

May/June 2005

Registered Nurse

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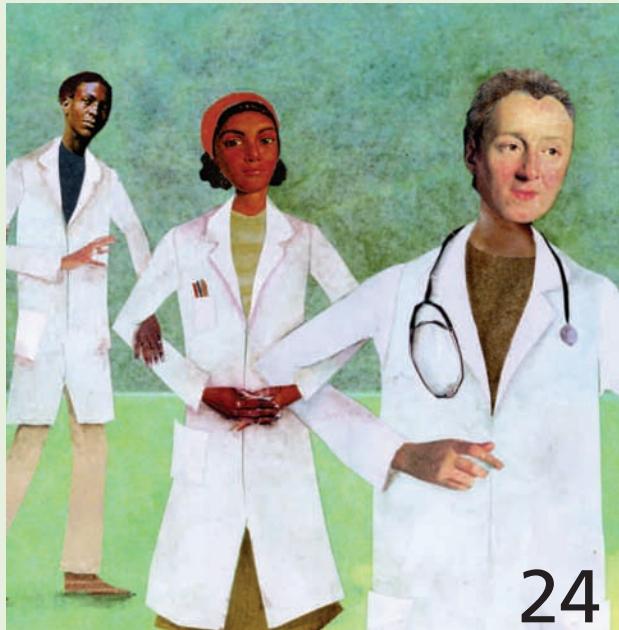
Registered Nurses' Association of Ontario
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autorisés de l'Ontario

CENTRE FOR PROFESSIONAL NURSING EXCELLENCE

Registered Nurse

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Editor's Note

The spirit of change



In this issue, we examine the spirit of change that government, employers and health-care providers embraced in the early days of 2005. We release the results of RNAO's progress report on increasing full-time employment for Ontario RNs. We meet two RNAO members who are at the heart of efforts to establish Family Health Teams in their respective communities, and we reflect on the lessons learned from SARS in a review of the CTV movie *Plague City*.

In our cover feature, we explore the 70 per cent solution and release the results of RNAO's survey of employers and RNs, which found that new government policies to build a nursing workforce with 70 per cent of RNs working full time are indeed on the right track – just not the fast track. The link between more full-time RNs and better health is clear, but only 59 per cent of Ontario's RNs work full time. The results show we're heading in the right direction, but as the executive director's column reveals, this overreliance on part-time and casual nursing employment is a relatively recent and uniquely Canadian phenomenon, a troubling one that can and must be abated.

As we mark the mid-way point of 2005, there is a spirit of change in the air for health-care in Ontario: full-time employment for RNs is growing, Family Health Teams are budding, and local health integration network are taking shape. During much of the past decade, change has meant uncertainty, instability and downsizing for RNs and the public they serve. But change doesn't have to mean confusion and containment. RNAO will be keeping careful watch to ensure that these changes translate into better – not just different – health care.

In this same spirit of change, this will be my last issue as managing editor of *Registered Nurse Journal*. After almost nine years at RNAO, I am taking on a new communications challenge at Toronto's St. Michael's Hospital. I have enjoyed working with and meeting many of you over the years, and I will take the invaluable experiences I was privileged to be part of at RNAO with me as I embark on this new endeavour. Many thanks.



Lesley Frey
Managing Editor

Chaoulli ruling challenges us to remember how to keep Canada strong and free



As Canada begins its 139th year, let us reflect on the nature of our nation, on what distinguishes us as a country, as a people, as a community. Are we, as our anthem proclaims, “strong and free?” If so, is that strength and freedom shared fairly among everyone who resides in and on this land – and beyond? Are we able each in our own way to contribute to public policy debates that help shape our country?

We contemplate these questions today within a new context, created by the June 9th Supreme Court ruling that the Quebec government could not ban private health insurance for medically necessary services available in the public health system. The Chaoulli ruling could ultimately lead to the slow starvation of the health-care system that nurses helped to build, a system based on severity of need, not on ability to pay – and to a redefinition of who we are. It has led already to laudatory comments from some provincial premiers, business people, and the Canadian Medical Association, all eager to try once again to increase private sector delivery of health care – and, more alarmingly, to have people pay out of pocket for it. We hope the Supreme Court will stop this in its tracks by granting the Quebec government’s July 4th request for an 18-month stay of the landmark judgment.

All Canadians want better and quicker access to health-care services. But the answer is not to allow a select few to buy their way to the front of the queue while boosting private health-care profits and siphoning resources from the public system. The answer is to strengthen public, not-for-profit health care and to improve access to health services for all Canadians. We must focus on healthy

reforms such as improved primary health care, expanded home care, and strategic investments to reduce wait times and increase the number of health-care providers.

I believe that Canadians, with nurses once again leading the way, will stand by their belief in universal access to medicare as a public good, and will reject the notion that individual rights override the collective good. RNAO has never stopped fighting for that. Within a week of the ruling, board members met for a policy summit, during which the board passed a resolution to take to the CNA annual general meeting. The resolution, strengthened by other jurisdictions and unanimously passed, called on the prime minister, the minister of health, and other political leaders “to take all available measures and make all necessary investments to prevent a two-tier health-care system, strengthen publicly funded, not-for-profit delivery, and the five principles, two conditions and the spirit of the Canada Health Act.”

Over the summer, RNAO will turn to its members to help ensure two-tier health care does not take root in Ontario or spread across the country. We’ll give members the analysis and information they need to show that two-tier health care and for-profit delivery is exclusionary, expensive, inefficient, and leads to poorer health outcomes. We’ll ask you to initiate and guide discussions — at work and play, in the media, classrooms, community centres, on sports fields, over fences, around the barbecue, or outside mosques, temples, synagogues and churches across the province. Explain why health care should not be for sale. Listen to questions and concerns, and address them with evidence, research, your

own experience – and with passion.

We need to shake off the collective amnesia that has struck politicians and others who have forgotten (or buried) all we have discovered and done about health-care reform this decade. It is as if the Romanow Commission and its unprecedented consultation, research, and report never happened. Recall the 2003 Health Accord that established the Health Council of Canada? Remember the historic 2004 health agreement committing \$41 billion to the provinces and territories?

The Chaoulli ruling could lead to the slow starvation of the health-care system that nurses helped to build.

We know we have much still to do. RNAO is no apologist for the status quo. In fact, there is no status quo in health care today. Investments and reforms are progressing. Change takes time; data collection takes even longer. But one thing is clear: if, in the meantime, two-tier health care takes hold, improvements to the public system will dissipate as the private system drains the public system of resources, while the private system caters to the privileged few.

My Canada Day questions are answered: medicare gives all Canadians, regardless of income, a fundamental freedom that does indeed distinguish us from other countries. It’s a freedom from fear: fear that we won’t be able to pay for the health care we and our families need, or fear that we’ll go broke doing it. The answer lies neither in smug self-congratulation about being Canadian, nor in cynical, self-interested condemnations of medicare; it lies in acting on RNAO’s mandate to speak out for health, and speak out for nursing.

JOAN LESMOND, RN, BScN, MSN, IS PRESIDENT OF RNAO.

Plague City

Registered Nurse Journal asked RN Karen Ellacott to review the CTV movie *Plague City: SARS in Toronto*, a human and political thriller chronicling the transmission of SARS from a small town in China, across borders and to Ontario.

My initial reaction to the request to write a review of *Plague City* was a resounding NO. In the quality of that response, I recognized the intensity of my desire to leave the experience in the past. My distaste for the prospect of revisiting it was strong, but then I recognized that forgetting about SARS is the very thing we must never do. Instead, we must carry the experience forward into the future and let it shape our practice and participation in health care.

In this, I share only my own personal opinions. I didn't experience *Plague City* as an inspiring movie that really succeeded in capturing the emotional, frightening, rock-your-world quality of the actual epidemic. The story line was a bit incoherent and may have been difficult to follow for anyone who wasn't an integral part of it all. Characters were not really developed in any depth. But then clarity, depth and coherence were not qualities that emerged at any step of the real crisis either. I feel it is important to mention that as a tribute to health-care workers, the movie focused predominantly on nurses and physicians. My heart went out to the paramedics, respiratory technologists, physiotherapists, pharmacists, social workers, chaplains and countless other dedicated health-care workers who remained invisible in the TV version of events.

The script was true to life in revealing some of the key roles and experiences of nurses during the epidemic. We learn of nurses' keen assessments and their recognition of emerging patterns that sounded the warning bells in both the first and subsequent outbreak. We also see the resistance to believing and acting on those impressions. We're given glimpses of the long and arduous shifts, the challenges faced by casualized nurses, the shocking transformation of the workplace, the anguish of being separated from families, of putting self and loved ones at risk, of watching colleagues fall ill and die. We're shown how dedication to health and safety had to do battle with

inadequate resources, economic priorities, lack of preparedness, concerns about the implications of panic-filled press releases and government officials who just didn't get it.

Aside from the Hollywood appearance of the main character (read: tall, thin, "pretty", white), I felt that an honest attempt was made to portray the vital role that nurses played. Nurses were not stereotyped to quite the same extent that they sometimes can be in media and television. We saw nurses of both genders. We saw the role of both hospital nurses in their facilities and public health nurses on the streets. We saw nurses who spoke up and out. When one nurse was asked by family, "But why do you have to work with SARS patients?", her answer was "I'm a nurse, these people need us."

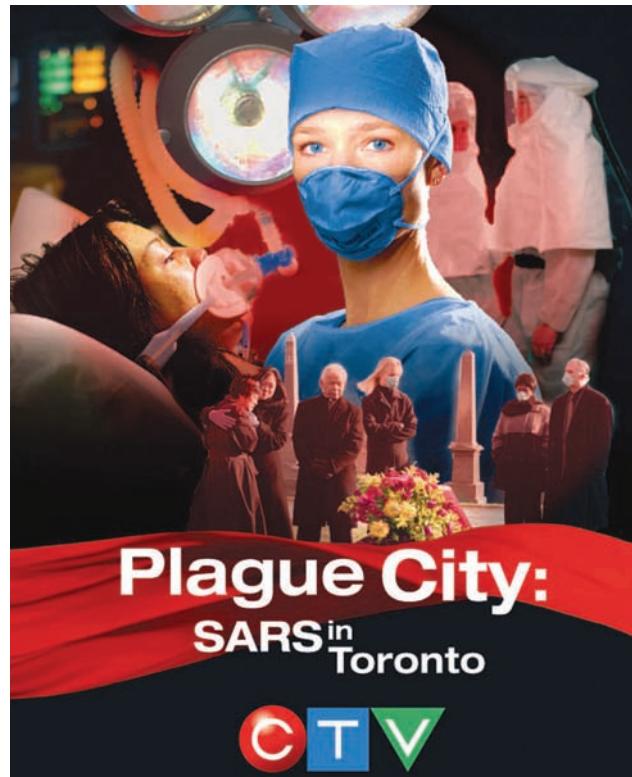
I would challenge real-life nurses to go beyond this somewhat stereotyped reply and fully articulate why they remained at their post, carried the burden and took on the risk. To understand the qualities and identities ingrained in our profession and ourselves that provided the strength and stamina to do that. To make those things explicit and allow them to guide us more consciously in the arenas of policy making, curriculum development, professional planning and bedside care.

