf is the first osteosarcoma patient in Canada to be treated in this way. The last time he went to hospital was January. "The fact that (Yusuf) hasn't been admitted in months is crazy," says Hendershot. (*Toronto Star*, March 8) **RN**

LETTER TO THE EDITOR

In a letter to the Windsor Star, **Jennifer Johnston** *encouraged people to petition their local MPs to vote in support of Private Member's Bill C-400, the* Secure, Adequate, Accessible and Affordable Housing Act. *The* Bill, *which was meant to impose a procedural requirement on the federal government to create a national housing plan, was eventually defeated in the House of Commons. (Feb. 12)*

Windsor RNs advocate for a national housing plan

We are particularly concerned for our community since we have some of the highest unemployment rates in Canada, and some of the highest social determinants of health in Canada. As members of the Windsor-Essex RNAO chapter, and constituents in your riding, we are writing to ask for MP support of Bill C-400. RNAO was encouraged that MPs from all parties unanimously voted in favour of Motion M-331 this past May (which) affirmed that the government "should keep with Canada's obligation to respect, protect and fulfill the right to adequate housing as guaranteed under the International Covenant on Economic, Social and Cultural Rights." Bill C-400 is the next step.

Jennifer Johnston, Amherstburg

NURSING NOTES

RN gets *Indspire Award*

Ruby Jacobs says she is thrilled to receive a 2013 *Indspire Award*. Formerly known as the *National Aboriginal Achievement Award*, it recognizes indigenous professionals and youth who demonstrate outstanding career achievement. Jacobs – who joined other honourees in Saskatoon in February – is credited with revolutionizing health care on Six Nations of the Grand River First Nation, near Brantford. As former director of health services, a position she held for 13 years, Jacobs led in the development of almost two dozen community health initiatives, all of which she says were born out of a community needs assessment in the early 90s. The number of health professionals for Six Nations has grown from just four when Jacobs began in 1994 to over 200 today, serving almost 24,000 band members. Her leadership has also resulted in expanded programs for long-term care, mental health, child health, social development, and sexual health. Jacobs' 48-year nursing career includes over two decades as a teacher. After retiring in 2007, she began serving as a board member on the Hamilton Niagara Haldimand Brant LHIN. She maintains a connection with Six Nations by serving as president of its health foundation.

PHOTO COURTESY OF INDSPIRE

New and improved online gateway for new grads

Beginning this spring, the provincial government's *HealthForceOntario Jobs Portal* and its *Nursing Graduate Guarantee Management Module* will no longer exist. Instead, Ontario nursing graduates will have access to a new online resource called *HealthForceOntario Nurses' Career Start Gateway*. This improved website will connect new RNs and RPNs with health-care employers across Ontario interested in hiring through the *Nursing Graduate Guarantee Initiative* (NGGI), a program that, since 2007, has provided up to six months of comprehensive orientation for new grads, and the opportunity to work full time. Check out the new website, and access frequently asked questions and important dates, at www.healthforceontario.ca

Scholarship honours murdered RN

Nipissing University nursing student Crystal McLeod has received the first-ever *Sonia Varaschin Memorial Scholarship*, named after the 42-year-old registered nurse and RNAO member whose murder in July of 2010 remains unsolved. The scholarship, administered by the Registered Nurses' Foundation of Ontario (RNFOO), offers $1,000 to a third- or fourth-year nursing student who demonstrates leadership and a passion for healthy work environments. McLeod admits she did not realize the connection between the scholarship and the highly publicized death of the Orangeville RN almost three years ago. But the 22-year-old native of Port Elgin says she can relate to the sense of community grief associated with Varaschin's murder given her own experience growing up in a small town. Varaschin's family and friends created the scholarship. It will be awarded annually through RNFOO.

RNAO awarded ICNP Centre designation

RNAO's best practice guidelines (BPG) program is expanding its global reach. In March, the association officially became one of only 11 organizations worldwide that can be called an accredited International Classification for Nursing Practice (ICNP) Research and Development Centre. The distinction, awarded by the International Council of Nurses (ICN), recognizes RNAO's partnership with ICN to expand its international nursing language, used to communicate the care that nurses provide, regardless of the country or continent. By collaborating with ICN to describe RNAO's BPG recommendations using this standardized language, and disseminating these recommendations as nursing order sets, it allows nurses in Ontario, Singapore or California who use these evidence-based order sets, to record the care they provide in a consistent manner. This will help researchers to create concrete knowledge of just how nurses are having an impact on patient outcomes by using RNAO BPGs. Designation as an ICNP Centre brings Ontario on board with organizations in Australia, Austria, Brazil, Chile, Iran, Korea, Poland, Portugal and Minnesota. To find out more about nursing order sets, email BNOS@RNAO.ca. **RN**

Do you have nursing news to share? Email us at editor@RNAO.ca

BECOMING A BPSO

On the 10th anniversary of RNAO's Best Practice Spotlight Organization (BPSO) initiative, nurses share their successes implementing evidence-based guidelines into daily practice.

BY MELISSA DI COSTANZO

St. Elizabeth RN Kay McGarvey says BPGs have potentially saved limbs.

Gordon's* foot ulcer was just not healing.

The toonie-sized wound, located below the 50-year-old's ankle, had been growing steadily for months. Gordon, who was uncomfortable and at risk for developing an infection, was diabetic, which meant the limited flow of blood to his foot was hampering his recuperation. His physician was fairly certain the wound was not going to get any better, and prepared Gordon for the worst: a possible below-the-knee amputation.

The wound care team at Saint Elizabeth, a national home health-care organization based in Markham, was asked to step in. Using best practice standards, they performed an assessment of the wound and its underlying causes. They instructed their new client to take pressure off his foot whenever possible, selected dressing materials that would enable the wound to heal, and offered advice on foods rich in protein that would help him to better manage his condition, and help heal his stubborn sore.

All of these evidence-based nursing practices can be found in RNAO's Best Practice Guideline (BPG) *Assessment and Management of Foot Ulcers for People with Diabetes*. The nurses talked to Gordon about his options, and because they could articulate best practice recommendations that were backed by research, he was receptive to the lifestyle changes they recommended.

Gordon defied the prognosis offered by his doctor and, in five months, his foot ulcer was healed. He had a much better understanding of his diabetes and how to prevent future wounds from forming. His case is not unique, says clinical resource nurse Kay McGarvey, who works with the wound care team and nursing staff to ensure patients receive care that reflects best practice recommendations. In fact, she can think of several instances when RNAO's BPGs have contributed to more effective wound healing, and have potentially saved limbs.

"I've seen too many cases where (a clinical situation) has gone poorly," she says, adding that because nurses have adhered to and advocated for use of recommendations in RNAO's BPGs, patients' care has improved, in some cases, dramatically.

Outcomes collected by Saint Elizabeth back McGarvey's claim. The organization has successfully reduced the average time it takes nurses to complete lower leg assessments on clients with diabetic foot ulcers. The organization has also seen an increase in the percentage of clients who meet its 30-day wound healing target.

Before implementing 19 of RNAO's guidelines, nurses mostly relied on anecdotal evidence with outcomes that were not tracked. The BPGs now help nurses structure client care and "articulate what we're trying to do and why," explains McGarvey. They also boost nurses' confidence when talking to patients and other practitioners, she adds. These are some of the reasons Saint Elizabeth is proud to have implemented so many of them.

