

Registered Nurse

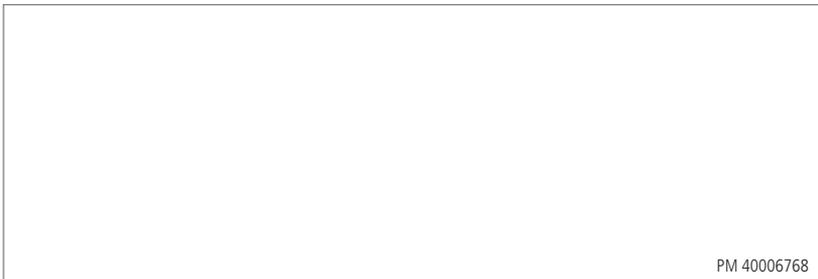
JOURNAL

May/June 2009



YOUR NP IS READY TO SEE YOU NOW

NURSE PRACTITIONERS ACROSS THE PROVINCE ARE KNOWLEDGEABLE HEALTH PROFESSIONALS POSITIONED TO BE PARTNERS IN YOUR HEALTH... BUT ARE REGULATORY ROADBLOCKS KEEPING THEM FROM BEING EVERYTHING THEY CAN BE?



RNAO Members Give HUB Two Thumbs Up



HUB offers Exclusive Group Insurance Rates

As a member of the RNAO you may be eligible for *exclusive group rates* on your Home & Auto Insurance!

See how your current rates compare and why thousands of nurses have already switched to HUB.

Be sure to mention you are an RNAO Member for your exclusive discount.

Call HUB International Ontario Limited today for a no-obligation quote!

1.877.466.6390

HUB International Ontario Limited

insurance • financial services



The HUB Advantage...The privilege is ours, but the advantage is yours.

Registered Nurse

JOURNAL

Volume 21, No. 3, May/June 2009



THE LINEUP

| | |
|-------------------------------|----|
| EDITOR'S NOTE | 4 |
| PRESIDENT'S VIEW | 5 |
| EXECUTIVE DIRECTOR'S DISPATCH | 6 |
| NURSING IN THE NEWS | 8 |
| OUT AND ABOUT | 10 |
| POLICY AT WORK | 25 |
| NEWS TO YOU/NEWS TO USE | 26 |
| CALENDAR | 27 |

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

FEATURES

07 TRANSFORMING PATIENT CARE AND NURSING PRACTICE

By Jill-Marie Burke

Meet the latest health-care organizations that have been designated as RNAO Best Practice Spotlight Organizations (BPSO).

11 REFLECTING ON A LIFE-TIME OF WORK

By Jill Scarrow

Retired nurse practitioner Jerry Gerow looks back with pride at the work she and other NPs have accomplished over four decades.

12 FILLING THE GAP

By Jill Scarrow

Although the public and provincial government are beginning to realize nurse practitioners hold solutions to the health-care system's greatest challenges, more needs to be done to allow NPs to practise to their full potential.

17 CELEBRATING ANOTHER YEAR OF MILESTONES AT RNAO'S AGM

By Kimberley Kearsey and Stacey Hale

More than 700 nurses from across Ontario attended this year's annual general meeting, mingling with colleagues and politicians as they marked another year of successful advocacy on behalf of the profession.

**SPECIAL NURSING WEEK
PULL-OUT SECTION IN THIS ISSUE**

Cover photography: Curtis Lantinga

*Nurse practitioners on the cover: Front row: (L to R) Sherri Lane, Tarik Toufeg, Shirlee O'Connor, Corsita Garraway
Back row: (L to R) Mary Geroux, Sarah Kipp, Joanne Hunter*

The journal of the REGISTERED NURSES' ASSOCIATION OF ONTARIO (RNAO)

158 Pearl Street
Toronto ON, M5H 1L3
Phone: 416-599-1925 Toll-Free: 1-800-268-7199
Fax: 416-599-1926
Website: www.rnao.org E-mail: info@rnao.org
Letters to the editor: letters@rnao.org

EDITORIAL STAFF

Marion Zych, Publisher
Kimberley Kearsley, Managing Editor
Jill Scarrow, Writer
Stacey Hale, Editorial Assistant

EDITORIAL ADVISORY COMMITTEE

Nancy Purdy (Co-Chair)
Ruth Schofield (Co-Chair),
Nathan Kelly, Pauline Tam (journalist),
Carol Mulligan (journalist)

ART DIRECTION & DESIGN

Fresh Art & Design Inc.

ADVERTISING

Registered Nurses' Association of Ontario
Phone: 416-599-1925, Fax: 416-599-1926

SUBSCRIPTIONS

Registered Nurse Journal, ISSN 1484-0863, is a benefit to members of the RNAO. Paid subscriptions are welcome. Full subscription prices for one year (six issues), including taxes: Canada \$37.80 (GST); Outside Canada: \$42. Printed with vegetable-based inks on recycled paper (50 per cent recycled and 20 per cent post-consumer fibre) on acid-free paper.

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

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

RNAO OFFICERS AND SENIOR MANAGEMENT

Wendy Fucile, RN, BScN, MPA, CHE
President, ext. 504

David McNeil, RN, BScN, MHA
President-Elect, ext. 502

Doris Grinspun, RN, MSN, PhD (c), O.Ont.
Executive Director, ext. 206

Robert Milling, LL.M, LLB
Director, Health and Nursing Policy

Daniel Lau, MBA
Director, Membership and Services, ext. 218

Irmajean Bajnok, RN, MScN, PhD
Director, International Affairs and Best Practice Guidelines Programs, ext. 234

Marion Zych, BA, Journalism, BA, Political Science
Director, Communications, ext. 209

Nancy Campbell, MBA
Director, Finance and Administration, ext. 229

Louis-Charles Lavallée, CMC, MBA
Director, Information Management and Technology



Editor's Note

Inspiration through action



While travelling to work on public transit recently, I pushed my pregnant belly onto a crowded subway car and found myself face-to-face with a woman who noticed my protruding midsection almost instantly. "How far are you going?" she inquired. When I told her my destination was five stops further, she asked if I wanted to sit down, and assured me she had no problem making a scene and demanding that someone give up their seat. I could tell she meant it. She raised her eyebrow and nodded in such a way that I knew she too had experienced this before.

Meeting a complete stranger willing to speak out on my behalf renewed my faith in the kindness of others, and started me thinking about what it is I feel passionately about. What would get my blood boiling to the point that I would have no choice but to act? Admittedly, I may not create a fuss for a stranger in need of a seat, but I will 'go to the wall' to defend the principles of good journalism (honesty, accuracy, creativity). It's my profession, after all, and it's something I feel strongly about.

The nurses in our cover feature are just as zealous about their chosen profession, and have been 'going to the wall' to defend its principles for decades. Nurse practitioners continue to fight a battle for respect and acknowledgement of what they do. A collection of NP-led clinics will open in Ontario over the coming years because of their persistence. And changes to legislation are forthcoming as a result of continued pressure from NPs and other health professionals who are demanding that the skills and knowledge they bring to our health-care system are recognized. The drive of NPs is commendable, especially when you consider it is all about improving access to patient care.