While the film only touched superficially on the issues, it can serve well as a focal point to help initiate deeper consideration and discussion. These issues include the allocation of federal and provincial resources to public health, the allocation of facility resources to infection control, the

importance of building surge capacity into the system, disaster preparedness, the need for cohesive leadership across sectors and settings, the vital importance of clear and integrated channels of communication, the implications of a casualized and exhausted nursing workforce and of failing to heed the perceptions, expertise and vision of nurses.

The movie ended with the haunting strains of Sarah McLachlan singing of the "memories that seep through my veins." The movie's best gift is that of keeping those memories near and alive to guide us in responding to future challenges. **RN**

RNAO MEMBER KAREN ELLACOTT, RN, BScN, NURSED THROUGH SARS AS AN EMERGENCY ROOM RN AT NORTH YORK GENERAL.



Canada needs to catch up on full-time nursing front



The International Council of Nurses' (ICN) 23rd Quadrennial Congress, held in May in Taiwan, was a magnificent experience. It allowed us to learn from one another and to present on the many initiatives RNAO is leading: from clinical and healthy work environments best practice guidelines to advanced clinical fellowships to our unforgettable experience with SARS.

The congress also opened our eyes to an important reality: Ontario's over-reliance on part-time and casual nursing employment is mainly a Canadian phenomenon. What is most remarkable about attending international events is the opportunity to compare the global experiences of nurses. This year we learned:

- In most other countries, those who work part-time or casual (there are very few of the latter) choose to do so (this used to be the case in Canada until the mid 1980s).

- Many countries, such as Japan and Thailand, have workforces in which close to 100 per cent of RNs work full time. Employers and nurses report no difficulties with this.

- The U.S. aggressively markets a 72 per cent full-time RN employment rate. This stands in sharp contrast to Canada's 55 per cent rate, and threatens an exodus of our new graduates unless we immediately and fully open our doors to meet their desire for full-time work (Andrea Baumann reported in 2004 that 79.3 % of new grads want full-time work).

It felt good to say at ICN that Ontario is making progress. The gloom-and-doom

realities of the 1990s, which forced thousands of RNs into casual and part-time work and pushed full-time employment down to 50 per cent in 1998, seems to be behind us.

RNAO reported at ICN that improvements in full-time work did not happen without intense lobbying that put the issue front and center on the policy agenda. We felt proud to say that today, many – if not most – employers, politicians, the media, and the public understand and support the importance of full-time employment for RNs.

What lessons have we learned? It takes years – in this case, five – to move an agenda from our books to government policy. Since 1998, RNAO has called on governments and employers to create a nursing workforce in which 70 per cent of all RNs work full time. The Liberal party committed itself to that goal during the 2003 election campaign, and early in its mandate the

McGuinty government introduced policies to increase full-time nursing employment. We are now seeing progress – 59 per cent of Ontario RNs work full time – but if government is to accomplish its (and RNAO's) goal, it must revitalize its commitment and target more funding to it.

That's what the results of RNAO's survey of RNs and employers indicate. *The 70 per cent solution: A progress report on increasing full-time employment for*

Ontario RNs, released June 14, shows progress in increasing full-time employment and stresses the urgent need to accelerate targeted investment in full-time positions. It highlights the gap between high RN desire for full-time work and low employment opportunities. The survey indicates that if all

RNs got their preferred employment status, 64.5 % would have full time work. And, if working conditions were to improve, many more RNs would move to full time, potentially reaching 76 per cent full-time employment within the RN workforce.

The report includes recommendations for government and employers: increased targeted funding for full-time RN positions; stringent conditions attached to that funding in all sectors; accelerate delivery of funding to create the 8,000 new nursing positions the government promised by 2007; and working schedules that accommodate the unique needs of senior and novice nurses.

For the few who remain skeptical, this survey is instructive. There are more RNs who want full-time positions than there are full-time positions available, so let's open the doors. Data (and common sense) support the link between full-time employment and improved patient/client outcomes, efficient RN utilization and system cost effectiveness, enhanced organizational commitment, and successful recruitment and retention of RNs.

Have we heard nurses saying they can't find part-time or casual work? RNAO has not. Have we heard from frustrated nurses who can't find full-time work? RNAO has taken many calls from frustrated RNs, and one of those was Victoria Wagner, a nurse you'll meet in our cover story. After a stint in the U.S. and a year's search for full-time work, she just landed a permanent, full-time position at St. Michael's Hospital. Congratulations!

Let's continue to move on the right track, but let's pick up the pace. Together we can reach our target – 70 per cent full-time – and become a magnet province for RNs!

**There are
more RNs who
want full-time
positions than
there are
full-time positions
available.**

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

Nursing in the news

R N A O & R N S

w e i g h t i n o n . . .

RNs aim for 70 per cent

Following the June release of RNAO's report, *The 70 per cent solution: A progress report on increasing full-time employment for Ontario RNs*, our message about the need for full-time RN jobs was spread across Ontario in nearly 50 print and broadcast stories.

Funded by the Ministry of Health and Long-Term Care, the report surveyed more than 1,500 RNs and 280 hospital, community and long-term care employers in Ontario to find out what progress has been made towards achieving the Liberals' election campaign promise to provide full-time work for 70 per cent of RNs.

"The link between more full-time RNs and better health is clear," RNAO president **Joan Lesmond** said in the *Ottawa Sun*. RNAO member and recent graduate **Melissa Gradeen** agreed. "We try so hard to have continuity of care. If they had more people working full time it would make things a lot less hectic," she told the *Sun* (June 15), adding she is currently working part time and some of her classmates went south of the border for work. RNAO executive director **Doris Grinspun** said the Health Minister has been quick to realize the importance of RNs working full time, but he needs to keep it at the top of the priority list (*Toronto Sun*, June 15).

Meanwhile, RN **Victoria Wagner** – who recently began her first full-time position in Canada after returning from the United States and spending almost a year working part-time and casually – shared her story with *CBC TV* – Ottawa and Toronto. And RNAO members **April Rietdyk** and **Carmen Rodrigue** spoke about the importance of having full-time nursing on *CHRY FM* – Leamington – and *CBC French radio* – Sudbury (June 14 & 15).



RN Victoria Wagner talks about her experience trying to find full-time nursing employment in Ontario with Marc Labelle from CBC's Radio Canada at RNAO's June 14 news conference to release *The 70 per cent solution: A progress report on increasing full-time employment for Ontario RNs*.

Supreme Court decision on private health insurance

RNAO called the Supreme Court of Canada's recent decision that struck down Quebec's prohibition on private health insurance deeply disturbing.

- "All Canadians want better and quicker access to health-care services. But the answer is not to allow a select few to buy their way to the front of the queue ..." said RNAO president **Joan Lesmond** (*Toronto Star, The Record – Kitchener-Waterloo, Windsor Star*, June 10).
- RNAO executive director **Doris Grinspun** said the decision could mean a minority of Canadians will get the care they need while many will go without (*National Post, Ottawa Citizen, Windsor Star*, June 10).
- RNAO provided its perspective in a 10-minute panel conversation (on *CTV Newsnet*) with Senator **Michael Kirby**, the Canadian Medical Association President, and the Canadian Health Coalition lawyer. RNAO's views also appeared in stories in the *Toronto Sun, CBC Radio One – Thunder Bay, Toronto, Sudbury and Ottawa*, and *CBC French TV – Ottawa* (June 9 & 10).

Family health teams

• RNAO executive director **Doris Grinspun** told *Canadian Press* it's important the teams – made up of doctors, registered nurses, nurse practitioners and other health-care professionals – are actually implemented and interdisciplinary (April 15).

- **Theresa Agnew, Heather Elliott** and **Julia Johnston** advocated for the nurse practitioner's role in family health teams in two separate letters to the editor published by the *National Post*. They responded to a physician's letter suggesting that allowing "non-MDs" to provide care would threaten the health-care system. "The integration of nurse practitioners across the health-care system ... is a way of improving access and

For complete versions
of any of these stories, contact
Jill Shaw at jshaw@rnao.org.

improving care," Agnew wrote (April 29 & 30).

- **Ruth Kitson** said the Leeds, Grenville and Lanark VON will operate one of the 52 newly announced teams (*Brockville Recorder and Times*, April 21).

The provincial budget

- RNAO president **Joan Lesmond** told *The Globe and Mail* the provincial budget needed specifics about how it will improve health care. "Nurses and the public they serve need to know in human terms how today's budget will continue to strengthen nursing and thus the health of the public." (May 12)
 - RNAO executive director **Doris Grinspan** called on the Minister of Health to prevent nursing layoffs as hospitals insisted their need for more money may lead to layoffs. "We are saying to the hospitals and to the government: Not a single nurse can be laid off without the government signing (off) ... It's the job of this premier and this minister to protect these nursing jobs." (*Niagara Falls Review, Brockville Recorder and Times, St. Thomas Times-Journal, Toronto Sun, Ottawa Sun* and *Global TV – Toronto*, May 12 & 13)

Bidding on home care

- Following the release of Elinor Caplan's long-awaited review of the competitive bidding process for home-care services, **RNAO** said Caplan's recommendations – including giving quality priority over price when awarding contracts and rewarding organizations with good quality services and working conditions with longer contracts – would improve client care, but RNAO continues to call for an end to the competitive bidding process (*Canadian Press, Welland Tribune*, May 31).
 - RNAO member **Evelyn Earle** said the report won't help home-care nurses or patients. "They're not talking to the people it really affects, and of course that's the public themselves." (*Welland Tribune*, May 31)

tributions nurses make to health care on **CHML AM** – Hamilton (May 11).

 - In a profile of a VON nurse, RNAO member **Judith Shamian** described VON nurses' dedication. "To them, it's not just a job, they see it as a commitment to the community." And RNAO executive director **Doris Grinspan** highlighted the need for continuity of care and caregiver in home care.

"Organizations like the

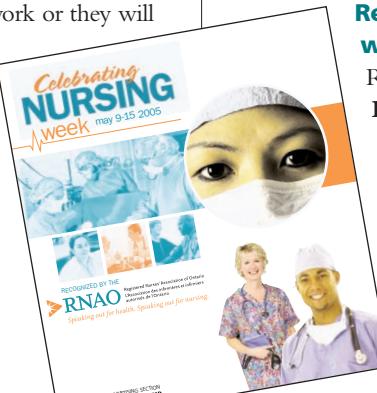
Nursing Week

- Several newspapers across Ontario worked with RNAO to publish special sections recognizing nurses in their communities, including the *Toronto Star*, *Hamilton Spectator* and *Windsor Star*. Congratulations to the Hamilton and Windsor RNAO chapters who worked so well with their community newspapers to produce excellent publications.
 - *The Windsor Star* five-page Nursing Week section included stories ranging from videoconferencing to connect patients on Pelee Island with health-care professionals on the mainland to nurses who make outstanding contributions to the community, to the nursing shortage (May 9).
 - *The Hamilton Spectator* eight-page Nursing Week section included stories that profiled a day in the life of a nurse, the education nurses need to provide high quality care, and the diversity and skills nurses bring to their patients.