This year, the home-care organization celebrates its 10th anniversary as an RNAO Best Practice Spotlight Organization (BPSO®). Designation as a BPSO involves a competitive application process, and is reserved for health-care organizations and academic sites that successfully implement a minimum of five clinical BPGs in the first three years of the formal agreement, and commit afterwards to ongoing uptake of new guidelines and evaluation of their impact on outcomes.

"To see the evolution of our organization as one that uses evidence from the bedside to the boardroom to give the best care possible to get the best care outcomes for our clients, and to engage our staff in that process...that's why we continue to be a BPSO," says Nancy Lefebre, the home care organization's chief clinical executive and senior vice-president of knowledge and practice.

Saint Elizabeth is not alone in witnessing a transformation. Sixty eight BPSOs, representing 298 sites across Ontario, Quebec,

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and outside Canada, have formally joined the BPSO program and are systematically implementing numerous BPGs, and engaging in outcomes evaluation.

RNAO began developing guidelines in 1999. Today, there are 47 clinical and healthy work environment BPGs. Thanks to continued support from the provincial government, more are on the way. The association also maintains a rigorous guideline review and revision cycle, and robust implementation strategies such as institutes and the Best Practice Champions Network.

The latter was developed in 2002 to support nurses and other health-care professionals who are passionate about implementing BPGs. Through this program, about 10,000 volunteer champions access tools and strategies such as workshops and teleconferences to help support use of BPGs in their workplaces.

By 2003, RNAO's Chief Executive Officer Doris Grinspun wanted to take BPG implementation a step further, and worked with the association's staff to create a structured approach for organizations to use BPGs and evaluate their impact. Thus the BPSO program was born.

Looking back, Grinspun couldn't be more pleased: "My vision was that we would contribute to demonstrating how nursing care, based on evidence contained in our BPGs, can improve patients' health, and organizational and system outcomes," she says, adding "we have seen outcomes that are nothing short of formidable, and we are not done yet."

Though the program is based in Ontario, its influence and reach is international. BPSOs have been established in Chile, Colombia, and the United States. RNAO has also partnered with two large BPSO Host organizations in Spain (government) and Australia (nursing union). Both act as RNAO satellite sites, ensuring BPG implementation in several health-care organizations in their countries, using RNAO educational materials and methodology.

Apart from the sheer growth of the program, Grinspun is also extremely proud that it has ignited passion for the profession at the clinical level. "This has brought the focus back to where it matters most: the patient and the front-line care provider who is trying to deliver the best possible care."

Currently, 15 organizations from Sarnia to Tavistock to Burlington to North Bay are hoping to become BPSO designates, having been accepted into the initiative last year. If they meet the requirements, they will become designates in 2015, joining organizations such as Toronto Public Health (TPH), which achieved BPSO designate status in 2012.

To gain its designation, TPH focused on implementing five guidelines in 2009, including *Woman Abuse: Screening, Identification and Initial Response*.

Around the time this guideline was being implemented at TPH, Mary McMahon was working as a public health nurse in the organization's *Healthy Babies Healthy Children* program, when an unusual referral landed in her hands. Christina's* husband was concerned the couple's son, Taylor,* was being neglected by his mother. One note in her chart caught McMahon's attention: Christina had been in hospital for six months for a series of electric shock treatments for depression.

McMahon and a Children's Aid Society worker went to the family's middle-class Toronto home. Immediately and intuitively, McMahon noticed something just wasn't right. Christina was polite but downcast. She responded to questions, but her eyes were fixed on the floor.

One week later, McMahon was scheduled to meet with Christina. On the drive to the woman's house, with RNAO's woman abuse BPG fresh in her memory, McMahon thought: "I wonder if (Christina) is being abused."

After arriving at the family's home, McMahon began assessing her client further. "I want to ask you a question," she said to Christina. "I'd like to know if your husband is abusing you." McMahon will never forget what happened next. Christina wept and grabbed the nurse's hand. Once she regained her composure, McMahon told Christina about her options. Christina responded: "I want to leave, and I want to leave now." With the help of community supports initiated by McMahon, she and her son eventually moved to her brother's house outside of the city.

Reflecting on this incident, McMahon says she's not sure that initial visit would have taken the same course, had it not been for RNAO's BPG. "It prepared me," she says. "There was much more of a conviction to...ask that question." According to McMahon, the guideline has opened up a forum at TPH, allowing nurses and other practitioners to more openly discuss how to address this sensitive question with all clients. It has also allowed her to share her powerful experience with others, she says. "It's incredible for me to even think just by asking that question, it changed not only her life, but her little boy's (life)."

NQuIRE shows the impact of evidence-based nursing care

Imagine your organization has implemented RNAO's *Assessment and Management of Foot Ulcers for People with Diabetes* BPG. As a front-line nurse, you're interested in knowing the impact the guideline is having on your work and your patients' outcomes. Thanks to a groundbreaking project led by Monique Lloyd, Associate Director of Research and Evaluation for RNAO's IABPG Program, BPSOs can now track this information. Using a database of quality indicators such as patient education, healed and healing foot ulcers, and assessments, BPSOs can measure, compare and improve the quality of their nursing care. The kind of data collected through this project, called Nursing Quality Indicators for Reporting and Evaluation (NQuIRE™), is reinforcing the value and impact of best practices.

NQuIRE is the first international quality improvement initiative of its kind. To secure the best possible advice, RNAO has assembled an advisory committee of top health, nursing, informatics, health-quality measurement and policy experts from Canada, the U.S., Spain and Belgium. The chair is Judith Shamian, president emeritus of the Victorian Order of Nurses, and past-president of RNAO and CNA.

"I am extremely enthusiastic about NQuIRE and our collective ability to demonstrate the impact that evidence-based nursing practice can have on patients, organizations and health systems," she says. "BPSOs are a shining example of our commitment to building evidence-based cultures. Collectively, we are charting a course for others to follow."

To find out more about the initiative, visit www.RNAO.ca/nquire

PHOTO: (PREVIOUS) JEFF KIRK

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PHOTO: DAX MELMER

Windsor-Essex CHC primary care RN Kathryn Corby (left) helps clients to butt out using RNAO's smoking cessation BPG. CEO Lynda Monik (right) has led the way to implementing 12 BPGs at WECHC.

After TPH implemented a more structured approach to identifying and responding to woman abuse based on the BPG, staff held training for public health nurses in the *Healthy Babies Healthy Children* program. An evaluation from one of these sessions suggests 93 per cent of participants felt very confident or fairly confident in identifying the indicators of abuse. Many said the clearest message they received from the training was that they must now ask every female client over 12 years of age about her experiences with abuse. The nurses' day-to-day practice had changed.

TPH also collected equally positive data about the organization's changing culture. Over 100 Champions were surveyed about the BPSO journey. Ninety per cent said they promote evidence-informed practice, while 86 per cent said they use evidence to inform their practice. Eighty-two per cent indicated they have more opportunities for professional growth and development as a result of the BPSO initiative. This, in turn, helps to enhance motivation, morale and client care.