In my view there's nothing quite like believing in something so much that you'll do whatever it takes to make it happen. I may not meet another subway supporter in the months before my baby comes, but that's okay. I know there will be plenty of examples of advocacy right here at RNAO. There always are. And even though nobody's advocating for me and my aching feet, they'll be supporting something that's important to them. And that's truly an inspiration.

Kimberley Kearsley
Managing Editor

Do you want to know more about the province's ALC definition?

On July 1, all acute and post-acute hospitals in Ontario begin using the standardized Provincial Alternate Level of Care (ALC) definition to designate ALC patients. For more information, please email ALCdefinition@cancercare.on.ca or visit www.cancercare.on.ca/ocs/alc

Year ahead promises excitement, difficulty



For those of you who were able to join in the celebrations at RNAO's 84th Annual General Meeting (AGM), my thanks – for your presence, your wisdom, your enthusiasm and most importantly your support for the ongoing work of RNAO. For those of you who were not able to join us, I want to assure you that while we partied, we also worked hard on your behalf.

Our AGM was truly a wonderful celebration, in all the meanings of that word. The concept of “celebration” contains within it the notion not only of festivity but also of commemoration. It is a time to observe, to remember. A time to gather together our energy and our resources to salute our past, reflect on our present, and prepare for our future.

The 765 individuals who were present experienced that whole range. We had moments to pause and reflect, remembering, for example, Sheela Basrur, now gone from us but very much present at last year's AGM.

We were also able to reflect on the outstanding achievements of those many agencies – hospital, nursing home, community – recognized for their success as Best Practice Spotlight Organizations (BPSO). And it was heartening as well to hear that applications to join that select group continue to grow. An entire LHIN and our first university school of nursing were accepted as BPSO candidates in our most recent call for applications. The impact of best practice guidelines continues to grow – from one year to the next, from one workplace to the next, and even to countries well beyond our borders.

We were also able to celebrate the individual success of award winners profiled in this *Journal* (pg. 19). These nurses have put their stamp so very clearly on our shared profession and very much to the benefit of all those we serve.

And then there were the politicians. To some extent, the impact of our voice at the provincial government is measured by the degree to which our AGM becomes a particular moment in time in the busy schedules of the political movers and shakers in Ontario. It was a pleasure to welcome and to hear from Premier Dalton McGuinty, David Caplan, Minister of Health and Long-Term Care, Andrea Horwath, the new leader of the NDP, and Elizabeth Witmer, Deputy Leader for the PC party. It was also lovely to have the company of

**“IT IS WITHOUT A
DOUBT A SIGN OF YOUR
SUCCESS AS MEMBERS
THAT THE VOICE OF RNAO,
OUR DISCUSSIONS, VIEWS
AND CONCERNS, INFORM
THE STRATEGY AND POLICY
OF EACH PARTY ELECTED
TO OFFICE IN OUR
PROVINCIAL LEGISLATURE.”**

John Tory, former leader of the PC party, who wanted to celebrate RNAO's accomplishments with us. It is without a doubt a sign of your success as members – individually and collectively – that the voice of RNAO, that our discussions, our views, our concerns, inform the strategy and policy of each party elected to office in our provincial legislature.

The coming year promises to be both exciting and difficult. We look forward to the expected release of RFPs for an additional 22 nurse practitioner-led clinics; our

suggested amendments to the government's legislation regarding scope of practice for NPs; and our changes regarding legislation to reduce toxics in our environment.

But, as is always the case, there will be difficulties to overcome as well. And overcome them we will, for we must, if we are to meet our mandate. We look forward to working with you and hearing from you on all of the challenges ahead. Please watch your inboxes as our very successful action alert program will be in full gear.

Medicare, that fundamental Canadian commitment that values a publicly funded, publicly administered and not-for-profit health-care system, remains under siege by those who would exploit illness for profit, who would play on fears about access and service to benefit their own interests. As the economic challenges of our time play out around the world, there can be no question that the health of those affected by economics will be placed at greater risk. No question that this is the time when rapid, equitable access to care is more needed than ever. No question that the discussion should be on expansion, not contraction, of this most Canadian of public service programs. In conjunction with our national partners at CNA, RNAO will continue to push forward in the quest to see both a national pharmacare program and national home care added to the Medicare basket of universal services.

And then there are the issues of quality and public accountability. As attempts to introduce new unregulated roles (such as physician assistants) into our health-care system ramp up, so does our work in ensuring that the public is aware – fully aware – of the risks that come with abbreviated education models, a lack of regulatory oversight, and a high price tag for taxpayers.

Difficult? YES. Exciting? VERY. Achievable? YES, if we remain active, vocal and committed. **RN**

WENDY FUCILE, RN, BScN, MPA, CHE, IS
PRESIDENT OF RNAO.

Government must remove regulatory handcuffs that limit NP practice



The first thing RNAO considers when making any policy decision is how it will affect the public. When it comes to nurse practitioners (NP), we believe the public is best served

when NPs are able to practise to full scope. Sadly, this is not the case in Ontario.

Despite assurances from government that it recognizes the important role NPs play in addressing the challenges in our health system, recently proposed legislation indicates an abundance of talk but only limited action. Indeed, I'm troubled by the disconnect between what Premier Dalton McGuinty says about NPs and what his government is rolling out in legislation related to their practice. The premier has repeatedly described nurse practitioners as "an untapped resource that government must take full advantage of." Yet, he has chosen to leave unnecessary legislative barriers in place that limit NP practice. By announcing simple amendments to existing regulations, the government has done little for Ontarians who are looking for better access to health services and reduced wait times.

On May 11, the Premier and Ontario's Minister of Health and Long-Term Care David Caplan introduced *Bill 179*, legislation which will expand the scope of practice for 16 regulated health professionals in Ontario. Nurse practitioners are among them (see feature on pg 12). While the proposed legislation is a step in the right direction, it is only a baby step and will not fully benefit the public. Key amendments are still needed in *Bill 179* if the government wants to achieve its goal of improved access and decreased wait times.

Under the proposed legislation, NPs will be able to carry out a variety of previously unauthorized acts and treatment procedures such as setting or casting bone fractures, ordering bone density tests and MRIs, and dispensing certain drugs. We know these changes will alleviate some frustration

among NPs who feel their education, skills and experience are not adequately utilized in Ontario. This is good news, but there is still a long way to go between this announcement and better utilization of NPs.