- RNAO president **Joan Lesmond** said nurses need guaranteed work or they will leave the profession or province (*Toronto Star*, May 7). Lesmond also talked about the contributions nurses make to health care on *CHML AM* – Hamilton (May 11).

- In a profile of a VON nurse, RNAO member **Judith Shamian** described VON nurses' dedication. "To them, it's not just a job, they see it as a commitment to the community." And RNAO executive director **Doris Grinspan** highlighted the need for continuity of care and caregiver in home care.

"Organizations like the



Many Roles One Profession



National Nursing Week

National Nursing Week?



The origins of National Nursing Week date back to 1959, when the International Council of Nurses (ICN) proposed a week of observance to be held annually during May, in honor of Florence Nightingale's birthday.

In 1962, CNA passed a resolution supporting the proposal of an international government-organized observance of nursing. In 1965, the ICN accepted the resolution, and the first International Week of Nursing was observed in 1966.

In 1968, CNA passed a resolution to observe National Nursing Week in the United States. The resolution was passed again in 1970, and again in 1972. In 1973, the resolution was passed again, and the resolution was passed again in 1975. The resolution was passed again in 1977, and again in 1979. The resolution was passed again in 1981, and again in 1983. The resolution was passed again in 1985, and again in 1987. The resolution was passed again in 1989, and again in 1991. The resolution was passed again in 1993, and again in 1995. The resolution was passed again in 1997, and again in 1999. The resolution was passed again in 2001, and again in 2003. The resolution was passed again in 2005, and again in 2007. The resolution was passed again in 2009, and again in 2011. The resolution was passed again in 2013, and again in 2015. The resolution was passed again in 2017, and again in 2019. The resolution was passed again in 2021, and again in 2023.

re part of the fabric of our community and we can't just junk them out at the end of a season like some old tulips."

Star, May 7)

- RNAO member **Lisa Shishis** shared with the *Toronto Star* details about the nursing care she provides to homeless and underhoused people – from a bus that travels through Toronto’s downtown (*Toronto Star*, May 7).

Taking MPPs to Work

- **Marlene Slepkov** said the opportunity to show MPPs what nurses do every day is important to help them understand the unique relationship nurses have with patients (*Niagara Falls Review*, May 26).
 - Local MPP visits were also covered by: *CKWS TV* – Kingston; *CHBX TV*; *CHAS FM* and *CJQM FM* – Sault Ste. Marie; *CBC TV* – Windsor; *CHEX TV* – Peterborough; *Peterborough This Week*; and *Clinton News Record* (May 2005).

Reporting gunshot wounds

RNAO executive director **Doris Grinspan's** view that new provincial legislation requiring health-care professionals to report gunshot wounds might discourage people who need health care from seeking treatment was covered by *CBC Radio One* – Ottawa, Kingston, Thunder Bay and Toronto - *Brockville Recorder and Times*, *Peterborough Examiner*, *Canadian Press*, *Niagara Falls Review*, *Simcoe Reformer*, *Canada.com* and *Canadian Healthcare Manager* (June 1).



The 70 percent solution

Two years ago, Dalton McGuinty promised to build a nursing workforce within which 70 per cent of all RNs would work full-time. RNAO analyzes the government's progress to date, and finds new government policies are on the right track – just not the fast track.

When Victoria Wagner graduated from Centennial College in 2002, she was armed with a nursing diploma, high expectations for the future, and a burning ambition to become a full-time trauma nurse in Ontario. Her first full-time job offer came less than a year after graduation. But sadly, it wasn't as close to home as Wagner had hoped. In fact, it was south of the border – in Pennsylvania – and far from the Canadian health-care system that claimed to need her.

After a year at the Hospital of the University of Pennsylvania, Wagner returned to Ontario last summer with hopes of finding a full-time position at home.

Fortunately, and finally, she just did – after a search that lasted almost a year.

Unfortunately, she's one of a minority of new grads who can make that claim.

"A lot of nurses I talk to are frustrated...because they feel they went to school, got this education, and now they can't even get a full-time job," Wagner says. "Sure, the opportunities in the States...the money and schooling...it's appealing. But this is home for us. I think a lot of people want to stay but they can't find anything. You have to think, okay, what are my options?"

The reality for too many new nursing graduates in Ontario is that there are few options outside of part-time or casual employment. This, despite the fact that at least 79.3 per cent of new graduates want full-time work according to a 2004 McMaster University study entitled *Educated and Underemployed: The Paradox of Nursing Graduates*.

But while almost all new grads want it, only half of them find it.

Laura Istanboulian, a new RN graduate who works on a casual basis in the multi-organ transplant unit at University Health Network (UHN), reminds herself daily that feeling discouraged and defeated about not finding full-time work is counterproductive, especially for someone with her passion for the profession.

Istanboulian says she knows nursing is the career for her, and remains optimistic that "patience and advocacy" will eventually land her a full-time job in her field of choice – critical care.

"Full-time positions should make up at least 70 per cent of all nursing positions... for retention purposes, for infection control, and to keep nurses healthy," Istanboulian believes.

Illustration: Steve Adams/Illusion

Fortunately, she shares this vision not only with RNAO, which first called for the “70 per cent solution” in 1998, but also with Ontario’s Liberal government, which made a 2003 campaign promise to “have 70 per cent of registered nurses working full-time.”

Minister of Health and Long-Term Care George Smitherman cites public health, continuity of care, and a healthier and happier nursing workforce as key motivators for promising to achieve this milestone.

“Premier McGuinty and I are committed to restoring the foundations of nursing

processes are disrupted.”

RNAO supports Alberta’s findings as well as the findings of a 2005 Nursing Sector Study report entitled *Building the Future: an integrated strategy for nursing human resources in Canada*. Released in May, the report links full-time employment with better patient outcomes. *The Walker Commission on the SARS Outbreak in Ontario*, released in 2003, also recognized that link and recommended to the provincial government a “...goal of greater than 70 per cent full-time employment across all health-care sectors by April 1, 2005.”

The government took its first step in that direction soon after its election to office when the Health Minister announced \$50 million for full-time nursing positions in Ontario hospitals. Since then, he’s followed

“The results show we’re heading in the right direction and that targeted funding is starting to pay off.”

up with a number of other policy initiatives to support the 70 per cent solution.

Building on that momentum, RNAO secured funding from the government in early 2004 to survey employers and RNs to ascertain whether and how well those policies were working. The survey was based on responses from more than 1,500 RNs and 280 hospital, community and long-term care employers.

At a news conference at Queen’s Park on June 14, RNAO released the results of that survey in a report entitled *The 70 per cent solution: A progress report on increasing full-time employment for Ontario RNs*.

“The link between more full-time RNs and better health is clear,” said RNAO president Joan Lesmond. “This government recognizes that, and is responding with targeted funding that is beginning to bridge some of the gap between where we are today – 59 per cent of Ontario’s RNs working full time – and where we must be – 70 per cent – if nurses are to give people the care they need.”

“The results show we’re heading in the right direction and that targeted funding is starting to pay off,” RNAO executive director Doris Grinspun said. Survey responses provided insight into the lessons learned during the implementation of policies and practices, information on the barriers and opportunities to achieving the 70 per cent goal, strategies for boosting full-time ratios, and suggestions on how the 70 per cent solution might be implemented differently to achieve greater or quicker success.

Grinspun says the survey findings, which include the percentage of RNs who would move immediately to full-time positions if they were available as well as those who would accept full-time employment if work environments improved, show that the 70 per cent goal is completely achievable – but only if government and employers provide more targeted funding in all sectors, better working conditions, and better work-life balance initiatives.

The survey also identified challenges that employers and administrators suggest are slowing their progress when implementing policies for more full-time nurses. Recruitment and retention, the cost of management, scheduling, and buy-in at the budgetary level were identified as stumbling blocks.

Denise Hardenne, VP of Nursing Programs and Professional Practice at Halton Healthcare Services (HHS), agrees that Ontario is headed in the right direction with the 70 per cent target. She adds, however, that despite having an enviable 63.9 per cent of its RNs working full-time, HHS finds it challenging to achieve the goal partly because of operational funding constraints but also because of the one-time nature of funding through the ministry.

Acknowledging that hospitals have called for multi-year funding for years, the Liberal government announced on June 21 that for the first time in Ontario’s history it would provide that multi-year funding for the next three years. With a promised \$1.75 billion, the ministry says hospitals will have “the stability they need to adopt long-term planning and resource management.”

“Permanent funding will provide for the creation of new, full-time positions to support the needed stabilization of staffing and ensure successful outcomes,” Hardenne says.

Sharon Partridge, Nursing Workplace Improvement Coordinator at Barrie’s Royal



– foundations that have been chipped away over time,” he said just before his first funding announcement of \$50 million for new full-time RN positions in February 2004.

Another motivator for meeting this target is patient safety, especially given the unmistakable link between patient well-being and nurse staffing. That link was most recently supported by the University of Alberta which published research findings in March confirming “...the highest variation in deaths are related to continuity of care variables such as the proportion of permanent to casual and temporary staff.” Dr. Carole Estabrooks, lead author of the study, expressed concern when releasing the results that “some patients die unnecessarily in Alberta hospitals when continuity of care

Victoria Hospital (RVH), was a participant in RNAO's full-time employment survey in January. She also admits to having trouble balancing competing initiatives, noting in particular this year's balanced budget requirements and accountability agreements, which led to some creative shuffling of resources.

"The government has...to look at their balanced budget plans and accountability agreements and work with facilities to figure out the impact of those agreements on our front-line staff. On the one-hand, we're trying to create all these full-time positions and the government is committed to it, but on the other hand, in order to meet the balanced budgets, many hospitals have had to cut positions. That's a strict dichotomy," Partridge says. "You have to bring those together somehow, there has to be some understanding of cause and effect."

"I would love to see full-time positions open up for new grads, and to have some flexibility," Partridge says, noting that RVH has a zero vacancy rate and that full-time postings usually get filled by experienced nurses who have seniority. "I'm really quite concerned...and I wonder how many new grads will go to the States. When grads go to recruitment fairs that have American recruiters, it sounds absolutely wonderful and we're up against that."

Employers are also up against pressure to balance the needs of new nursing grads against the needs of part-time and casual RNs who are already in the workforce, and looking for full-time positions. "I think that it would be nice to accommodate new graduates where we can but we also have to be sensitive to the balance of senior to novice nurses," Hardenne says, adding that she'd like to see more initiatives that offer students mentorship opportunities.