As Katie Dilworth, BPSO lead and supervisor of nursing quality practice, performance and standards, says, becoming a BPSO was "an opportunity to be on the leading edge, to help us meet some of our strategic directions, to engage staff with their practice, and to be able to move evidence-informed practice forward. I'm really delighted to see the BPSO movement (spread internationally). I think there's been a wide acknowledgement that we've got this goldmine in Ontario."

Windsor primary care RN Kathryn Corby agrees. Since becoming a BPSO in 2012, the Sandwich site of the Windsor-Essex Community Health Centre (WECHC) has used RNAO BPGs to help ensure clients are aware of all of their options when it comes to butting out, an especially important health concern in the city of over 200,000. According to the Windsor-Essex County Health Unit, 22 per cent of people over the age of 12 in the area smoke regularly, which is about four per cent higher than the provincial average.

Asking all patients if they light up has been customary for providers at the WECHC since 2009, when RNAO's BPG, *Integrating Smoking Cessation into Daily Nursing Practice,* was first put to use. Three RNs – including Corby – and one RPN use the "ask, assist, arrange, advise" protocol as recommended in the BPG. As soon as they know a patient is a smoker, they will attach a sticker with a "no-smoking" logo on the chart to remind all practitioners to offer advice.

Corby has helped some clients kick the habit entirely. Susan,* a 50-year-old woman living with hypertension, had a family history of diabetes. Corby remembers scanning her chart a number of times prior to her annual physical exams, noting Susan smoked anywhere from half to a full pack each day.

As she does with all her patients, Corby asked Susan about her smoking habits, and said 'just know that we're here for you if you decide you want to cut back or stop smoking.' In 2011, Susan was ready to take action. Corby congratulated her and pointed her to support groups and informative pamphlets. She also made sure Susan knew quitting wasn't going to be easy, and helped her to identify triggers that might prompt her to light up.

Susan has been smoke-free for over a year. "She did 99.99 per cent of the work, but she knew that she could come to us as a resource," says Corby. "If she didn't have that, or didn't know what was available...who knows what her outcome might have been?"

Results from a 2012 WECHC chart audit prove the guideline has made a difference in more than just Susan's life. Of the clients who were smokers, 16 out of 17 people were asked questions about their smoking routines. Forty-four per cent had an extensive intervention, which means their primary care provider stepped in to help them quit.

These numbers don't surprise WECHC Chief Executive Officer Lynda Monik, who advocated adding the centre's name to the growing list of BPSOs in 2009.

That year, the organization was on its way to implementing an impressive 12 BPGs. In order to get all staff on board before embarking on this ambitious undertaking, Monik focused on two healthy workplace BPGs: *Embracing Cultural Diversity in Health Care: Developing Cultural Competence* and *Preventing and Managing Violence in the Workplace*. "What do people want when they come to work? They want a place where they can feel safe... everybody can buy into that," she says.

WECHC received its designation as a BPSO last year. In addition to maintaining and expanding on the initiatives staff put into place during the initial implementation period, Monik says she's watching out for new guidelines that will mean stronger care. Being named a BPSO was exciting, she says, especially when hearing about how different staff members embraced and implemented the guidelines. "We'd do it all over again," she says.

So would Ella Ferris, executive vice-president, programs, chief nursing executive and chief health discipline executive at Toronto's St. Michael's Hospital, which also became a BPSO in 2012, after rolling out 17 BPGs. Best practice is now St. Michael's' "way of being," explains Ferris, who adds staff are instrumental in keeping the initiative alive and relevant. "At St. Michael's Hospital, we were enhancing our culture to support all nurses to practise from an evidence-based framework."

Its BPSO-related successes can be found across the hospital, including on the intensive care unit, where an initiative called *My Story* was introduced in 2010. *My Story* is a poster offered to patients in the hospital's 24-bed ICU that helps nurses gain a better sense of the person for whom they are caring. It was born out of recommendations in RNAO's *Professionalism in Nursing* and *Establishing Therapeutic Relationships* BPGs. Both BPGs were introduced at the hospital across all units.

Patients' family members provide a photo of their loved one, and details such as their nickname, job, or the name of their favourite TV show. Located next to the patient's bed, the poster "lets health-care workers know who's under all those tubes, machines and everything else that engulfs an ICU patient," says medical/surgical RN Ruby Gorospe, who, along with RN Kerry-Anne Caissie, led the implementation of *My Story*. It helps family members to feel included, and provides a small window for practitioners to peer into a patient's life.

Gorospe remembers Vera,* a 45-year-old woman who was diagnosed with multiple sclerosis, and arrived at the ICU with sepsis. Everyone who worked on the unit had met her because she had been admitted in the past. However, no one really knew her. When her husband and son filled out Vera's *My Story* and included a photo, nurses saw a woman in a long, flowing evening gown. She was wearing makeup and had her hair twirled into an updo.

Knowing that the woman now bound to a bed and unable to communicate was someone who liked to pamper herself helped the nurses to provide more patient-centred care. Her family was grateful when her hair was washed and blow-dried, or when the nurses arranged for her to have her nails painted ruby red, Gorospe says. "Pictures...speak a thousand words," she says. "Seeing the patient, what type of person she was, and being able to...provide her with (things she loved and made her unique)... her family appreciated it."

Prior to using the guidelines, patient satisfaction scores at St. Michael's indicated some patients didn't feel their fears and anxieties were being addressed. After implementing a number of guideline recommendations, staff in the ICU asked families if filling out *My Story* made them feel the team cared about their family member. Overwhelmingly, 100 per cent of respondents agreed or strongly agreed.

Staff survey results point to more positive changes. Before *My Story*, about 78 per cent of ICU nurses said they understood the definition of a therapeutic relationship. After implementation, that number jumped to almost 100 per cent. "Because of the acuity of patients...you're often focused on numbers, monitors, medications, and managing machines and tubes," says Gorospe. "Introducing (*My Story*) gives nurses...the trigger to develop a relationship with the patient and their family."

> "At St. Michael's Hospital, we were enhancing our culture to support all nurses to practise from an evidence-based framework."

Though the project boasts strong outcomes now, Gorospe admits it was difficult to introduce. She presented *My Story* as a tool nurses can use when building a relationship with clients. As posters began popping up, she noticed that nurses who initially resisted were suddenly starting to show their support. "They saw... how patients' families reacted," Gorospe says. "When you see that outcome, you know it's worth incorporating."

Change can be tough in any large organization, and Health Sciences North (HSN) is no exception. The Sudbury hospital was part of the very first cohort of BPSOs. It implemented three BPGs focusing on pressure ulcers, breastfeeding and vascular access. Vice-President of Clinical Programs and Chief Nursing Officer David McNeil says maintaining the initiatives put in place a decade ago, especially after the hospital has faced significant changes, including amalgamation, is no easy feat.

Becoming a BPSO helped the organization to create roots that ensure nurses are always relying on best practice. If nurses are looking to make improvements to programs or services, they will begin by searching ▸

For a full list of RNAO BPGs, visit www.RNAO.ca/bpg

(CONTINUED ON PG 26)

NURSING IN GREY BRUCE

RNs who work in small towns and cities can face unique and sometimes challenging situations.