First, NPs should have open prescribing authority for pharmaceuticals that are within their scope and that they believe will benefit their patients. At present, the pre-approved list of medications that NPs can prescribe is limiting, and getting new medications added to the list can take up to three years. Government says it will speed up the process, but we say that's impossible given the pace of pharmaceutical development. Other jurisdictions understand this,

**"KEY AMENDMENTS
ARE STILL NEEDED IN *BILL*
179 IF THE GOVERNMENT
WANTS TO ACHIEVE ITS
GOAL OF IMPROVED
ACCESS AND DECREASED
WAIT TIMES."**

and NPs across most of Canada – and in 45 U.S. states – have open prescribing authority. Why should Ontario, which was the first jurisdiction in this country to regulate the NP role 11 years ago, fall so far behind the rest of Canada in fully engaging the role? The facts show there's no justification for Ontario's position.

It is shocking that the government ignored the key recommendation for open prescribing that the College of Nurses of Ontario (CNO) called for in submissions to the Health Professions Regulatory Advisory Council (HPRAC). This is why, with your active support, we will push all parties to do what is right for the public by following the rest of Canada and allowing open prescribing. Anything less is unacceptable.

The second change that is urgently needed in the proposed legislation relates to NPs' ability to admit, treat and discharge patients in hospitals. Broad-based legislation is necessary so that hospitals can take full advantage of NPs' competencies. The *Public Hospitals Act* currently allows NPs to admit patients to emergency departments and other out-patient settings, but not to any in-patient unit in the hospital. I tried to get to the bottom of this illogical restriction during a recent conversation with a senior administrator. He implied that if regulations were expanded to include in-patient units, that might result in more admissions to the hospital. I pressed him about his view, asserting that NPs, as knowledgeable health professionals, would not admit patients who don't need to be admitted. I also reminded him that the same misguided view surfaced when debate raged about NPs ordering lab tests. People thought labs would be overwhelmed. We knew that would not happen, and we were right.

It's infuriating when these kinds of artificial and baseless hurdles and statements are informing debate about the scope of NP practice. In reality, they amount to nothing more than political wrangling. Meanwhile, the public suffers from avoidable system shortfalls, including poor access and lengthy wait times. I say, shame. It's time to put the public first.

As we head into summer, an all-party legislative committee will hold public hearings on *Bill 179*. RNAO will be at those meetings calling for amendments to improve the bill, and we will engage you on the demand to remove the regulatory handcuffs that limit NPs from fully serving Ontarians. In the fall, politicians will vote on the legislation. We will watch MPPs closely as they make their choice. And RNAO will be there to make sure the parties' political choice is the decision that reflects the public good. **RN**

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

BPSOs transform care, nursing

Meet the latest 12 Ontario health-care organizations to complete partnerships with RNAO and become 'spotlight' sites for improved patient care. BY JILL-MARIE BURKE

Every day, on her way to her office in the rehabilitation wing at Chatham-Kent Health Alliance, Denise Dodman walks past a waiting area filled with people who need to learn to walk again. One day, almost three years ago, the professional practice nurse decided that instead of rushing into her office to return phone calls and emails, she would stop to ask the seated patients what the experience of waiting was like. Their answers touched and enlightened her.

Patients described the boredom and the sense of worry about pain during their upcoming sessions. Others explained how they always arrive early to rest up for the exhausting appointment ahead. And a few talked about the time they have to think about when they'll be ready to go home. When Dodman asked what the hospital could do to make the wait more pleasant, a common theme emerged. Patients said they wanted to see inspirational messages on the walls, phrases like 'Put your best foot forward' and 'One step at a time.' They needed something to give them hope.

By asking patients how they're feeling, and inviting them to offer solutions, Dodman was putting into practice the recommendations found in RNAO's best practice guideline (BPG) on client-centred care. Today she is working closely with a hospital volunteer – a former rehabilitation patient – to transform the waiting room into a more welcoming, comfortable and inspiring space.

Chatham-Kent is one of 12 Ontario health-care organizations that have dedicated themselves to finding this kind of creative approach to better patient care. And behind each organization's individual initiative are research, evidence and recommendations found in the BPGs, whether

they focus on client-centred care, falls prevention or any of the other 37 topic areas.

This partnership with RNAO is also helping some organizations to target patients with a specific health condition. For example, Toronto's Hospital for Sick Children (SickKids) has developed a Comfort Kit of therapeutic tools that distract and comfort children of all ages who are undergoing invasive procedures.

Chatham-Kent, SickKids and the 10

We can't do it if it's counter to the guideline. "There is an infusion into your organization of people questioning: 'Is there a better way?'" she explains.

London Health Sciences Centre (LHSC) and St. Joseph's Health Care, London, collaborated with the Middlesex-London Health Unit to implement the breastfeeding BPG. "We (now) know that all women (in London) are receiving the same educational materials and we've all

agreed on the standards of nursing care for breastfeeding," explains RN Debra McAuslan, professional practice specialist and project lead at LHSC.

Hamilton Health Sciences (HHS) is another BPSO. It implemented the guideline for preventing falls and fall injuries on over 60 clinical units at its five sites. BPSO project coordinator Beverley Morgan led the team, overseeing the distribution of kits to nurses that laid out some of the risk factors related to falls as outlined in the BPG. The

kits included signs, educational materials, non-slip footwear and a poster identifying medications which can contribute to falls. The initiative succeeded in reducing the rate of falls by 20 per cent in 2008.

Sandra Ireland is BPSO project lead at HHS. She believes being a BPSO contributed to at least one of the hospital's key accomplishments in the last couple of years. "I don't think there's any coincidence that for the three years that we've been involved in the process of implementing guidelines, our hospital was been identified as one of Canada's Top 100 Employers," she says proudly.

For a complete list of BPSOs, visit www.rnao.org **RN**



Denise Dodman, (second from right) shares with fellow BPSO team members Crystal Houze (in red) and Laura Duffield (in blue) some well-deserved congratulations from RNAO's International Affairs and BPG Director Irmajean Bajnok and Associate Director Heather McConnell (far right & left, respectively).

other organizations involved in this initiative began long-term partnerships with RNAO in 2006 and recently received the designation of Best Practice Spotlight Organization (BPSO). Heather McConnell, associate director of RNAO's BPG program, says if you ask anyone involved in the initiative, they'll tell you that being a BPSO has made them realize nurse-led projects do much more than improve patient outcomes. They also empower and energize nurses and raise their profile as knowledge professionals.

According to Dodman, being a BPSO provides staff with opportunities for personal and professional growth. She says she realized the power of BPG implementation when nurses discussing clinical topics such as pressure ulcers and hypertension began to ask: What does the guideline say?

JILL-MARIE BURKE IS MEDIA RELATIONS COORDINATOR AT RNAO.

Nursing in the news

RNAO & RNs weigh in on . . .

Amended legislation meant to keep nurses safe from violence

ON April 20, during a news conference at Toronto East General Hospital, Ontario Labour Minister Peter Fonseca announced amendments to the *Occupational Health and Safety Act* that will help protect workers – including nurses – from workplace violence and harassment. RNAO Executive Director **Doris Grinspun** welcomed the proposed amendments, saying nurses have suffered aggression, verbal and physical abuse from patients and colleagues for years. And they have suffered quietly.