Partridge is confident RVH is effectively addressing this need for balance in two ways: first, it fills its rare vacancies with existing part-time and casual nurses; and second, it has created an innovative strategy to offer movement for new graduates into temporary full-time positions.

"When someone goes on a maternity leave or extended leave, we are now turning that into a temporary full-time position rather than seeing it picked up in bits and pieces by casual and part-time staff," she explains. "This has been a method for getting some of our new grads into temporary,

full-time positions. From there, they can build their seniority in order to become competitive and get to the next step and a true full-time position."

According to RNAO's survey, a concise and clearly articulated strategy such as this is vital to successfully creating full-time positions. In fact, given the "strong, positive and statistically significant" correlation between the existence of a "plan" and the likelihood an employer would increase full-time positions, RNAO recommended the government "maintain and expand the requirements for health-care institutions to develop full-time implementation plans."

This recommendation was one of eight in RNAO's progress report. Among the other recommendations: ongoing, targeted funding for full-time employment initiatives;

"I went back to school for a profession. I wanted to give more than just on a part-time or casual basis."

continued conditionality and clear expectations for gains in full-time employment for the hospital sector; development of conditionality and expectations on other sectors; and additional tools, resources and the sharing of best practices among employers for successfully increasing full-time ratios.

Karen Gayman is Director of Nursing at UHN's Princess Margaret Hospital (PMH), a facility that has surpassed the 70 per cent target for several years. Although she believes additional government tools and resources would be helpful, she recognizes innovation and incentive has to come from within each individual organization or facility. She is always cognizant that although PMH has traditionally done well in terms of its full-time ratio, it too has ongoing challenges maintaining a higher-than-average track record.

"UHN has always been above the benchmark of 70 per cent. The challenge is to stay at whatever number we've reported," she says. "We had 40 nurses in our orientation class to UHN in June and they're all

casual nurses who want permanent, full-time positions. That's just one group graduated from school, getting casual positions, and wanting permanent, full-time work."

"There are two camps out there right now," she says of speculation about whether the health-care system as a whole can reach the same ratio she enjoys at PMH. "I'm a firm believer in the permanent, full-time, capacity building for registered nurses. It's better for patient care because it provides continuity. And it's better for the profession because we then have a workforce that has



more stability."

Wagner and Istamboulian are two nurses who are looking for that stability. Increased involvement and a sense of belonging were also motivators for Wagner during her search for full-time work, and they continue to motivate Istamboulian as her search continues.

"I went back to school for a profession," Wagner says. "I didn't just want to do this here and there. I wanted to give more than just on a part-time or casual basis."

For a full summary of RNAO's survey and an electronic version of the report, please visit www.rnao.org and click on the link to Health and Nursing Policy. **RN**

KIMBERLEY KEARSEY IS COMMUNICATIONS OFFICER/WRITER AT RNAO.

The minister responds

In an interview with Registered Nurse Journal, Health Minister George Smitherman weighs in on the wisdom of the 70 per cent solution for RNs and the public they serve.



RNJ: Soon after you became Health Minister, you announced \$50 million to create full-time nursing positions in hospitals. Why was that announcement – and nurses for that matter – so high on your TO DO list?

GS: For any government that came to office at the time we did (post-SARS), it was easy to see that the nursing agenda needed to be an important part of the transformation of health care. One of the most essential elements we campaigned on was improving the circumstances related to nursing. We felt it was very important to signal that we had a firm intention...by putting our money where our mouth was...(to make) sure health-care providers – perhaps most especially our hospitals – understood we were very committed to this agenda.

RNJ: Why is full-time employment for 70 per cent of RNs important to patients and to health care?

GS: One of the things that I have a chance to say all the time (is that) as the government that falls on the heels of SARS, we have a really important obligation to Ontarians to learn all the lessons of SARS. Justice Archie Campbell and others have been candid...in reminding all of us that there are inherent risks if we've got a nursing workforce working in a variety of environments. When infectious disease challenges are likely to become even more pressing, we want to be associated with creating a more stable workforce in nursing. One reason is the public health. A second reason is the health of nurses. The third piece of that is that patients benefit from having more continuity of care.

RNJ: RNAO's survey, *The 70 per cent solution*, identified that your policies are beginning to pay off, but it also shows that the government has a lot of work to do to reach its goal. What is your reaction to the survey findings?

GS: The challenge of 70 per cent full-time nursing is not a challenge for government alone; it's a challenge for nurses on the front line, and it's a challenge for health-care providers because

they're the employer...The goal is so important, and we really do believe quite fundamentally in it, no doubt about that, but we've impressed upon health-care providers, especially our hospitals, to let them know that this is something the government sees as a key measurable. The public policy benefits from 70 per cent full-time nursing, they accrue to everyone...There is a tremendous role on the part of nurses, nurses' associations, nursing unions, front-line health-care providers...everyone (must) deliver something to the formula to make more improvement on this number.

RNJ: Are you confident the government will deliver on its promise to create 8,000 new nursing positions with 70 per cent of all RNs working full-time?

GS: Yes, I'm very confident. We're quite confident that with our continued focus we'll make considerable progress. I think on these things, and health care generally, what we need to adopt is a philosophy that I like to refer to as 'continuous improvement,' built on the idea that the challenges we've encountered in health care have not likely all arisen overnight, and therefore it's quite unlikely they'll all be addressed overnight. But if we work together in a focused way, and we measure our outcomes, we will find there's sufficient accountability to make sure initiatives like this don't drop off the radar screen. This is one we intend to keep pounding on. I guess the best way I can tell you that I think we're making progress is that when I walk into a hospital today the CEO is now armed with the answer to the question 'what is your percentage of full-time nurses?' This is a significant change that has occurred since our government came to office.

RNJ: What are the next steps to achieve that?

GS: It isn't so much about next steps; it's about creating stability and consistency. We will continue to challenge our hospitals, and to create incentives and rewards for appropriate behaviours. I think you can (also) see through the various initiatives that we've had on nursing, there's significant influence from RNAO. RNAO ideas (are) in our policy around the new grad strategy and giving more

The 70 per cent solution:
A progress report on increasing full-time employment for Ontario RNs

RNAO
Registered Nurses Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Protecting your health. Ontario

opportunity for older nurses to take some of their time away from the clinical and into the teaching so they can pass on expertise and also the culture of nursing to the new grads. Those are just a couple of examples. There are a wide variety of (other) things that have been dramatically influenced by the work of RNAO. **RN**

KIMBERLEY KEARSEY IS COMMUNICATIONS OFFICER/WRITER AT RNAO.

Protect your health. Protect nurses now!

RNs CELEBRATE NURSING WEEK 2005

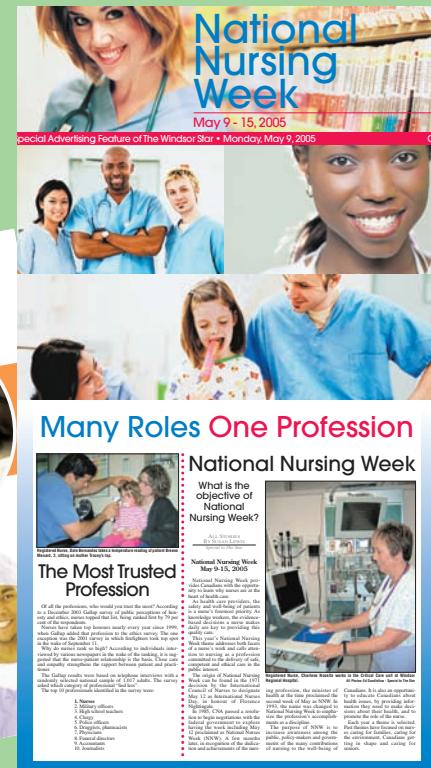
RNAO congratulates all of its members for their innovative and inspiring Nursing Week activities. This year, RNAO developed a number of new communications tools to help you promote Nursing Week events in your region, chapter, interest group and workplace, and to help you highlight this year's theme: *Protect your health. Protect nurses now!*

As part of RNAO's public campaign, the association released two radio spots highlighting the close connection between better health and more nurses. (To hear the spots, go to www.rnao.org.) The public may also have

spotted RNAO's Nursing Week theme on licence plate frames and buttons across the province or read about the issues behind the theme in several special sections in community and national newspapers.

And, this year's *Take Your MPP to Work* initiative far exceeded our target of 35 visits. The number of politicians participating increased by 86 per cent this year and included all three provincial party leaders, several ministers, and 18 parliamentary assistants. Congratulations all!

The following are some highlights from Nursing Week 2005.



RNAO's Hamilton and Essex chapters joined forces with their local newspapers to produce special Nursing Week sections.

RNs CELEBRATE NURSING WEEK 2005

John Milloy, Liberal MPP for Kitchener Centre, visited St. Mary's Hospital on May 9. Pictured with Milloy (from left) are RNs Mary Helen Stroeder, Sheila Gallinger, Rebecca Jesso and Suzy Young (president of RNAO's Waterloo Chapter).

RNAO workplace liaison JoAnn Tessier teaches Jim Brownwell, Liberal MPP for Stormont-Dundas-Charlottenburgh, how to don personal protective equipment at Cornwall Community Hospital on May 10.



Esther Williams (second from left), a community health nurse for VON, is flanked by NDP leader Howard Hampton (l) and RNAO executive director Doris Grinspan during a May 9 home visit in Toronto. Williams provides daily care to Mohammed Asef (sitting), who has received funding for wound care through the Interim Federal Assistance Program. With him is his interpreter. Hampton also met (May 10) with members of the Furniture Bank, a resource that helps individuals and families furnish their first permanent housing as they make the transition from hostels/shelters to independent living.

RNAO President Joan Lesmond speaks with CanWest News Service reporter April Lingren immediately following Premier McGuinty's and Health Minister George Smitherman's visit to Princess Margaret Hospital on May 10.

On May 13, Durham College faculty members give Jerry Ouellette, PC MPP for Oshawa, a tour of the nursing labs and an opportunity to learn CPR.



Ted Arnott, PC MPP for Waterloo-Wellington, met with RN Helene St. Pierre (right) and Jean Hutchinson at Groves Memorial Hospital on May 13.

Pat Hoy, Liberal MPP for Chatham-Kent-Essex, met with RN (EC)s Lori Dalton (left) and Jill Nooyen (right) at the Women and Children's Clinic on May 20.



Deputy PC Leader Elizabeth Witmer attended the Hospital for Sick Children's (HSC) Nursing Research Lunch and Learn on May 11. Pictured (from left): Mary Jo Haddad, HSC president and CEO; Witmer; Margaret Keatings, HSC vice president, professional practice and chief nurse executive; and Paula Manuel, chair of HSC's RN Council. Manuel, chair of RNAO's Staff Nurse Interest Group, received *The Grace Evelyn Simpson Reeves Award* for nursing leadership at a May 9 ceremony at HSC.

On May 12, RNAO president Joan Lesmond took PC Leader John Tory (right) on a tour of Casey House, which provides palliative and supportive medical care services to people living with HIV or AIDS.