Whether they're going beyond the call of duty to help individuals struggling with solitude and isolation, grappling with environmental factors that impact on a client's ability to access care, or travelling to remote locations with little or no idea what to expect once they get there; their stories offer a glimpse of this distinctive role that isn't for everyone. In an effort to celebrate the important role of rural nurses, RNAO's Grey-Bruce chapter asked members to share some of their most memorable experiences…

EDITED BY KIMBERLEY KEARSEY

THE SOLITUDE AND ISOLATION OF RURAL LIVING can leave people looking to neighbours – and sometimes pets – for companionship and support. Rural nurses may also be called upon to go beyond the supports they offer from a health-care perspective, and to tackle some of the everyday tasks of simple living that may be overlooked without an extra pair of hands on the farm.

I met Konrad* in the fall of 2010. A proud European man who immigrated to Canada half-a-century earlier, Konrad's accent was likely as thick the day I met him as it was the day he arrived. He lived alone on a remote farm. His well-manicured lane wound around a picturesque landscape that included a large pond, a barn and corral and, in the distance, two majestic dark horses. When I first visited, I felt as though I had driven into a postcard.

We met on a beautiful fall day, and our conversation was difficult due to the damaging stroke he suffered a few weeks earlier. Konrad's nearest friend, Jerry, lived next door. He came to support his neighbour, and to help tell his story for our initial meeting. Jerry told me how the community had rallied around Konrad to help with chores, collect firewood, offer home-cooked meals and whatever they could do to help.

Estranged from his family, the horses were Konrad's constant companions and singular worry. He did not want to have another stroke as it could mean he would no longer be able to care for them. As our initial meeting wrapped up, he was insistent I meet his horses before leaving. I had been secretly hoping he would introduce us. Having grown up with horses of my own, I would never turn down an opportunity like this. The moments that followed were heartwarming.

Konrad was standing in a field of long grass when he whistled

**Pseudonyms have been used to protect privacy.*

PHOTO: ©ISTOCKPHOTO.COM/TODD ARBINI

for them to come. As they galloped towards us, it looked like they would run him over. He was so proud, and did his best to tell us a bit about each one. I felt very fortunate to have shared in that moment that brought him (and me) such joy.

Over the months that our team provided occupational and speech therapy for Konrad, my role as advocate was significant, and he was forever appreciative. We developed workable strategies to manage his appointments and calendar, and he was a happier man than the Konrad we first met.

When he called to tell me he was feeling "off" one day, I could hear the fear in his voice. Although I had a full day, I drove to his farm. After more than 25 years in nursing, I have learned to listen to my gut, and this was one of those times.

Konrad described the recent decline of his memory. He told me he felt like he was losing ground on all the gains he had made, and all just in the last few days. I recommended a trip to the ER and he unexpectedly agreed. But before we could go, the horses had to be fed. Before I knew it, I was atop a wooden ladder throwing hay from the second floor of the barn to the first. As the horses fed, Konrad stroked their long, strong necks and hugged them good-bye.

Jerry joined us in the ER at 7 p.m., and I headed home to my family. Strangely, it didn't feel like any ordinary overtime shift that day. It felt like I was just doing what was right for that man, on that day.

Jerry called me two days later. The MRI now showed a fast growing, inoperable tumour on Konrad's brain. His condition was declining quickly and already he was confused and restless on the medical unit. Within two weeks of that trip to the ER, Konrad passed away; his previously estranged family at his side. The ceremony to mark his death was held at his home, and the horses transported his coffin down the twisted gravel road to a nearby country cemetery.

KIM DUTFIELD IS THE RN ON THE COMMUNITY STROKE REHABILITATION TEAM AT GREY BRUCE HEALTH SERVICES IN OWEN SOUND. THE TEAM IS IN ITS FOURTH YEAR OF DELIVERING SPECIALIZED POST-STROKE CARE TO RESIDENTS IN THE GREY-BRUCE AREA.

RURAL NURSES TRAVEL GREAT DISTANCES to connect with their clients. One RN recalls the snowy night she returned at 2 a.m. to the remote home of an elderly woman who seemed to already know earlier that day that her time had come. This RN's somber visit with a sad spouse turns into a moment of clarity that makes the 20-kilometre trek one of the most unforgettable of her career.

The night was sub zero. Stars shimmered in the February sky. It was so still that you could almost hear the snowflakes land lazily on the cushion of foot-deep snow.

As a visiting nurse, I had spent two hours that afternoon listening to Rosita offer a kind of life review. She had endured some of the first experimental radiation over 50 years ago and it had scarred her badly. But no one would have ever guessed. Her mind was at peace now. She was ready to go to her creator. Her amazing resilience had surpassed her physical body. She lived a life of appreciation for clean air and water, and a reverence for nature and its amazing unfolding. "To all things there is a season," she mused that day. "It is now my winter. It is time to rest now."

I left Rosita wondering if tonight would be the call to pronounce. It would mean a 20-kilometre drive back to the remote home she shared with Helmar, her dedicated and loving husband. I'd drive two kilometres off the main highway and through the snow. But this was her piece of heaven, with no one around for a mile each way.

It was 1 a.m. when my pager rang. I knew the message before looking at it. Rosita is not breathing. I dressed and drove to their home. No wind. So still.

After I did the pronouncement examinations, I started to fill out the death certificate. I had been there about 25 minutes, sharing their life and love story with Helmar. I was about half way through the paperwork when the doorbell rang.

I was shocked. No one was around for miles. I looked to Helmar and he started to smile, then broke into a full laugh. What a strange response. He looked me in the eye and said: "There's Rosita. No one else could make that doorbell ring. It doesn't work for anyone else. She just wants to let us know that she is fine."

I went to the door and there were no footprints. I smiled as the large, compounded snowflakes floated from the sky. I closed the door and finished making arrangements with the funeral home.

As I left, I tried the doorbell. It did not ring.

Thanks, Rosita, for the 2 a.m. miracle. I will always remember.

BEV WILKINS IS A VISITING NURSE FOR CAREPARTNERS, OWEN SOUND.

GEOGRAPHY AND ENVIRONMENT CAN AFFECT the ability of rural residents to access the care they need. A former city RN shares her experience transitioning from the bustling urban core, with limitless access to transportation, to a quiet community, where Mother Nature has more control over the activities of daily living – and health – than its residents.

While working at a large, inner city hospital in Toronto three years ago, I would often attend nursing conferences and think I had little use for the sessions focused on rural nursing. At that time in my life, rural nursing didn't interest me. I was focused on nursing care and best practices geared specifically to those living in the inner city.

I recall speaking with nurses who worked in rural areas, in Ontario and beyond its borders, often thinking about how unfortunate it must be to have to drive your own car to work. I could barely comprehend the sheer breadth of kilometres rural areas cover, and even remember wondering where in the world Grey County was.

When my husband and I found out we were having a baby, we decided to take the plunge from our coveted big city to a much smaller town in southwestern Ontario to be closer to family. To say the learning curve was steep is an understatement. Today, I work in an area that spans half-a-million football fields. I know exactly where Grey and Bruce counties are, and I've learned that the social determinants of health that so often affect those in large urban cities also affect those who reside in small towns. In fact, these challenges are sometimes more acute in places that don't offer the access to transportation that an urban centre does.