“It (the legislation) formally acknowledges a problem so prevalent that many, if not most, nurses consider aggression and violence to be a part of the job,” she told the *Canadian Press*, *London Free Press*, *Owen Sound Sun Times* (April 21). Grinspun cautions, however, that although the legislation takes a step in the right direction by including broad definitions of harassment and assault, it falls short when it comes to recognizing workplace teasing and bullying as forms of violence.

RNAO member and Ottawa psychiatric RN **Shawn Smith** has experienced violence in the workplace. He too applauded the proposed amendments. While at work, Smith has been punched, bitten and hit by the patients he’s cared for. He fears that without improved regulations, the situation is only going to get worse. “More people are going to get injured. We’re going to lose more nurses. Nurses are going to quit,” he told *CTV.ca* (April 25).



Ontario Labour Minister Peter Fonseca (right) announces amendments to the *Occupational Health and Safety Act* on April 20.

The amendments to the *Act* come more than three years after RN Lori Dupont was stabbed to death by her former boyfriend (a physician colleague) while on duty at Windsor’s Hotel-Dieu Grace Hospital. If passed, the amended legislation will force employers to prepare policies on workplace violence and harassment. They will also be required to take “reasonable precautions” to protect employees from domestic violence that may occur at work.



Kingston nursing students organize sew-a-thon for charity

In April, RNAO member **Liz Pontarini** (right) and more than 100 of her colleagues

from Queen’s University spent four hours sewing brightly coloured flannel into about 80 pillowcases for the pediatric wing at Kingston General Hospital (KGH). The nursing students organized *A Case for Smiles Sew-a-Thon* as a way to thank the university, KGH and the community for their support of nursing students. The idea to make the pillowcases came from ConKerr Cancer, an organization that provides brightly coloured pillowcases for children battling life-threatening illnesses. They are meant to brighten up hospitals rooms and cheer up sick children. “It’s such a challenge to be a child in hospital, through illness, or even a simple procedure,” she says. (*Kingston Whig-Standard*, April 2).

York University and UHN to create nursing academy

In May, Toronto’s York University and University Health Network (UHN) joined as partners to create a nursing academy. RNAO member **Gail Mitchell**, an associate nursing professor at York, and the academy’s new director and chair, says the academy will allow York nursing students to take classes and complete clinical placements at UHN. In turn, UHN nurses can further their education and professional development under the university’s health leadership. The academy is “full of possibility,” Mitchell told the *North York Mirror* (May 19). Former RNAO President **Mary Ferguson-Paré**, UHN’s Vice-President of

Professional Affairs and Chief Nursing Officer, called the academy a major accomplishment. "This partnership is a dream come true for nurses at UHN. Our nurses highly value opportunities for developing new knowledge, testing innovations and advancing patient-centred practice," she said. (*North York Mirror*, May 19)

Hallway nursing is not a solution

Leaving patients stranded in hospital hallways presents not only health and safety risks but also privacy concerns says RNAO President **Wendy Fucile**. Hallway nursing "is not a solution that works for anyone," she told the *Toronto Sun*. "It doesn't work for nurses, it doesn't work for families." Yet, as Ontario pushes to shorten emergency department wait times, some patients are being forced into hallways that are increasingly overcrowded, understaffed and may lack emergency equipment. "You're in an area that's not set up for patient care," Fucile added. "You certainly don't have an electronic call bell, and you don't have a telephone or screens around you (for privacy)." (May 3)

Program reaches out to mentally ill in legal trouble

A new crisis service in Caledon will bring nurses, police and other health professionals together to provide care when people with mental illness come into conflict with the law. RNAO member and mental health nurse **Sandy Milakovic** says the Mobile Crisis of Peel (MCOP) program will ensure people with mental illness "remain in the mental health system, not the criminal justice system," (*Metroland Brampton Division*, May 15). A partnership between the Canadian Mental Health Association, Saint Elizabeth Health Care and Caledon OPP, MCOP allows police to call the mobile team when an individual is experiencing a mental health crisis. The team arrives at the scene and offers support, respite housing and hospitalization if needed.

NURSING WEEK 2009

Newspapers across the province pay tribute to nurses

In honour of Nursing Week (May 11-17), special supplements were published in newspapers across Ontario to get the public thinking about the critical role nurses play in the health-care system....

Reducing visits to the ER

RNAO member **Mary Jane McNally** and her Long-Term Care (LTC) Mobile Nursing Team at Toronto Western Hospital were featured in the *Toronto Star's* Nursing Week supplement (May 9). The team has been working with local long-term care homes to cut down on residents' trips to the ER. During medical emergencies, McNally and her colleagues travel to various homes to examine residents and administer care in collaboration with the charge nurse. The program is helping to reduce wait times and improve flow in emergency departments at all downtown hospitals, she says, adding the initiative "is really about the quality-of-care experience for the older resident."

Inspiring tomorrow's nurses

On May 12, *Metro*, a free newspaper available to Toronto transit commuters, published an interview with RNAO member and student nurse **Poonam Sharma**. She talked about how, as a nurse ambassador for RNAO, she travels to high schools to speak to teens about what a career in nursing can offer. She also discussed her work as a peer health mentor at Humber College, and the *Leave the Pack Behind* anti-smoking campaign she leads at the school.

"There is so much you can do with nursing...it is a growing field, and we want (students) to know it's not just bedside care."

Caring at home and abroad

RNAO member **Deb Paton** was featured in the *Barrie Advance* during Nursing Week (May 14). The Royal Victoria Hospital nurse travelled with a small group of colleagues to the mountainous Central Plateau region of Haiti in January 2009. "Every day we would care for people who were severely malnourished; babies who were dehydrated; children full of parasites; people with untreated malaria, tuberculosis and, of course, HIV infection," she said. "We (were) able to help a lot of people feel better for a while. And the health education we provide will last long after we leave."



Barrie RN Deb Paton cares for a local resident in the mountainous Central Plateau region of Haiti in January 2009.

Nursing in the news

RNAO & RNs weigh in on . . .

CNA report offers policy measures to eliminate nursing shortage

Canada could have a shortfall of 60,000 RNs by 2022 unless governments act, according to a report released by the Canadian Nurses Association (CNA) on May 12. “For patient safety and quality care, you need nurses,” RNAO member **Linda Silas**,

President of the Canadian Federation of Nurses Unions, told the *Canadian Press* (May 12), adding the sheer stress of over-work, short-staffing, and lack of basic equipment takes its toll on the workforce. *Tested Solutions for Eliminating Canada’s Registered Nurse Shortage* outlines policy measures that CNA says could entirely eliminate the projected shortage over the next 15 years. It recommends: adding 1,000 new spots in nursing schools annually; reducing absenteeism from 14 days to seven,

which would be the equivalent of adding 7,000 nurses to the work pool; reducing the recruitment of nurses from developing countries; improving retention of practising nurses; and reducing attrition rates among nursing students. (*Globe and Mail*, May 12)



Among the protesters at Queen's Park on April 29 were: (L to R) Ryerson student Shu-Hua Zhao, ONA representative Andy Summers, former RNAO Policy Director Sheila Block, RNAO member Elisa Palermo, and son Randy.