RNAO executive director Doris Grinspun (right) and Minister of Health and Long-Term Care George Smitherman congratulate Marietta Sima, recipient of the 2005 *Toronto Star Nightingale Award* at RNAO's Healthcare Exposition.

Anitta Robertson, RNAO's director of special projects, chats with Jean Warner, a resident at Toronto's Belmont House and former RNAO board member (1930s), following a May 10 presentation about the changes and challenges nurses face when caring for the elderly.



RN and Chief of nursing and professional practice Kathleen Heslin (right) explains West Park Healthcare Centre's role as a Best Practice Guidelines (BPG) Spotlight Organization and progress made on BPG implementation to Donna Cansfield, Liberal MPP for Etobicoke Centre.

On May 25, Liz Sandals (right), Liberal MPP for Guelph-Wellington, met with RN case manager Laura Planta at the Community Care Access Centre of Wellington Dufferin.



Tony Martin, NDP MP for Sault Ste. Marie, met with RNs Barb Del Paggio-Ruscio (left) and Kathy Rankin at the Algoma Community Care Access Centre.

This year's annual general meeting, *Learning from the past, acting in the present, and shaping the future*, brought together nurses, students, politicians and reporters for three days of discussion and debate (April 21-23) about nursing and health care in Ontario.

The opening ceremonies showcased the strong collaborative partnerships RNAO has established with government, opposition leaders and health-care organizations. Minister of Health and Long-Term Care George Smitherman, Deputy PC Leader Elizabeth Witmer, and NDP Leader Howard Hampton shared their respective party's perspectives on increasing full-time employment for RNs, shifting from hospital to community care, creating healthy work environments for RNs, and addressing home care's competitive bidding process.

At RNAO's annual business meeting, members watched a video message from Premier Dalton McGuinty, and enjoyed actor Catherine Vaneri's performance of *Flo's Girls*, a play about Florence Nightingale. The meeting also gave members a forum to bring forward pressing issues from the regions and to debate resolutions (see page 22) calling for:

- Programs to encourage older nurses to remain in the workplace
- Increased funding for services for individuals diagnosed with Acquired Brain Injury
- Protection for the clinical nurse specialist title
- Developing a best practice guideline for RNs in end-of-life care

The results of RNAO's three-way race for president-elect were announced on Friday, April 22. Incoming president-elect Mary Ferguson-Paré told members, "We are on a path at RNAO – a very proud path, a very courageous path – and we will not be diverted from that path. We will find a way to lead together. Ultimately, we will lead the development of a sustainable health-care system, a healthy work environment for nurses, healthy nurses in the end, and healthy citizens as a result."

During the President's Banquet Friday evening, PC Leader John Tory expressed his interest in forging a constructive relationship with nurses, and RNAO presented the association's annual recognition awards as well as the 2005 *Awards for Excellence in Health-Care Reporting*.

The following are some highlights from RNAO's 2005 AGM.



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JOAN LESMOND
PRESIDENT



MARY FERGUSON-PARÉ
PRESIDENT-ELECT



11



APRIL RIETDYK
REGION 1



HEATHER WHITTLE
REGION 2



MARIA SCATTOLON
REGION 3



PATRICIA STILES
REGION 4



GABRIELLE COE
REGION 5

1 Canadian Nurses Association (CNA) representatives attended the Board of Director's meeting on Wed., April 20. Pictured (from left): CNA executive director Lucille Auffrey, RNAO president Joan Lesmond, CNA president Deborah Tamlyn, and RNAO executive director Doris Grinspun.

9 RNAO was fortunate to have three strong candidates running for president-elect. Pictured (from left) executive director Doris Grinspun, candidate Lyn Button, RNAO's new president-elect Mary Ferguson-Pare, immediate past president Adeline Falk-Rafael, candidate Riek van den Berg, and president Joan Lesmond.

10 Author Suzanne Gordon delivered Saturday's keynote address and launched her new book, *Against the odds: How health care cost cutting, media stereotypes, and medical hubris undermine nurses and patient care*. Look for a Q&A with Gordon in the next issue of *Registered Nurse Journal*.

11 Nursing leaders mingle at the stakeholders' reception. Picture (from left): College of Nurses of Ontario (CNO) executive director Anne Coghlan; RNAO honorary life member Gail Donner; Kathy Cook, CNO vice president, RPN; Ontario Nurses' Association president Linda Haslam-Stroud; CNO director of investigations and hearings Gail Siskend; and Sandra Ireland, CNO president, RN.

12 Conestoga College/McMaster University students (from left) Cailin Hill, Sarah Micks and Eimear Keely attended the AGM thanks to sponsorship from Perth Chapter.

13 Peel Chapter members (from left) Vlad Estampador, co-chair Claudine Bennett, Norma Nicholson, Diane Villamater, and communications officer Jannine Bolton at the stakeholders reception.

Board of Directors 2005-06

VACANT
REGION 6

Peer recognition for outstanding RNs

RNAO's annual recognition awards

RNAO Student of Distinction

The RNAO Student of Distinction Award is given to a basic nursing student who has made a significant contribution to the advancement of the nursing profession, RNAO and the



Nursing Students of Ontario (NSO) within his/her nursing program.

The student acts as a resource for other nursing students and is a role model for professionalism.

Don Wildfong is a third-year student at Queen's University who actively recruits new members by organizing recruitment campaigns, making in-class presentations and promoting RNAO in the Frosh handbook for first-year students. As a result of his 2004 recruitment campaign, 63 students joined RNAO. Wildfong is the RNAO representative on the Queen's Nursing Science Society, and is the student executive member in the Kingston Chapter of the Gerontological Nursing Association. He actively promotes RNAO events to fellow students, and in 2004 he helped nearly 20 students secure sponsorships to attend the chapter dinner.

Wildfong is passionate about making Ontario a better place for nursing graduates. He has written letters to local MPs, MPPs, the premier, the prime minister and organized a letter-

writing campaign to raise concerns about the lack of full-time jobs for nursing graduates. He is also committed to improving patients' quality of life by promoting the RNAO best practice guideline *Integrating Smoking Cessation into Daily Practice Nursing* in his clinical placements.

RNAO Leadership Award In Nursing Education, Staff Development

The Leadership Award in Nursing Education, Staff Development, is presented to the RN who practices excellence as a nursing educator in a health-care organization and enhances the image of nursing by encouraging critical thinking, innovation and debate. The winner also acts as a role model and mentor.

Susan Russell, clinical nurse specialist in wound, ostomy and continence care at Saint Elizabeth Health Care,



demonstrates the best possible nursing practice by developing educational programs for nurses. She designed an online program to help nurses learn at

their own pace, and has worked with several physicians to develop clinical education programs, including an educational package to be used by home care and long-term care nurses to implement the RNAO best practice guideline *Assessment and Management of Venous Leg Ulcers*. Russell also led a project called *Wisdom on the Web*, or WOW, that allows digital photographs of wounds to be sent electronically to remote wound and ostomy specialists who then help direct the care.

Russell also dedicates her time to promoting wound and ostomy care to colleagues, mentoring three individuals who received an RNAO Clinical Practice Fellowship. Several individuals who Russell mentored appreciate her openness and ability to give them the confidence to practice wound care.

RNAO Leadership Award In Nursing Education, Academic

The RNAO Leadership Award in Nursing Education, Academic, is presented to the RNAO member who demonstrates excellence in nursing education at the college or university level. The winner encourages critical thinking, innovation and debate about nursing issues, and acts as role model and mentor.

Catherine Ward-Griffin is this year's winner. An associate professor of nursing at the University of Western Ontario,

Ward-Griffin is a role model for many of her undergraduate and



graduate students. She challenges students to think critically about nursing issues

while incorporating health promotion into her classes. Students say she inspires them to excel in research and community nursing. A past-president and current political action officer in the Brant-Haldimand-Norfolk Chapter, Ward-Griffin promotes RNAO in the classroom, and as a member of the Community Health Nurses Initiative Group (CHNIG) executive, she arranged for students to be part of the CHNIG executive.

Ward-Griffin obtained her PhD in community health from the University of Toronto in 1994, and has published extensively on topics including elder care, family health and nursing education. She is the 2004 winner of the CHNIG Research Award and the Marsh Scholarship.

President's Award For Leadership In Clinical Nursing Practice

The RNAO President's Award for Leadership in Clinical Nursing Practice is granted to a staff nurse who demonstrates expertise and evidence-based practice. The winner receives a \$2,000 scholarship or \$2,000 towards attendance at the next Canadian Nurses Association or International Council of Nurses

conference. Funding for this award is generously provided by HUB International Ontario Limited, RNAO's Group Home and Auto Insurance provider.

Judith Dempsey is a community nurse for Saint Elizabeth Health Care. Prior to her 26-year stint providing home care in Ontario, Dempsey worked in hospitals in Canada and the United States and in occupational health. She has been a role model to hundreds of nurses throughout her 44-year career.

She always meets patients' needs and has been exceptionally creative in devising ways to deliver safer and better care.



Dempsey inspires others to learn and has demonstrated a commitment to life-long learning by keeping up with technological advancements. According to her colleagues, Dempsey represents the highest standard of professional nursing and is a tireless advocate for her patients and colleagues.

Gail Brimbecom is a founding member and member-at-large of RNAO's Parish Nursing Interest Group and a founding member of the



Canadian Association of Parish Nursing Ministry (CAPNM).

She created a policy handbook for parish nurses through the Interchurch Health Ministry, and participated in the development of Canada-wide standards of practice for nurses with the CAPNM. Brimbecom is the only nurse on staff at the Westminster United Church (Whitby) where she promotes the integration of faith with the health of body, mind and spirit.

An active RNAO member, Brimbecom is a tenacious advocate for health care, encouraging others to voice their concerns for a health-care system that is accessible to all.

The Hub Group (Ontario) Inc. Fellowship

The HUB Fellowship is valued at approximately \$2,000 and provides an RNAO member with the opportunity to job-

shadow executive director Doris Grinspun for one week. The successful candidate demonstrates leadership potential and commitment to the nursing profession.

Patricia Mlekuz began her career in 1976 as a registered practical nurse at St. Peter's Hospital in Hamilton. She returned to school to complete her BScN in 2000, and is currently enrolled in the Master of Science in Nursing Program (MScN) at McMaster University. Her MScN thesis focuses on quality of work life, with particular emphasis on absenteeism, retention and recruitment.

Mlekuz is a rehabilitation nurse clinician for Hamilton Health Sciences. Before taking on that role four years ago, she was an associate professor in the nursing program at the Institute of Applied Health Sciences. Her volunteer work is primarily

with abused women and children, training other volunteers and helping to raise awareness and funds. She has volunteered with Hamilton's Regional Stroke Committee for more than 10 years, and has acted as preceptor to students in

McMaster's nursing and rehabilitation certificate program.

Award of Merit

RNAO's award of merit is presented to RNs who have made outstanding contributions to RNAO and nursing in Ontario. Winners have demonstrated responsibility for professional development and are exemplary role models and mentors to peers.