Rural clients seeking support for mental health concerns frequently travel long distances to see a clinician, navigate unruly weather and dangerous roads, and often, during the winter months, are unable to see any health-care practitioner at all if the roads and highways are closed due to snow.

Colleen* is a 50-year-old client who has battled depression for most of her adult life. She has a number of co-morbidities, and sees several health-care workers. As difficult as it can be at times to access services within her community due to transportation and weather, it becomes an even greater challenge when referred to specialized services in a larger, urban centre. Colleen struggles most with her mood during the winter months, when feelings of isolation are more pronounced. This is when she requires additional support.

Meeting Colleen made me realize how many times I had taken for granted the fact that in Toronto, there was always more than one mode of transportation available to me. I had never encountered a 'snow day' or been told by a client that the OPP had closed off their access to town due to white-outs and ice.

Although there are days I miss certain aspects of a larger city, I'm now more acutely aware of and sensitive to the unique challenges rural nursing presents. I've grown to appreciate how geography and physical environment, specifically, can impact and affect the health of those who choose a quieter lifestyle. And I've certainly developed a brand new appreciation for snow tires. **RN**

TARA TOURLOUKIS WORKS FOR THE WINGHAM COMMUNITY PSYCHIATRIC SERVICE AT ALEXANDRA MARINE AND GENERAL HOSPITAL.

Pseudonyms have been used to protect privacy.

Making a difference in people's lives

A LEADER'S PRIORITY.

Carol Timmings was 10 years old when she almost lost two very important people in her life.

A devastating car crash left her brother battling serious head injuries for seven months, while her mother spent almost a year confined to a bed, many of her limbs encased in plaster casts. As the two recuperated side-by-side in a Kingston hospital, Timmings watched as a team of nurses provided round-the-clock care. She says the RNs were caring, knowledgeable and sympathetic to Timmings and her other siblings. In fact, she says they had a profound impact on her.

"I saw firsthand what a difference those nurses made to...the day-to-day recovery and care of my mother and brother," she says, adding she also saw "how incredibly family centred they were. From that point forward, I just had tremendous curiosity and admiration for nurses. It was what I wanted to be."

Timmings says she'll never forget their compassion, and has always tried to weave that same thoughtful, caring demeanor into her own nursing career, which began 30 years ago in acute care.

After graduating from Queen's University in 1980, Timmings began working on the neonatal intensive care and cardiology units at Toronto's Hospital for Sick Children. She moved to adult medicine two years later, working part-time at a couple of coronary care units in other Toronto hospitals.

It didn't take her long to realize her true calling lay elsewhere. She yearned for the opportunity to promote health and wellness, which is why public health became her next career choice.

It's been almost 27 years since Timmings first took up a role at Toronto Public Health (TPH). She says she couldn't be happier with her decision. "It's just such a breadth of opportunity. I've found I have never been bored," she says.

She began her public health career working with children and families in their homes and schools. Professionally driven to make a difference in the quality of people's lives, and personally inspired to begin new and exciting projects that help her to grow and learn, Timmings accepted leadership opportunities early into her career. She quickly rose through the ranks at TPH – she was manager of the healthy aging program, regional director, director of healthy environments and director of planning and policy – until she arrived at the positions she holds today: director of chronic disease and injury prevention, and chief nursing officer. "Did I ever think I would be the chief nursing officer of the largest health unit in Canada? Probably not," she admits. "But I feel very privileged to be in this position and to have had the opportunities to both learn and lead."

It's no surprise Timmings was a key player in the designation of TPH as an RNAO Best Practice Spotlight Organization (BPSO), a milestone realized in 2012. She championed the initiative at the senior management table, and during its candidacy period, chaired the organization's BPSO steering committee. Though competing priorities threatened to sideline the initiative, Timmings kept the momentum going. Her dedication paid off. She says people galvanized around the BPSO initiative "...in such a way that I felt I was always surrounded by equally committed, hard-working people who wanted...us to achieve this success," she says. "It's no longer an aspiration. It's a reality."

Timmings has a clear vision of what's next for TPH and its BPSO initiatives. The organization is in the process of signing on to NQuIRe (for more information, see page 15) and is mentoring other health units considering BPSO designation.

When it comes to her own future, Timmings muses: "I've been doing a lot of thinking about that lately." She wants to stay in the healthcare field, and is toying with the idea of pursuing a teaching role, though she also says she's open to any new leadership challenge. "I have felt really lucky to have had the career I have to date. I look forward to many more years of being able to make a difference." **RN**

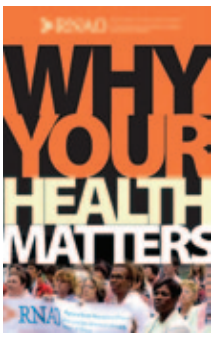
Three things you don't know about Carol Timmings:

1. She loves to sing, and was a wedding soloist for many years.
2. She is a breast cancer survivor.
3. Family and friends know Timmings for her love of rocking chairs. She has collected close to 25 over the years. Throughout university, she never used a stationary desk chair – she could always be found in a rocker.

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

QUEEN'S PARK ON THE ROAD

Members meet with MPPs in their own communities, and engage in political action ahead of the next election. **BY MELISSA DI COSTANZO**



For the last 14 years, RNAO members have visited Queen's Park to meet one-on-one with MPPs and cabinet ministers. Dubbed *Queen's Park Day* (*QP Day*), this RNAO tradition allows RNs, NPs and nursing students to discuss and debate local and provincial health issues. Through patient anecdotes and well-informed discussions of key policy recommendations put forward by the association, nurses can press for meaningful change that addresses what we do right, and the issues we need to fix in our health system.

Late in 2012, Ontario's former Premier Dalton McGuinty prorogued the legislature, meaning many MPPs would not be in their Queen's Park offices at the time *QP Day* would normally take place. Undeterred, RNAO members agreed to take the association's signature political advocacy event "on the road." They began planning last fall to meet in their own communities with their MPPs, an initiative referred to as *Queen's Park on the Road* (*QPOR*).

Over 80 MPPs – including Conservative leader Tim Hudak and NDP head Andrea Horwath – signed on to participate in meetings stretching from Elliot Lake to Temiskaming Shores to Cornwall to Windsor.

To provide a starting point for discussion, and fuel for *QPOR* conversations, nurses turned to RNAO's platform of health recommendations laid out in a document called *Why Your Health Matters*. With the release of this platform, RNAO is challenging all political parties to consider and adopt the recommendations that nurses feel will build an even stronger Ontario.

Released in January, the platform is well timed. The Liberal party may have found a new leader in Kathleen Wynne in January, but its minority government status means it requires the support of either opposition party to pass legislation. Without that support, Ontario could be plunged into an election at any time.

RNAO wanted to position itself to help shape political dialogue at a time when the province has a new premier, and MPPs may be preparing to campaign. The

POVERTY

Do you know that **one in 10 people in Ontario live in poverty?**

That amounts to 1.3 million people who do not have what they need to stay healthy.

ENVIRONMENT

Nurses know that **environmental determinants** of health play a huge role in the well-being of people.