Protesters demand an end to hospital cuts

Chanting “save our hospitals” and pumping hand-made signs in the air, about 1,000 protesters descended on the front lawn of Queen's Park in late April to show their outrage over bed closings and service cuts as hospitals struggle to control budgets. RNAO member and Wallaceburg RN **Shirley Roebuck** said some of the hospitals may be small, but the care they provide is just as important to the communities they serve as their big-city counterparts. “Health care isn't a luxury to be enjoyed by those who live near large urban centres, but to every resident,” she said. (*Canadian Press*, April 29) **RN**

OUT & ABOUT



LEFT: RNAO Senior Economist Kim Jarvi (right) poses for a photo with John Gerretsen, Ontario's Environment Minister, during a celebratory gathering at RNAO in late March. The event marked the end of a long campaign for provincial legislation banning the sale and cosmetic use of pesticides. Jarvi led the advocacy work at RNAO, which is part of a coalition of health and environmental groups that pushed for fast implementation of the law. The legislation took effect on April 22 – Earth Day – and the new regulations are considered the toughest in North America.

RIGHT: RNAO member Dawn Prentice (right), assistant nursing professor at Brock University, and Laurie Dodge Wilson, gerontology program director at the American Association of Colleges of Nursing, were among the delegates at a May conference designed to help nurse educators incorporate geriatric patient care into their curriculum. The three-day event, which took place at Brock University, brought together professors and PhD students to discuss the unique needs of an aging population and the need to prepare students to effectively care for them.



Long-time NP reflects on role

Retired nurse practitioner Jerry Gerow has watched the NP role change from little-known niche to a vital part of the health-care system. BY JILL SCARROW

After a 50-year nursing career, it's no surprise Jerry Gerow's eyes light up when she talks about all the people she's met along the way. Like the Air Force pilots she cared for when she worked at a Labrador military base during the Second World War. Or the young nursing students she befriended and helped through the emotional problems often faced by teenagers. Then there were the Girl Guides she cared for during trips to the Canadian Rockies – young women she encouraged to get their nursing degrees and who later became leaders in nursing at hospitals and in academic settings.

Gerow's true passion and pride in nursing, however, is palpable when you watch her react to news of nurse practitioners thriving as leaders in every sector of the health-care system. In fact, she describes the announcement of three more NP-led clinics in Ontario this year in just one word: "fabulous!"

For Gerow, the growth of the role is the satisfying climax to years of advocacy. A nurse practitioner since 1973, the same year the Nurse Practitioners' Association of Ontario (NPAO) became an interest group of RNAO, Gerow says few people knew about NPs' extended scope of practice back then. "The public did not know anything about NPs," she recalls. "I always tried to explain that we were independent, and not doctors' assistants. We could free up the doctor to deal with more complicated health problems."

Gerow admits she too knew little about the role before she decided to pursue it. It was the director of education at Toronto's Hospital for Sick Children (Sick Kids) who first brought it to her attention. In 1963, Gerow was the RN in charge of health services for nursing students at Sick Kids. After almost 10 years on the job, her boss recommended she advance her nursing education to become an NP. Then in her 50s, Gerow worried she was too old to go back to school. But with the hospital-based schools of nursing scheduled to close in the early 1970s, she feared she could find her-



NAME: Jerry Gerow
OCCUPATION: Retired nurse practitioner
HOME TOWN: Toronto, Ontario

self out of a job or working for someone half her age. She decided it was time to take steps to advance her career.

After graduating in 1973, Gerow accepted a position with student health services at Ryerson Polytechnic Institute (now Ryerson University). She did pap tests, immunization, first aid and health teaching, but says there was little else the scope of NP practice would allow at the time. Although she could call herself an NP, the legislation that would guide her role and protect the title that NPs now enjoy was still several decades in the future.

By the 1980s, Gerow was troubled to see the NP role starting to fizzle out and education programs in Ontario beginning to close because of a lack of support. Only a few NPs were working at the time in community health centres and northern nursing stations. Gerow was in health services at centres for the developmentally challenged in Whitby and Aurora.

In the face of dwindling interest, Gerow never gave up on her belief that Ontario NPs should have a professional association – one that would fight to secure the role in the health-care system. She says she never wanted to concede that

battle because she knew NPs were a valuable asset to the system. Gerow was NPAO's membership director from 1985–2005 and says the association rallied anyone interested in the role to become a member and support advocacy to gain legal protection for the NP title. During the 90s, those efforts started to pay off.

In 1993, the province announced an NP project in primary care, and three years later, the first primary health care NPs graduated from re-established university programs in Ontario. Gerow says her colleagues deserve all the credit for their countless meetings with MPPs and health ministers of all political stripes. The legislation was finally enacted in 1998 – just three years after she retired. It was a moment that filled her with pride and joy because "someone finally woke up and recognized our value."

Today, 90-year-old Gerow is still an NPAO member and goes to the association's annual conference. She says she feels particularly proud when she sees how the membership has grown. She remembers a time when little more than 120 NPs were members, a far cry from the more than 1,200 who now pack ballrooms during the association's convention every fall.

In 2005, Gerow's commitment to NPAO was recognized with a lifetime achievement award. The previous year, she celebrated her 85th birthday with news of a \$1,500 annual scholarship to be awarded in her name. Despite the accolades, Gerow remains humble. Rather than dwell on the recognition, she heaps praise on those who have long advocated for the NP role, and who continue to push it forward by opening NP-led clinics, and supporting efforts to protect adult, pediatric and anaesthesia specialties. She says these efforts recognize what NPs can do in every avenue of health care.

"I'm happy we opened it up for other (NPs) to be in the extended class," she says. "They do so much." **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.



filling the gap

NURSE PRACTITIONERS ACROSS ONTARIO ARE HELPING IMPROVE ACCESS TO CARE DESPITE RESTRICTIONS ON THEIR PRACTICE THAT HOLD THEM BACK FROM THEIR FULL POTENTIAL. **by Jill Scarrow**

By the time Sudbury resident Dolores Southward learned about Canada's first nurse practitioner-led clinic opening in her community in 2007, it had been more than a year since she'd had a regular health-care provider. Her doctor moved away in 2006, and she was left to rely on walk-in clinics to renew her prescription for hypertension medication. That meant spending hours in a waiting room, only to get a few minutes with a physician who quickly signed the prescription pad and then moved on to the next patient. Even though Southward didn't know anything about nurse practitioners when she heard a radio news story about the clinic, she decided to try it out.

"I thought, I have no doctor, I'm going to take a chance," she says. "And I'm so glad I did."