Susan Munro is well-known by her nursing colleagues for challenging the status quo. She was a nurse manager and mentor to Sue Matthews, Ontario's Provincial Chief Nursing Officer. Matthews describes Munro not only as the person who set a high standard of practice to which she adheres today, but also the person who inspired her to take on leadership roles as a volunteer, eventually resulting in her leadership within the Ministry of Health and Long-Term Care. Munro, a member of the Community Health Nurses Initiatives Group (CHNIG) and past president of the Nursing Leadership Network (NLN), has been a board member for the Registered Nurse Foundation



CARMEN JAMES-HENRY
REGION 7



JANICE KAFFER
REGION 8



RUTH POLLOCK
REGION 9



CARMEN RODRIGUE
REGION 10



PAUL-ANDRÉ GAUTHIER
REGION 11



SUSAN PILATZKE
REGION 12

Board of Directors 2005-06 (continued)

of Ontario (RNFOO) since 1999. For the past four years she has chaired the RNFOO annual gala, an event that under her leadership has grown from a small gathering of nurses to a province-wide celebration that attracts hundreds of participants annually.

Munro achieved her Master of Health Sciences from McMaster University in 1988 and her BScN from Ryerson University in 1983. She is a Certified Health Executive with the Canadian College of Health Service Executives, and currently sits on the Ryerson University of Nursing Advisory Committee.

RNAO Honourary Life Membership

The RNAO Honourary Life Membership is conferred on long-standing RNAO members who have made outstanding contributions to nursing in the areas of practice, research, education or administration at the provincial, national and/or international level. This includes activities that promote RNAO to nursing colleagues, the government and other health-care partners.

Judith Skelton-Green believes RNAO membership is one of the key factors in the success of individual nurses and



the profession. She strongly supports the membership of all nurses in the association, and served as the association's member-at-large for Nursing Administration from 1989 to 1991. As a member of the Provincial Nurse Administrators Interest Group (PNAIG), she provided leadership during PNAIG's merger with the Ontario Nurse Executives (ONE) to form the Nursing Leadership Network of Ontario (NLN.ON). Skelton-Green also guided her colleagues through change in her workplace. As the project director at Kitchener-Waterloo Hospital, she guided her team through a merger with Freeport Hospital to become the Grand River Hospital Corporation, holding meetings and providing written bulletins throughout the process.

As one of the co-founders of the *Dorothy M. Wylie Nursing Leadership Institute*, Skelton-Green supported many nurses who attend sessions there. As president of her own organizational development consulting firm, she has worked with First Nations groups and challenged the status quo of Ontario's home-care system.

Skelton-Green completed her PhD in Human and Organizational Systems at the Fielding Institute in 1994, and has published more than 20 articles, book chapters and reports. She has taught nursing at the University of Minnesota, Ryerson University and the University of Toronto, and always took time to meet individually with students and provide detailed feedback.

Susanne Williams is one of two deserving recipients of this year's RNAO Honourary Life Membership. In over 30 years as a registered nurse, Williams has been instrumental in advancing nursing as a profession. Her dedication, political lobbying and work with community colleges made her a key player behind the drive to establish the baccalaureate as the minimum requirement for entry to practice. As a past president of RNAO, she was involved in many RNAO initiatives and actively recruited many new members.

Williams also led the Primary Health Care Nurse Practitioner university consortium program as immediate past chair of the

Council of Ontario University Schools of Nursing (COUPN) – an effort that would provide standardized education for nurse practitioners across Ontario. As Dean, Faculty of Community Services and professor of nursing at Ryerson University, Williams encourages students to speak out publicly and write letters to the editor, and has been a lead teacher on many teaching teams. Williams earned her MEd from Queen's University in 1981, and continues to make research an important component of her career by publishing extensively. She spent her year-long sabbatical with the Nursing Health Services Research Unit where she began the Nursing Education Database project that will provide a comprehensive picture of nursing students and faculty in Ontario. **RN**

RNs resolve to shape nursing and health care

RNAO encourages chapters, regions without chapters, interest groups and individual members to submit resolutions for ratification at each annual general meeting. Resolutions are part of RNAO's democratic process, giving all members the opportunity to propose a course of action for the association. In the interest of democracy, the Provincial Resolutions Committee does not endorse or censor resolutions. All resolutions that have met the required format are distributed to RNAO members for consideration in advance of the AGM. In this issue of *Registered Nurse Journal*, we reveal voting delegates' decisions on each proposed resolution.

RESOLUTION #1

Submitted by Brant-Haldimand-Norfolk Chapter
THEREFORE BE IT
RESOLVED that RNAO lobby the provincial government to continue to provide programs and supports to encourage late career nurses to remain in the workplace.
BE IT FURTHER
RESOLVED that a specific project to develop model programs to encourage older nurses to remain in the workplace be initiated.

Status: Carried

RESOLUTION #2

Submitted by the Gerontological Nursing Association
THEREFORE BE IT
RESOLVED that RNAO, as part of its ongoing work in elder health and elder care,

continue to raise awareness of the ongoing need for an increased focus on gerontological nursing content in nursing education.

Status: Defeated

RESOLUTION #3

Submitted by Judith Murray, Region 6 member, on behalf of the Ontario Association of Rehabilitation Nurses

THEREFORE BE IT
RESOLVED that RNAO work with the Ontario Brain Injury Association (OBIA), the Provincial Acquired Brain Injury Advisory Committee (PABI-AC), and the Ontario Association of Community Based Boards for Acquired Brain Injury Services (OACBabis) to increase the knowledge of the provincial government, community health-care providers, and the general public on the need for increased funding for services for individuals diagnosed with ABI, particularly in the area of life long supportive living, in order to relieve the present backlog which has eliminated entry into and flow through the ABI treatment system.

Status: Carried

RESOLUTION #1 UNDER NEW BUSINESS

Submitted by the Clinical Nurse Specialist Interest Group

THEREFORE BE IT
RESOLVED that RNAO lobby the College of Nurses of Ontario for protection of the title clinical nurse specialist, as per the Canadian Nurses Association (CNA) definition,

in the interest of patient safety.

Status: Carried

RESOLUTION #2A UNDER NEW BUSINESS

Submitted by Margaret Garber and Patricia Patterson on behalf of Middlesex Elgin Chapter with credit and gratitude to Jacqueline Cushing (Western-Fanshawe Collaborative BScN Program)

THEREFORE BE IT
RESOLVED that RNAO develop best practice guidelines for the general registered nurse in end-of-life-care. It is suggested that the best practice guidelines be based on the existing Hospice palliative care nursing standards of practice, 2002 and that they include the need for formal supports for the nurse.

Status: Carried

RESOLUTION #2B UNDER NEW BUSINESS

Submitted by Margaret Garber and Patricia Patterson on behalf of Middlesex Elgin Chapter with credit and gratitude to Jacqueline Cushing (Western-Fanshawe Collaborative BScN Program)

THEREFORE BE IT
RESOLVED that RNAO advocate to Ontario universities and colleges to add end-of-life care to their existing curricula and that RNAO collaborate with the Canadian Association of Schools of Nursing (CASN) taskforce on palliative end-of-life care in bringing the topic of end-of-life care into nursing practice across Canada.

Status: Referred to RNAO Board of Directors


Sylvia Rodgers
PRACTICE


Elisabeth Jensen
RESEARCH

RESOLUTION #3 UNDER NEW BUSINESS

Submitted by Huron Chapter

THEREFORE BE IT
RESOLVED that RNAO recognize these members who had more than 25 years and less than 40 years membership in some tangible form. (This could be with a special certificate or at least a letter recognizing the duration of continuous membership in our association.)

Status: Referred to RNAO Board of Directors

RESOLUTION #4 UNDER NEW BUSINESS

Submitted by Huron Chapter

THEREFORE BE IT
RESOLVED that all Honorary Life members receive an appropriate pin.

Status: Referred to RNAO Board of Directors

RESOLUTION #5 UNDER NEW BUSINESS

Submitted by Shirley Cristo on behalf of the Parish Nurse Interest Group

THEREFORE BE IT
RESOLVED that RNAO collaborate with the Parish Nurse Interest Group (PNIG) to explore strategies to have the concept of 'spiritual well-being' included as part of the World Health Organization (WHO) definition of health.

BE IT FURTHER

RESOLVED that this resolution be forwarded to the Canadian Nurses Association for further consideration.

Status: Carried

RESOLUTION #6 UNDER NEW BUSINESS

Submitted by Judith Murray, Region 6 member, on behalf of the Ontario Association of Rehabilitation Nurses

THEREFORE BE IT
RESOLVED that RNAO write a letter of support and encourage members to contact their MPPs regarding the passage into law of Bill 129 which will:

1. extend the requirement of helmets to cyclists of all ages as well as individuals using muscular powered vehicles such as scooters, in-line skates, and skate boards, and
2. prohibit the towing behind motorized vehicles of individuals on bicycles, scooters, skate boards, in-line skates, roller skates, toboggans, sleds, toy vehicles, and skis on Ontario's roadways.

Status: Defeated

RESOLUTION #7 UNDER NEW BUSINESS

Submitted by Durham Northumberland Chapter

THEREFORE BE IT
RESOLVED that RNAO encourage and support the exploration of Ontario's nursing curriculum through research initiatives and focus groups to develop an understanding of the needs/gaps within nursing curriculum.

Status: Referred to RNAO Board of Directors



ESTHER GREEN
ADMINISTRATION



JUDY BRITNELL
EDUCATION



Sylvia Rodgers
PRACTICE



Elisabeth Jensen
RESEARCH



MONICA PURDY
SOCIO-POLITICAL AFFAIRS



CONNIE KUC
INTEREST GROUP REP

**Board
of Directors
2005-06
(continued)**



Making the cut

Fifty-two out of 213 family health team (FHT) applicants got the green light in April to proceed with more refined proposals and plans for their interdisciplinary health-care teams. As they make their way into the next phase, two RNAO members — from Goderich and Sharbot Lake — share their excitement at the prospect of creating FHTs in their communities.

According to a public opinion poll released in June by Health Canada's National Primary Health Care Awareness Strategy (NPHCAS), less than half of Canadians (40 per cent) know what primary health care is.

However, once NPHCAS defined it as 'a team of health-care providers working together to respond to everyday health-care needs,' 93 per cent of Canadians said they considered it "important" to their future well-being.

Canadians may not know how to describe primary health care, but they know they need it. And Ontarians are no exception.

Since the provincial government's April announcement of 52 new FHTs across the province, there has been lots of talk in Ontario

communities about how these new services might help almost one million Ontarians receive health care they cannot now access.

And underlying the discussion is the understanding that to provide primary health care effectively you need an interdisciplinary team of health-care providers who will pool their expertise to ensure the most appropriate provider provides care in the most appropriate setting. This is an approach to care that RNAO has been advocating for at least a decade, resulting in the formation of the *Coalition for Primary Health Care* in late-1999.