NURSING CARE

The next provincial government should strengthen access to nursing care by:

Hiring
9,000
additional RNs by 2015

Ensuring
70%
of all nurses work full-time

Securing
fair wages
for nurses

MEDICARE

Research shows that publicly funded, **not-for-profit health care delivers better health outcomes at a lower cost**.

association guided members to structure their conversations with their political representatives around the pillars of *Why Your Health Matters:* poverty, environment, nursing care, Medicare and funding.

Specific targets have been identified within each pillar. When it comes to reducing poverty, Ontario needs to increase the minimum wage, improve access to affordable housing, and transform the social assistance system to reflect the cost of living. In committing to become clean and green, the provincial government must immediately close all remaining coal plants, and make sure people know about the existence of toxics in their homes, workplaces and consumer products. Nurses are also asking the government to impose green taxes to help pay for the damage polluters cause.

Strengthening access to nursing care means hiring 9,000 additional RNs by 2015, ensuring 70 per cent of all nurses work full-time so patients have continuity in their care and care provider, and securing fair wages for nurses working in all sectors. The government must maximize and expand the role of RNs to deliver broader care (such as prescribing and ordering lab tests), guarantee all existing nurse practitioner-led clinics are funded to operate to full capacity, and open NP-led clinics in areas where patient need exists. More focus is also needed to ensure patients are active partners in their health at their first point of contact with the system.

On Medicare, the government must commit to and expand our publicly funded, not-for-profit health system in areas such as home care, reject efforts to commercialize or privatize health-care delivery, including immediately stopping medical tourism in our hospitals, and focus more on evidence-based practice to ensure Ontario is a healthier place to live and work.

Nurses know that Ontario's economy is still recovering, and that it's affected by global events. This is why RNAO urges political leaders to work on restoring Ontario's fiscal capacity by making sure people pay their fair share in taxes. The association argues tax cuts for the wealthy and spending cuts for social programs hurt the most vulnerable and our economy. **RN**

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

Paul Miller

Sylvia Jones

Catherine Fife

Paul Miller: **There were two main concerns up for discussion during a March 1 meeting between (L to R) RN Joanne Crawford, nursing student Claire Wolfe, NDP MPP Paul Miller (Hamilton East-Stoney Creek), and nurses Leanne Siracusa and Wilma Andres: hiring 9,000 additional full-time RNs by 2015; and the region's poverty rate. Since 21 per cent of people live below the poverty line in Miller's riding, the group explored the topic of raising the minimum wage.**

Rick Bartolucci: **Sudbury's Liberal MPP Rick Bartolucci sat down with RNAO's Sudbury chapter executive members Maria Casas, co-president (left), and Barb Eles, vice-president, on March 1. The trio focused on poverty, the environment and nursing care, with the latter leading to a conversation about the need to expand RNs' scope of practice and boost the number of RNs in the province.**

Sylvia Jones: **Karen Hilliard, immediate past-president of RNAO's Peel chapter (left), and Maria Nelson, policy and political action representative (right), met with Conservative MPP Sylvia Jones (Dufferin-Caledon) to talk about raising the minimum wage and social assistance rates, and utilizing RNs to their full scope of practice. Hilliard and Nelson called the Feb. 15 meeting positive, enlightening, and a great learning experience.**

Madeleine Meilleur: **Liberal MPP Madeleine Meilleur (Ottawa-Vanier) (third from left) visited with RNs (L to R) Jennifer Bennett, Chantal Backman, Wendy Pearson, Una Ferguson and Sandra Stec on Feb. 15. The nurses called the meeting successful, saying they touched on various points in *Why Your Health Matters* as well as the specifics of Meilleur's role as Minister Responsible for Francophone Affairs and Minister of Community Safety and Correctional Services.**

Catherine Fife: **During a March 8 meeting with NDP MPP Catherine Fife (Kitchener-Waterloo) (second from right), nurses (L to R) Andrea Baumann, Kathy Moreland Layte and Sabaida Hanifa addressed a number of topics including: appropriate housing for all – especially those with chronic mental health issues – the need for a unified strategy for the prevention of fetal alcohol spectrum disorder, and the importance of creating and maintaining full-time RN positions.**

Steve Clark: **Conservative MPP Steve Clark (Leeds-Grenville) (centre) met with Brockville nurses on March 1. (L to R) Nursing student Jordan Schaillee, and RNs Andrea Campbell, Debora Steele and Claire Farella used the opportunity to address health care and nursing needs in the Brockville area.**

Rick Bartolucci

Madeleine Meilleur

Steve Clark

To access political resources for meeting with your own MPP, or to read the platform in full and view other meeting photos, visit www.QPOR.RNAO.ca

(CONTINUED FROM PG 17)

for a related RNAO BPG, says McNeil, the association's immediate past-president. Now, his goal is to help nurses sustain and build upon the initiatives the organization began 10 years ago.

Kathleen Callaghan, an enterostomal therapist and nurse continence advisor at HSN, is sure to help keep BPGs alive, McNeil says. In 2004, she was one of two nurses who led the implementation of *Risk Assessment and Prevention of Pressure Ulcers.*

Callaghan and a nursing colleague created a wound care protocol, complete with helpful hints, a decision tree, procedures for pressure ulcer prevention and much more. It was based on RNAO's BPG. As recommended in the guideline, the hospital also added more low air loss mattresses and advanced wound care products that help to better manage moisture, and address pain or infections.

Many of these changes proved to be invaluable when Mary* arrived at the hospital with flesh-eating disease. The deadly ailment ravaged the front of her body, from her abdomen to her thighs and upper legs. Thirty pounds of flesh was removed. Bedridden and in a coma, Mary was not expected to survive.

Callaghan's first thought was to keep her diabetic patient from developing pressure ulcers, as wounds could cause amputation or death. Immediately, Mary was moved onto an air mattress. The team ensured contamination was kept to a bare minimum, and negative pressure wound therapy (vacuum dressing is used to help healing) was employed.

Mary was confined to a bed for four months. She suffered four cardiac arrests, which increased her risk for developing a bed sore because the medication she was prescribed redirected her blood flow. But Callaghan says she did not develop one pressure ulcer. "This is a case where so many pieces of the RNAO BPG came into play," she says. This kind of patient success reinforces her belief in the power of best practice guidelines.

The hospital has tracked outcomes that further fortify Callaghan's confidence. An audit that was conducted over a 10-month period on 60 patients in HSN's medical units shows that documentation of the severity of pressure ulcers jumped by 51 per cent. Documentation of pressure ulcers by RNs upon a patient's admission climbed by 20 per cent, and documentation which helps nurses to determine pressure ulcer risk rose by 57 per cent on a weekly basis. This means increased awareness among RNs of the importance of keeping a closer eye on those at risk for developing pressure ulcers, which then allows for quick action to prevent adverse events.