When she went to her first appointment, Southward had something she'd missed out on for years: a full physical exam. She also had the chance to ask as many questions as she wanted without worrying she was taking up valuable time in the examination room while other patients languished outside.

It was Mary Geroux, an NP at the clinic, who saw the lump on Southward's neck that was push-

ing on an artery. Since Southward was always bouncing from walk-in clinic to walk-in clinic, there was never anyone she felt she could ask about it. Geroux linked Southward with a specialist and, last spring, she had the benign lump surgically removed. Not only is she healthy now, but so is her faith in the health-care system.

Demand from people like Southward has led the Sudbury District Nurse Practitioner Clinics to make plans to open a second location in the nearby community of Lively. Director and co-founder Marilyn Butcher says the five full-time NPs and one part-time NP on staff currently see more than 2,300 people, who, like Southward, were once so-called 'orphan patients.'

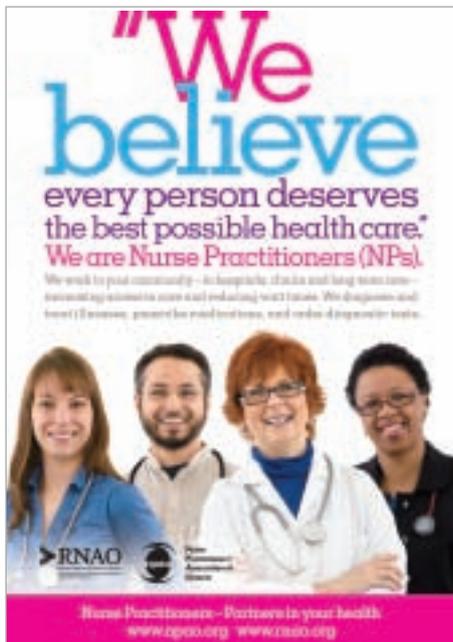
"We're taking in all of these patients who have not had access to care. And we're making a real difference in their lives," she says, adding there's nothing better than walking into a room and hearing somebody say: 'You have no idea how much this means...that you're listening to me, diagnosing illnesses I didn't know I had...I've never been looked after this well in my whole life.'

NP Mary Geroux (left) chats with patient Dolores Southward at the nurse practitioner-led clinic in Sudbury.

A nurse practitioner for more than a decade, Butcher is pleased the provincial government – like the public – has recognized what RNAO and NPs have long realized: nurse practitioners hold solutions to the health-care system's greatest challenges. In February, Premier Dalton McGuinty publicly supported this notion and announced three additional NP-led clinics will open in Belle River, Sault Ste. Marie and Thunder Bay. They're the latest of 25 the Liberals have committed to opening.

Nurse practitioners – also known as RNs in the Extended Class (EC) – have advanced education to diagnose and treat common illnesses and injuries, prescribe medications, and order diagnostic tests. Although the role in Canada is more than 40 years old, it wasn't legally recognized in Ontario until 1998.

In addition to the clinics announced in February, McGuinty also announced proposed changes this spring to legislation that will expand NPs' practice by allowing them to set fractures and order MRIs and a wider range of diagnostic ultrasounds. This is great news for nurse practitioners who have expanded their reach and now work in just about every sector of the health-care system. There are now more than 1,300 Ontario NPs practising in primary health care, adult and paediatric specialties. Whether they're in NP-led clinics, members of family health teams, in community health centres, or partners in



RNAO, in partnership with NPAO, launched a campaign about the work of NPs to mark the beginning of Nursing Week 2009. See special Nursing Week supplement in this issue for more information.

innovative hospital and long-term care programs, these NPs are helping people across the province to access the system at the right time and in the right place. But, as the public discovers just how NPs improve their circumstances and enrich health care, Butcher and others say they will continue to raise awareness of just how much more they can do if the McGuinty government's legislative changes, and RNAO's proposed amendments, come to fruition and restrictive ties that exist on their scope of practice are resolved.

Tina Hurlock-Chorostecki is President of the Nurse Practitioners' Association of Ontario (NPAO), an expert group affiliated with RNAO. She says the government's proposed expansion in scope is needed, but legislative changes could go even further, especially when it comes to the list of medications NPs can – and cannot – prescribe. This list is one of the biggest restrictions on NP practice, she says,

because NPs are educated to assess and diagnose patients before applying the best treatment for an individual's need. Their role is not to pick medications from a limited list. She says NPs should be able to write prescriptions – without a physician's signature – for medications they're knowledgeable about, and that they know their patients will benefit from.

"NPs have been educated, they have the scope of practice," Hurlock-Chorostecki says, adding that in much of Canada and the

NPs PREPARE TO OPEN CLINIC DOORS

When Lynne Thibeault talks about the need for better primary care in Thunder Bay, she's thinking about the people she sees as an NP at the NorWest Community Health Centre's walk-in clinic. People who have lost their family doctors and need prescription refills, or those who come to the clinic looking for help to control their diabetes with insulin refills. They are among the 40,000 residents of the North West Local Health Integration Network who do not have a regular health-care provider. "That's not very good health care, to have somebody wandering into the walk-in clinic looking to have his diabetes managed," she says.

The stories of these and other people in need in her community prompted Thibeault and a group of local NPs to pull together a

proposal for an NP-led clinic in Thunder Bay. Their proposal was approved in February, when the government announced funding for three clinics to be modeled after the country's first NP-led clinic in Sudbury. In addition to the one in Thunder Bay, clinics will also open in Sault Ste. Marie and Belle River, near Windsor. The call for proposals for 22 others is expected this June.

Thibeault says the clinics can't come soon enough. "We need to see changes in our health-care system," she says. "There's not an endless pot of money...and there is certainly a lot of primary health care a nurse practitioner can do."

In Belle River, Elizabeth Baker, National Director of Nurse Practitioner Professional Practice with VON Canada, says the real work is just now getting started. Like all the groups accepted for funding in February, the VON team now has to find a location, submit operational plans to the Ministry of

Health, and set up a board of directors and community advisory council. Lisa Ekblad will be the lead at the Belle River clinic, which will also have a physician, respiratory therapist, pharmacist and social worker. The team will build on work she's already doing at VON's Lakeshore Clinic, and people are already asking when she's taking patients.

That's a question Debbie Graystone is also fielding in Sault Ste. Marie. The NP works at a walk-in clinic at the local hospital, and says people always ask if she's taking permanent patients. She doesn't yet know when the recently announced NP-led clinic will open in her community, but says she's heard from members of the public about how excited they are to see it become a reality.

"We were very excited and thrilled," she says of hearing the announcement. "It's good for the community...we hope to make a difference." **RN**

United States nurse practitioners can prescribe without any restrictions. “It’s going to make things better for our patients if we have open prescribing. An NP wouldn’t have to waste time standing in front of the operating room door for half-an-hour waiting for the physician to sign a discharge prescription.”