RN(EC)s Sue Leddy and Mary Woodman are witnessing first hand the public's need and appetite for improved primary health care in their communities as they

work their way through the second of a multi-phase process to launch FHTs.

Woodman believes the application from her community of Sharbot Lake stood apart from the rest because of its vision to enhance a number of the community's existing services, including its mental health and addiction programs and a number of chronic disease programs such as respiratory illness, diabetes and heart disease, musculoskeletal, and maternal child and youth programs.

"Our community and practice are somewhat unique in that we serve a population that is truly affected by many of the social determinants of health," Woodman says. "Stats reflect an older population, less educated, less income — all worse than the provincial averages — which translates into a heavy burden of illness."

Woodman, in partnership with local physician Peter Bell, submitted the application on behalf of the Sharbot Lake Medical Clinic with help from municipal councillor Fran Smith. "We found there was really strong interest from other providers to work in a collaborative approach," Bell says. "We didn't have to twist anybody's arm to think this was a good idea."

care in Goderich. In fact, they have already started forming partnerships that will immediately improve access for local residents.

"I think we are really poised with the right goods at the right time," Leddy says. "We just finished a two-year fundraising project and we've built a brand new health-care clinic across the road from the hospital. It was a huge community effort with the hope and prayer that if we built it, they (doctors and nurse practitioners) will come."

The clinic, which opened its doors June 6 and is expected to be the site of the new FHT, was constructed and equipped using funds from government and the community. "We're joining under one roof as independent practitioners and everyone's very interested in transitioning into a group through the FHT structure and funding (later)," Leddy says.

That kind of partnership, innovation, enthusiasm and knowledge exchange is what the government's FHT Action Group, which includes RNAO members Theresa Agnew and Mary Ann Millson, was looking for when it provided guidance last year to the Ministry of Health as it reviewed 213 applications.

As the only RN(EC) serving Goderich and its surrounding area, Leddy is a vocal

the local high school once a week to ensure students' physical, mental and sexual health needs are addressed in a familiar and confidential environment. "It's just such a huge access issue for some of the teens in Sharbot Lake who are reluctant to come to the clinic because it's a small community," she says.

"This is probably the only program we don't need space for," she says of the youth initiative, noting that Sharbot Lake desperately needs an expanded Medical Centre to accommodate the FHT. "Space is vital," she says, adding that demand from their 2,500 patients is continuous, especially in the summer months when vacationers and cottagers are added to an already full roster.

While health-care professionals like Leddy, Woodman and Bell continue to meet the daily challenges of caring for patients, they must also find the time to network with other health-care professionals to plan for merging services and building interdisciplinary partnerships.

"The biggest challenge is being able to network with other potential partners, and having the time to do that while carrying on a primary care practice where the demands for visits and care don't stop coming in," Bell says.

"The FHT will set the stage for true interdisciplinary care."

In Goderich, where Leddy lives and works, arm twisting won't be necessary either, especially to convince its 5,000 orphan patients without access to even a basic physical exam that having the FHT in the community will mean better access to care.

Leddy says joining with her Goderich colleagues to create an interdisciplinary team is what excites her most about the prospect of launching a FHT. Comprised of physicians, family practice nurses, RN(EC)s, a diabetes nurse educator, dietitian, and eventually a social worker, Leddy believes the new team approach will alleviate health-care professionals' feelings of isolation that come with working independently in a rural setting.

"I was jubilant. I was on cloud nine," Leddy says about her reaction to the news Goderich was selected as one of 52 sites. She adds, however, that the FHT process is far from complete, noting that the team must still apply for funding to develop its detailed FHT business plan and proposal.

Leddy believes, however, that the FHT will set the stage for true interdisciplinary

advocate for the role, and ensures the public understands and appreciates what another RN(EC) in the community means.

"I've spoken at every dog and pony show from here to...," Leddy says, trailing off as she tries to recall just how many presentations she's given about the extended practice role. "I've been to the *Rug-Bug's-Rug Hooking-Club*, I've been to this church, that church and the other church, I've spoken to the *Rotary Club*, the *Lion's Club*, and every single organization in Goderich."

Woodman also reflects on the partnerships she's developed along the road to an FHT, particularly with community groups, other nurses and even the local schools. "We're trying to implement any pieces of it that we can up front," she says of the need to continually build on those partnerships and create working relationships despite the fact that the FHT is not yet operational.

She is particularly excited about the partnerships she's building with local schools for improved services for Sharbot Lake's youth. Starting in September, Woodman will visit

"We're not waiting until there's a building here," he says of Sharbot Lake's need for more space. "We don't see (new programs and initiatives) as being parachuted in when a new building is opened. We're prepared to bring services on board when we're ready to roll with them, and not wait for the final (FHT) project."

According to the Ministry of Health and Long-Term Care (MOHLTC), a second call for applications will go out in November, and another 48 applicants from the first round will be invited to proceed with business plans in the coming months.

In the meantime, it's encouraging to know that communities like Goderich and Sharbot Lake are moving forward rather than standing still. And it's heartening to see the efforts of many — including RNAO — have helped marshall the political will to advance the vision of true primary health care across the province. **RN**

KIMBERLEY KEARSEY IS COMMUNICATIONS OFFICER/WRITER AT RNAO.

London RN promotes summer safety

Why Nursing?

Jan Tomlinson knew she wanted to become a nurse after watching her grandmother struggle with diabetes. Tomlinson knew her grandmother's condition could have improved if she had better information about diabetes, and the support to use it. After completing a psychology degree at the University of Western Ontario (UWO) in 1994, Tomlinson realized she could apply her social science knowledge to nursing and help people like her grandmother prevent health problems.

After obtaining her nursing degree from UWO in 1998, Tomlinson began nursing at the Middlesex-London Health Unit, visiting high risk families as part of the *Healthy Babies, Healthy Children Program*. She also worked on substance abuse prevention with youths and young adults before becoming the project lead for the *Early Childhood Injury Prevention* project in 2002. Recently, she has been working on water safety to improve some chilling statistics: according to the Middlesex-London Health Unit, every summer in Canada, at least one child drowns every two weeks, and every day a child nearly drowns.

Responsibilities:

After any highly publicized drowning, such as those in Fergus, Ontario where two brothers died, Tomlinson says nurses must try to educate the public about water safety without appearing to blame the family who experienced the tragedy. And when a child drowns, doubt creeps into Tomlinson's mind.

"As a nurse I sometimes wonder, 'did I do enough?' It's important to sit down and reflect on the whole situation and what could be done differently. It's a good reminder that we can always be doing a little bit more."

To go the extra mile, Safe Kids Week in London focused on water safety this year. Tomlinson is a member of the Safe Kids Committee of London, which operates under the umbrella of Safe Kids Canada, which organizes Safe Kids Week campaigns every spring. She and her team work with community partners including fire and police departments, early years centres, hospitals, school boards and the Red Cross during Safe Kids Week and year round to ensure the public hears the same safety message about the hazards that cause the most injuries among Canadian children under six: drowning; falls; poisoning; burns and scalds; and choking

and strangulation. Once committee members have crafted those messages, they take them on the road through the media and presentations at health fairs and other public forums. Tomlinson says drownings can be prevented by educating children and their caregivers, supervising children and adolescents near water, ensuring children under age five and weak swimmers wear life-jackets near water, securely fencing in backyard swimming pools and lobbying governments for policies that promote safety, such as having lifeguards at all public swimming locations.

Challenges:

Tomlinson says the hardest part of her job is getting people to recognize and reverse dangerous behaviours.

"Our message isn't always palatable. We're asking parents to go that extra mile, and we're trying to change people's perceptions and behaviours ... Lots of parents say they'll do things the same way their parents did."

Keeping the message consistent reinforces the need for safer behaviours, but Tomlinson says it can be difficult to ensure committee members are communicating the same message, especially since they usually don't work in the same location. And it can be difficult to measure the effectiveness of those messages since decreases in child injuries are likely only to be noticed over the long term.

Memories of a job well done:

Tomlinson says people are getting the message about water safety. She often hears positive comments from people who have done something to make their lives safer, such as checking their life-jackets after hearing Tomlinson on the local news or a public service announcement on the radio. A woman who saw Tomlinson in the news recently stopped her in a restaurant and told her that thanks to Tomlinson's tips, the woman's grandchild now wears a life-jacket near water.

Future plans:

Tomlinson can foresee being a public health nurse for years to come, and plans to continue working on child safety. The child safety committee was recently renamed Child Safety Middlesex London, and is shifting its focus to the message that there's nothing accidental about accidents.

"We're going beyond bumps and scrapes. Children are going to get bumps and bruises, but with drowning, it's not a bump or a scrape, it's a brain injury that impacts the rest of their life. They'll never be the same person again if they survive." **RN**

JILL SHAW IS EDITORIAL ASSISTANT AT RNAO.

Policy at Work



MPPs and MPs go on the record in praise of nurses

MPPs who participated in RNAO's annual *Take Your MPP to Work* events stood in the Legislative Assembly during Nursing Week to share with their fellow MPPs what they learned while job shadowing nurses. Tony Wong, Laurel Broten and John O'Toole were among the 50 politicians who gained access and insight into the world of nursing during this year's events. Here are their testimonials, which were read in the House and recorded in Hansard:

"Last week I had the opportunity to see first-hand just how hard our Ontario nurses work every day...Ontario nurses ensure the health and well-being of all Ontarians by providing compassionate and dedicated care. I would like to recognize those all too often unsung heroes. The job of a nurse is a difficult one by nature, made all the more difficult by the drastic cuts in health care made by the previous government."

Tony Wong, MPP, Markham

"Last week, I had the opportunity to attend Trillium Health Centre's nursing awards and excellence dinner, where we marked the unique contribution of nurses. I also went to work at the Queensway site of Trillium in Etobicoke. During my visit, I observed nurses in a variety of roles, working both independently and collaboratively to provide a wide range of services to the citizens in our community."

Laurel Broten, MPP, Etobicoke-Lakeshore

"This morning I met with three very dedicated nurses from my riding... (and) spoke about the vital role of nurses in the field of mental health services. Because of the stigma attached to mental illness, this is not always a very high profile area – some would say it's the silent health issue... The nurses pointed out that four of five people in Ontario are affected at some level by mental illness. Our meeting this morning was a reminder of the far-reaching impact of the work done by Ontario's nurses in all aspects of health and wellness. Citizens of Durham riding are proud of the care and professionalism shown daily by nurses in our communities..."

John O'Toole, MPP, Durham



Outside the House, other politicians involved in the annual RNAO tradition shared their experiences through media releases, on Web sites, and with local media. Among them:

"It was so amazing to be in a group of such committed professionals who spend every day just trying to keep Canadians well."

Carolyn Bennett, MP, St. Paul's, and Public Health Minister

"Nurses are an important part of our health-care system and it is important to listen to their concerns and suggestions..."