Callaghan says she was thrilled to play an instrumental role in achieving HSN's BPSO status a decade ago. In fact, she was delighted in 1999, when RNAO announced it was starting the BPG program. She says the guidelines have had a monumental impact on her practice, confidence and knowledge. Callaghan says she's proud to shout their success from the rooftops. "It's like having a panel of experts walking behind you. When the panel of experts is (echoing you) saying 'we need to do this,' that speaks volumes." **RN**

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

**Pseudonyms have been used to protect privacy.*

CALENDAR

MAY

May 2
CONFLICT MANAGEMENT WORKSHOP
Hyatt Regency Hotel
Toronto, Ontario

JUNE

June 6–7
RNAO BOARD OF DIRECTORS MEETING
RNAO home office

June 9-14
NURSING BEST PRACTICE GUIDELINES SUMMER INSTITUTE
Blue Mountain Resort
Blue Mountain, Ontario

JULY

July 7–12
PRIMARY CARE INSTITUTE
Courtyard Marriott Hotel
(Downtown)
Toronto, Ontario

MAY 6-12
NATIONAL NURSING WEEK
www.nursingweek.RNAO.ca

For additional information on these and other RNAO events, visit www.RNAO.ca/events or email events@RNAO.ca

Are fees **tax deductible**

Every year at this time, members ask: Are my RNAO fees deductible? The answer: it depends.

If you are **employed**, RNAO and Interest Group fees **do not** qualify as a deduction from salary since they are not necessary to maintain professional status recognized by law.

Self-employed registered nurses are permitted to deduct expenses incurred for purposes of earning business or professional income. It is a matter of satisfying Canada Revenue Agency that payment of voluntary membership fees are expenses incurred to earn such income.

It's best to seek professional advice if you are unsure about your circumstances.

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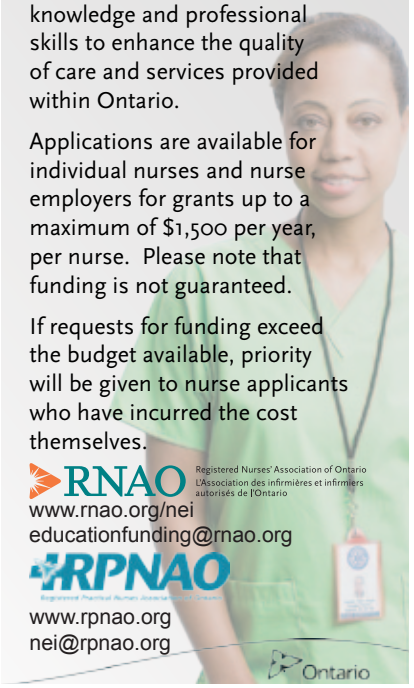
The Nursing Education Initiative (NEI)

NEI is a program funded by the Ontario Ministry of Health and Long-Term Care to provide funding to nurses who have taken courses to increase their knowledge and professional skills to enhance the quality of care and services provided within Ontario.

Applications are available for individual nurses and nurse employers for grants up to a maximum of $1,500 per year, per nurse. Please note that funding is not guaranteed.

If requests for funding exceed the budget available, priority will be given to nurse applicants who have incurred the cost themselves.



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Ontario

Nursing Week story collection

For the sixth consecutive year, RNAO is inviting members to share their stories for possible publication on the RNAO website during Nursing Week (May 6–12). A select few will also be published in the summer issue of *Registered Nurse Journal* (July/August).

For this year's collection, we want to lighten the mood. In 500 words or less, tell us about your funniest nursing moment. We know your practice is full of profound and touching experiences every day. But we also know humour is bound to creep into your work, whether you ask for it or not. And as they say, laughter is sometimes the only way to make it through stressful moments that would otherwise bring you to your knees. Is there an instance, a conversation, a response or action from a patient that brings a smile to your face? We want to hear about it.

The deadline for submissions for publication on the website is April 29, 2013. Submissions for the summer issue of *Registered Nurse Journal* will be accepted until June 7, 2013.

Send your stories to editor@RNAO.ca or call 1-800-268-7199, ext. 233 for more information.

We know every member has a story to tell. And we thank you for sharing.

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CRNE Exam Preparation Course Toronto—April 27 & 28
Advanced Critical Care Competencies through Simulation—April 29 & 30
Chronic Pain Self-Management Program: Train the Trainer—April 29–May 3

May 2013
Advanced Health Assessment and Clinical Reasoning in Primary Health Care: A Review for Nurse Practitioners—May 1–June 12
Policy and Politics: Shaping Health Policy at the Intersection—May 13 & 14