The push to allow NPs to work to their full potential is behind the regulatory and advocacy work the College of Nurses of Ontario (CNO), RNAO and NPAO have led for over a decade. All three organizations have offered formal submissions to the Health Professionals Regulatory Advisory Council (HPRAC) – an independent body that advises the Minister of Health on the rules governing health professionals in Ontario. Each group has taken the time to describe how limits on the medications NPs can prescribe, and on diagnostic tests they can order, restrict their ability to fully care for patients.

Hurlock-Chorostecki says the Premier’s May 11th announcement about legislative change is a good start, but changes are also needed to legislation beyond that which defines an NP’s scope of practice. The *Public Hospitals Act*, for instance, must change because it too restricts what hospital NPs are able to do. Like their counterparts in the community and primary care, nurse practitioners in hospitals are also providing high-quality care. An adult NP on a transitional care unit (TCU) at London’s St. Joseph’s Health Care, Hurlock-Chorostecki fills a critical gap in the system. She treats people, including many elderly, who no longer need an acute care bed, but aren’t yet well enough to go home or to long-term care. Time in the TCU gives them the chance to work with Hurlock-Chorostecki and other health professionals to recuperate, and to make plans for discharge.

Despite the unit’s potential to help alleviate pressures on emergency rooms and acute-care beds in London, Hurlock-Chorostecki knows she could still do much more for patients. The *Public Hospital’s Act* allows NPs to admit, treat and discharge patients in emergency departments, and other out-patient areas, but not in-patient units. This is ineffective for patients, frustrating to NPs, and creates a bottleneck in the system Hurlock-Chorostecki says. Although she uses her knowledge to assess which patients may benefit from a stay on the TCU, and writes the admission orders, she can only do so through a medical directive, the document that outline specific actions NPs can perform under specific circumstances. These documents, signed by physicians, can take years to update. Hurlock-Chorostecki says she would be more effective if she could rely on her knowledge base instead of medical directives and the physician, who isn’t always available on the 20-bed unit. Reliance on physicians leads to delays, she says, but that’s not the worst part. Every time she has to call a physician and ask him/her to sign off on a prescription over the phone, there’s a risk for error that escalates again if the physician then calls the pharmacy to get the prescription filled. If there’s a miscommunication anywhere along that trail, it increases the chances a patient could end up with the wrong drug or dose.

Photograph: Stetelia Jurgens - Courtesy of the Credit Valley Hospital

Primary health care nurse practitioner Linda Dacres agrees it’s time for change. In the 11 years since legislation formally recognized the role in Ontario, the profession has become increasingly diverse, she says. Dacres is program coordinator for the NP STAT (Nurse Practitioners Supporting Teams, Averting Transfers) team. Based out of Credit Valley Hospital, she’s one of seven NPs who travel to the 27 long-term care homes in the Mississauga-Halton Local Health Integration Network to treat residents for conditions that would otherwise require a trip to the emergency room.

If long-term care staff suspects a resident has pneumonia, for instance, they can call an NP STAT member to provide a diagnosis, start medication, follow up with the physician, and give the long-term care staff any teaching they might need to provide care.



Mississauga long-term care resident Litzia Mary Mouti, 91, can rely on care from NPs like Linda Dacres who keep seniors from having to visit the emergency department unnecessarily.

“When you have someone with Alzheimer’s and they’re already confused because they have an infection, you can imagine how disorienting and traumatizing going to the emergency department would be,” Dacres explains. “We have the time to listen, to talk to the staff, directors of care, physicians and families. We can coordinate all the care to evaluate and prevent circumstances that often lead to hospital admissions.”

In 2008, the NP STAT team prevented hospital transfers for approximately 80 per cent of the long-term care residents referred to it. Other LHINs are now showing an interest in the two-year-old program, and Dacres has offered guidance on how they can replicate NP STAT’s successes.

Despite its achievements, Dacres says the NP STAT team could do even more if nurse practitioners could legally prescribe highly specialized medications like an IV antibiotic for a severe skin or wound infection. Her patient population commonly needs this kind of treatment, but it’s not on the list of approved drugs she can prescribe. Dacres and a team of hospital-based NPs, pharmacists, long-

Did you know

There are four nurse practitioner specialties, including... • **Adult** • **Paediatrics** • **Primary Health Care** • **Anaesthesia**
COURSES FOR THE NEWEST 'ANAESTHESIA' ROLE (ANNOUNCED IN MARCH 2007) BEGAN IN JANUARY 2009 AT UNIVERSITY OF TORONTO.

term care medical advisors, respiratory therapists, and wound care experts have spent hundreds of hours developing medical directives to get around these restrictions, a process that could be eliminated if nurse practitioners had access to unlimited prescribing.

"No one can predict where an NP will work. They're working in diverse milieus with such diverse populations," she says. "One (approved drug) list will not cover everybody's needs."

Paediatric NP Sherri Adams, like Dacres, is also filling a niche role that has outpaced legislation. She works primarily in an out-patient clinic at Toronto's Hospital for Sick Children and relies on medical directives to do that work. Her job is made more difficult given that many of the medications NPs can prescribe are better suited for adults than children.

Adams sees medically complex children who are chronically ill and depend on technology. Many are prescribed long lists of medications. According to Adams, their contingent of health-care providers can be just as complicated as their condition, and she is the navigator in an otherwise disorienting journey through the system. Parents can call her when they have a question, or can come to see her instead of heading to the emergency department when something unexpected crops up. If they do need emergency care, they can access it armed with a plan Adams and her team have put together that outlines the child's condition, and all the care providers involved. This information means parents don't have to constantly explain their situation.

"It's nice to be able to provide continuity of care for parents," she says. "In a system that's stretched and tight, it's difficult to access health-care providers for children who are relatively well. When you put children who are medically complex into the scheme of things, parents take on a lot of the extra burden."

For the last nine years, North Bay NP Nola Tremblay has been doing her part to help ease the burden on people who need health care, especially those whose illnesses have left them homebound. The primary health care nurse practitioner makes house calls as part of a program for frail elderly at the North-East Community Care Access

NP STEERS REFUGEES THROUGH THE SYSTEM

While the nurse practitioner role evolves in different health-care settings across the province, practising NPs continue to play an important role on interdisciplinary teams at the community level. In fact, these NPs have long provided vulnerable people at community health centres with primary care. At Ottawa's Somerset West Community Health Centre, Laura Kollenberg sees patients of all ages who need help with everything from concerns about mental illness to managing their birth control. One of the best parts of her job, she says, is working in a clinic at a shelter for refugees who have fled poverty or war in their home countries. She screens people for diseases, and vaccinates children so they can go to school. Kollenberg says she sees plenty of people who are malnourished, have hepatitis or anaemia, or need to be tested for tuberculosis.

"A lot of their health issues can be solved with a more peaceful life and three square meals a day," she says. "It's heartbreaking to see them when they first arrive, but I've taken on a number of the children in my practice...and it's rewarding to see how they shoot up in height and take to school and soccer and all sorts of activities and really thrive."