Kevin Flynn, MPP, Oakville

"Nurses are the unsung heroes of our health-care system and deserve our sincere appreciation for their hard work and compassionate care."

John Milloy, MPP, Kitchener Centre

For a full listing of comments from MPPs, RNAO executive, members and nursing partners, visit http://www.rnao.org/features/mpp_to_work_testimonials.asp.

Caplan's recommendations for home care improve nursing conditions, but ignore problems with for-profit delivery

After months of consultation and review of the competitive bidding process for home-care services, former Health Minister Elinor Caplan delivered her report and recommendations to Health Minister George Smitherman on May 30.

While Caplan's report, *Realizing the Potential of Home Care*, did not recommend an end to competitive bidding – which RNAO advised – other recommendations, especially an end to 'elect-to-work' and piece-work care, will lead to better working conditions and benefits for RNs, and improved quality and continuity of care for Ontarians.

For a copy of the full report, visit www.rnao.org.

Housing announcement long overdue: On April 29, the federal and provincial governments announced \$602 million to build affordable housing and to increase access to rent supplements. "Housing is a basic human right and a prerequisite for health," said RNAO president Joan Lesmond. Pictured (from left) at the announcement: RNAO executive director Doris Grinspan, Toronto Mayor David Miller, street nurse Cathy Crowe, Ontario Minister of Municipal Affairs and Housing John Gerretsen, Ontario Association of Non-Profit Homes and Services for Seniors CEO Donna Rubin, and Ontario Minister of Public Infrastructure Renewal David Caplan. In June, RNAO submitted a resolution to the Canadian Nurses Association (CNA) annual general meeting calling on CNA "to assist all jurisdictions in lobbying for the 1% solution so that all jurisdictions increase their social housing budgets by 1%." The resolution was passed unanimously.

Calendar

August

August 7-12

BEST PRACTICE GUIDELINES
INSTITUTE 2005
Nottawasaga Inn
Convention Centre and
Golf Resort
Alliston, Ontario

September

September 29-30

ELDER CARE 2005
4th Annual International Conference,
Hilton Suites Toronto/
Markham Conference
Centre and Spa
Markham, Ontario

October

October 6

CONFLICT MANAGEMENT
WORKSHOP
Sault Ste. Marie

October 13, 14, 17, 18, 19

HOW TO DESIGN EFFECTIVE
EDUCATION PROGRAMS
RNAO/OHA Joint Program
RNAO Home Office
Toronto, Ontario

November

November 3

PRECEPTORSHIP FOR NURSES
89 Chestnut Residence,
Toronto

November 11-12

ANNUAL NURSE
PRACTITIONER CONFERENCE
Toronto/Markham
Conference Centre and Spa
Markham, Ontario

November 17-18

HEALTHY WORKPLACES
IN ACTION
5th Annual International Conference
Hilton Suites Toronto/
Markham Conference
Centre and Spa
Markham, Ontario

October 20

ETHICS FOR NURSES
WORKSHOP
Days Inn and Convention
Centre, Kingston

October 28

PEDIATRIC NURSING (PedNIG)
NATIONAL CONFERENCE
89 Chestnut Residence
Toronto, Ontario

Coming in 2006 ...

June 11 – 16, the first ever Healthy Work Environments Institute. A five-day residential summer institute focusing on the Healthy Work Environments Best Practice Guidelines Project and implementing the six evidence-based healthy work environment guidelines:

- Workplace health and safety of the nurse
- Collaborative practice in nursing teams
- Developing and sustaining nursing leadership
- Embracing cultural diversity in health care
- Professional practice of the nurse
- Workload and staffing



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'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

ADVANCING DIABETES PRACTICE – GO FOR IT.

Intensive Therapy. Leadership Sinai Centre for Diabetes is offering a two-day workshop for health-care providers who wish to increase their expertise in assisting clients with intensive diabetes self-management. Workshops will be November 24 and 25, 2005 at Mount Sinai Hospital, Toronto, Ontario. Fees are \$250.00 for the two-day workshop or a daily rate of \$140.00. For more information or registration, please contact: Julie Cesario at 416-586-8626 or jcesario@mtsinai.on.ca.

INTERNATIONAL INTERDISCIPLINARY WOUND CARE COURSE

October 14-17, 2005 & May 5-8, 2006. Sunnybrook and Women's College Health Sciences Centre, Women's College site, 76 Grenville Street, Toronto, Ontario. Course description: longitudinal course of eight days and self-study modules. For further information: Continuing Education, Faculty of Medicine, University of Toronto, 500 University Avenue, Suite 650, Toronto, Ontario, M5G 1V7

Telephone: 416-978-2719/1-888-512-8173,
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THE HOSPITAL FOR SICK CHILDREN'S 2ND ANNUAL PAEDIATRIC EMERGENCY MEDICINE CONFERENCE

September 16-17, 2005, Toronto. Nursing and Physician tracks. Identify developments in the field of paediatric emergency medicine, enhance skills in managing the challenging patient, practice skills in hands-on workshops, use emerging technology efficiently, review common pitfalls and decide if a change in practice is appropriate and learn ways to enhance patient safety in the ED. www.pem-conference.com or nicole.winters@sickkids.ca

Program Development Manager

The Registered Nurses' Association of Ontario is seeking an enthusiastic professional as Program Development Manager for the RNAO Centre for Professional Nursing Excellence. The Centre's mission is to promote knowledge development, management and dissemination to enhance professional nursing and enable quality care. Our core principles are to lead change that is humanistic and evidence-based, maintain high standards of collaboration, ensure sensitivity to culture, diversity, and geography, and promote continuous professional development.

Reporting to the director, you will identify emerging issues and work with experts to develop local, national and international educational events. You will work with

organizations to develop, manage, deliver and evaluate programs and services in clinical, educational, administrative, research and policy domains of nursing practice. You will promote the Centre and manage Centre projects. Your leadership skills are recognized and you are experienced interacting with a range of stakeholders in health care. A minimum of eight years experience in program development and in leading and facilitating workshops, seminars and presentations is essential.

The successful candidate will be an RN registered with the College of Nurses of Ontario, a member of RNAO, and hold a master's degree in nursing or a related field. Position commences Sept. 2005. Application deadline: August 15, 2005.



Registered Nurses'
Association of Ontario

L'Association des
infirmières et infirmiers
autorisés de l'Ontario

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NURSING EDUCATION INITIATIVE

A new funding cycle has been approved by the MOHLTC. For pertinent deadline information or to obtain a copy of the application form please visit the RNAO Web site at www.rnao.org

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 Iris McCormack at
[educationfunding@rnao.org.](mailto:educationfunding@rnao.org)



2005

*Toronto Star congratulates our 2005 Recipient
Marietta Sima*

*Linda Cully, Susannah Eastman,
Sandra Krieck, Brenda McQuarrie,
Marilyn Thoms and Betty Wu-Lawrence*

All Nominees whose Names came forward this year.

You have touched the lives of others in a special and meaningful way.

»TORONTO STAR«



A close-up photograph of a young woman with dark hair, wearing a pink scrub top. She is smiling warmly at the camera. The background is slightly blurred, suggesting a hospital or clinical setting.

**You care for others.
Now, let us take care of you.**

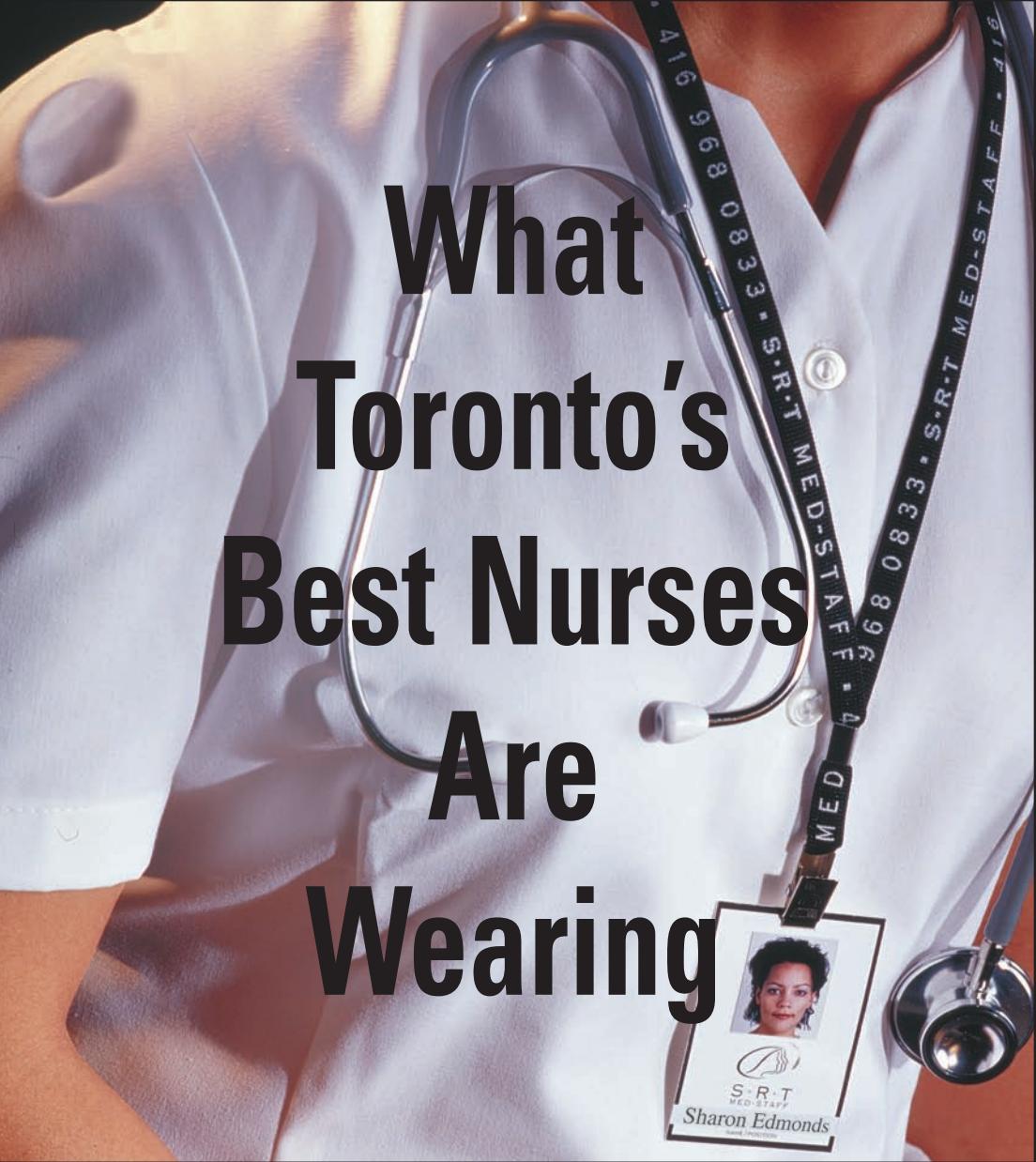
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