June 2013
Institute on Nursing Ethics—June 17 & 18

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IN THE END

BY ELIZABETH WARREN

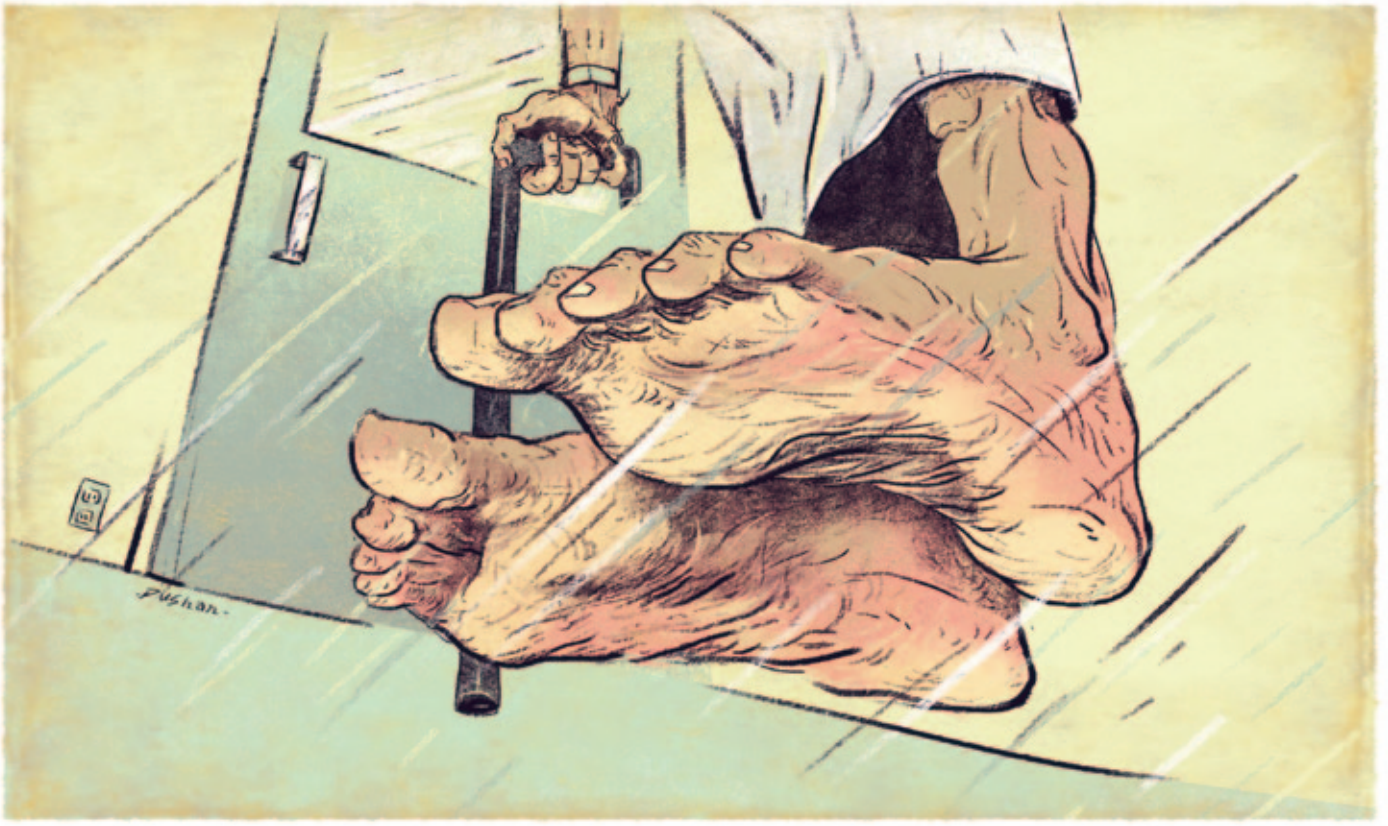

ILLUSTRATION: DUSHAN MILIC

What nursing means to me…

HEALTH-CARE COLLEAGUES AND PATIENTS ALWAYS ASK ME: "HOW CAN YOU work on people's feet all day?" I have a simple answer for them. "Feet are attached to some very nice people."

I think I have one of the best jobs in nursing. I help people, often in pain, often unable to care for their own feet because they suffer from arthritis, vision loss, diabetes, COPD or congestive heart failure. As people age, they also may need help because they are simply no longer able to properly care for their feet. While I am tending to their needs, I have the opportunity to teach, answer questions, and make suggestions for keeping one of our most under-appreciated appendages safe and comfortable.

DROP US A LINE OR TWO
Tell us what nursing means to you. Email editor@RNAO.ca

I'm a sounding board for their illnesses and problems (my background in psychiatry helps), and a liaison to their doctor and other health-care professionals. I feel rewarded that clients often leave my office feeling better than when they arrived. This is what nursing means to me.

My mother was a nurse, and I always wavered when it came to deciding what my career would be. I thought about being a teacher, but that meant more years of university than I was willing to take on. I also questioned my academic and financial ability to follow that path. But the more I thought about it, the more I realized the link between becoming an RN and teaching.

Growing up, I learned about nutrition, fitness, cleanliness and compassion from my mother, the neighborhood nurse. Mom was called upon frequently to teach others about these and other health issues. I took her knowledge for granted as a child. Today, as a nurse, I see why this knowledge is so vital. I embrace the opportunity for practical teaching during hands-on care.

I studied nursing at both St. Joseph's School of Nursing and Sir Sanford Fleming College in Peterborough. Upon graduation in 1974, I received an award for being the graduate who showed the most proficiency in helping patients develop the best frame of mind for healing. Receiving this award reinforced that I was gifted with many of the same attributes that made my mother such a good nurse. I made the right choice to follow in her footsteps.

Until nine years ago, I spent the majority of my nursing career in psychiatry. I retired in 2004, only to realize I couldn't stay away from the profession I love. In psychiatry, I always made sure my patients had good foot care. In retirement, I decided to take some courses on the subject, and returned to nursing in 2006. Working part time, I feel connected to the profession I love, but have a little more time for myself and my husband.

Now, people ask me: "Why did you give up nursing to do foot care?" My simple reply: "I'm still a nurse." And I smile. **RN**

ELIZABETH WARREN LIVES AND WORKS IN BROCKVILLE, ONTARIO.

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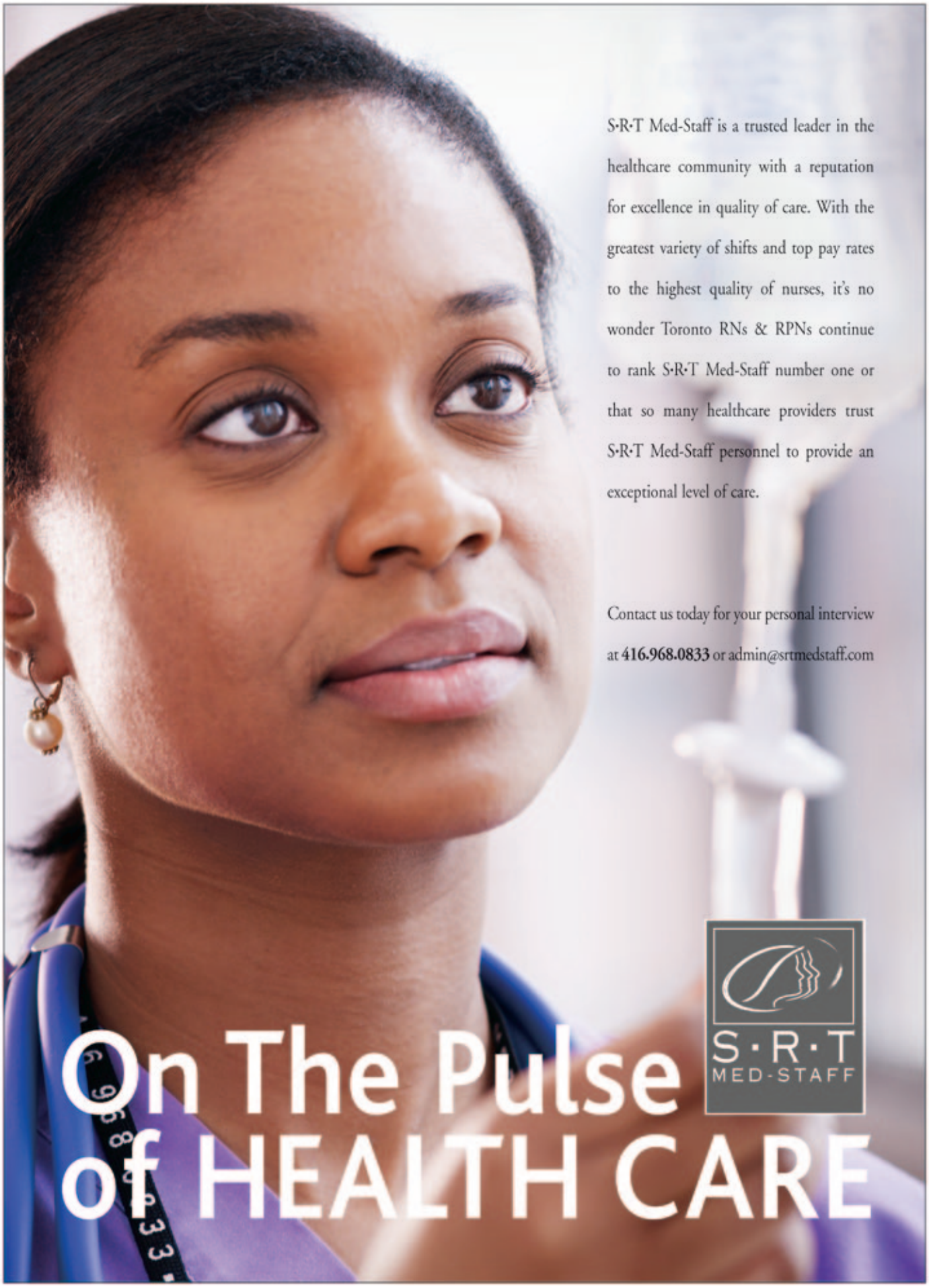
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