Reaching out to this vulnerable group early is the best way to ensure they get the care they need, Kollenberg says. "It makes so much more sense to do early screening. Some of these folks come with problems they've had for years, but they haven't had access to treatment." It makes sense in every way, she adds, including financially. By assessing and offering referrals to a specialist whenever needed, her patients are getting what they need rather than waiting for a crisis, a trip to the emergency department, and more dollar signs for the system. **RN**

Centre. She says some of her clients suffer from chronic illnesses, while others may not have had a physical for several years. That includes 76-year-old Sophie,* who lost her family doctor when she moved from Sudbury to Sturgeon Falls several years ago. Before Tremblay's home visits, Sophie went to the local emergency department to get her prescriptions renewed. That's a daunting task for anyone, but especially for someone like Sophie who finds it difficult just to walk around her apartment. If Tremblay thinks her patients will benefit from a visit with a physiotherapist or dietitian, or if they need medications that a physician must sign off on, Tremblay makes sure they get it all at home.

"We have an acute-care system, and elderly clients who have a lot of chronic illnesses that don't fit into the acute care model," she says of the need for her work. "It's a different way of looking after clients in a team approach. I'm the link, I connect the dots."

Tremblay loves her work, but says if NPs practised to their full potential, instead of within the limitations of legislation, she knows she could offer enhanced care.

"It's not proactive," she says of the list of drugs NPs can prescribe. By the time it's updated, "...our evidence has changed and it's no longer current. Nurse practitioners are regulated health professionals. We know our limits and boundaries of competency."

Sophie may not be well-versed in the minute details of an NP's scope of practice, but she knows enough to say that the role has made a world of difference in her care since Tremblay started visiting her two years ago. Tremblay

helps her keep her prescriptions up-to-date and provides regular check-ups. Plus, there's lots of time for Sophie to ask questions, and she does it all in French, her first language.

"I love it because I don't have to go to the doctor's office," she says. "I'm so lucky to have all the help I have. If I didn't have Nola (Tremblay), I don't know what I'd do." **RN**

* Not her real name.

JILL SCARROW IS STAFF WRITER AT RNAO.

RNs celebrate another year of milestones, and create a few more of their own

By Kimberley Kearsley and Stacey Hale



Candidates for RNAO's presidency, (L to R) Carmen James-Henry, Catherine Mayers, Hilda Swirsky and David McNeil, participate in a formal candidate session prior to the opening ceremonies on April 23.



Premier Dalton McGuinty paid a visit to the AGM, offering greetings from Ontarians and announcing reforms his government is planning to expand the scope of practice for nurse practitioners and other regulated health professionals.

HUNDREDS OF RNs FROM EVERY CORNER OF ONTARIO were given an opportunity on April 24 to vote for one of four candidates to succeed RNAO President Wendy Fucile. Throughout its history, the association has never had four candidates running for the presidency. And to add another layer to the historic nature of the election, one of the candidates was male, the first man in more than four decades to seek the position (Albert Wedgery was president from 1967-1969).

David McNeil, Vice President of Clinical Programs and Chief Nursing Officer at Sudbury Regional Hospital, was elected the association's 51st official president on April 24. "I am...going to ask all of you to help me to learn this new role," he said. "We are at a crossroads...economic challenges are significant...and the role of our profession at this stage needs to be mapped out, clearly articulated and advocated for so that the future of nursing remains strong."

Fucile, who remains in the role until the next AGM, praised McNeil's courage during the race. "He is a colleague whom I am proud to stand with...And there's no question in my mind he will become one of RNAO's very special presidents."

In her formal address to members, Fucile discussed the future, noting that it's the strength of the association and the collective voice of nurses that will keep the profession strong. "We stand together in troubled and troubling times. Your advice and counsel,

your discussion of resolutions, your selection of the new president-elect, are all critical moments for us to move into our 85th year."

Ontario Premier Dalton McGuinty, who paid a visit and provided a keynote address, also discussed the future of the profession. He thanked nurses for "...working together in an unrelenting effort to improve our health care by constantly raising the levels of your knowledge and expertise. What you are really doing year after year – and I'm very proud of you for doing this – is raising your sights. You keep asking yourselves: 'What more can we do as nurses?' 'How can we do what we're already doing better?'"

The Premier's visit this year was one of several from political heavyweights. Ontario's Minister of Health David Caplan also attended, as did NDP Leader Andrea Horwath and Progressive Conservative Deputy Leader Elizabeth Witmer.

The theme was *Nurses: Advocating for You. Everywhere. Every Day*. McGuinty picked up on that message and urged nurses to continue "...to climb into the crow's nest, so to speak, take a look out into the distant horizon, gain a better understanding of what's happening...and to chart a better course not just for the profession, but for better health care in Ontario."

Fucile echoed his comments: "I invite you...to come with me, David (McNeil), Doris (Grinspun), and our newly seated board to take our message from the AGM to each of our communities, our workplaces, our politicians. To raise our voices in defence of the values and beliefs we cherish." **RN**

politicians bring greetings...



Minister of Health and Long-Term Care David Caplan looks on as RNAO President Wendy Fucile introduces him to more than 700 guests and voting delegates at the AGM.



The new leader of the NDP, Andrea Horwath, was one of several keynote speakers at the opening ceremonies on April 23.



Conservative Health Critic and Deputy Leader Elizabeth Witmer brings greetings from her party. As an honorary member of the association and former Minister of Health, Witmer is a familiar face at the opening ceremonies each year.



RNAO's Board of Directors

BOTTOM ROW (L to R): Wendy Fucile, President, Doris Grinspun, Executive Director, David McNeil, President-Elect

SECOND ROW (L to R): Rhonda Seidman-Carlson, Region 8 Representative, Amarpreet Kaur Ahluwalia, Region 6 Representative, Nancy Watters, Region 10 Representative, Paul-André Gauthier, Region 11 Representative

THIRD ROW (L to R): Ruth Schofield, Interest Groups Representative, Jacquie Stephens, Region 1 Representative, Claudine Bennett, Region 4 Representative, Sheryl Bernard, MAL Nursing Practice, Cheryl Yost, Region 2 Representative

FOURTH ROW (L to R): Michele Bellows, Region 9 Representative, Theresa Agnew, MAL Socio-Political Affairs, Julia Scott, MAL Nursing Administration, Marlene Slepkov, Region 3 Representative, Nancy Purdy, MAL Nursing Research, Kathleen White-Williams, MAL Nursing Education

TOP ROW (L to R): Kathleen Fitzgerald, Region 12 Representative, Kaiyan Fu, Region 7 Representative.

(Absent: Sara Lankshear, Region 5 Representative)

Peer recognition for outstanding RNs

PROMOTION IN A NURSING PROGRAM AWARD

The *Promotion in a Nursing Program Award* recognizes an academic institution for its commitment to RNAO, and its dedication to promoting student involvement in association events and initiatives. The **University of New Brunswick (UNB)/Humber College Collaborative Bachelor of Nursing** program has been selected for

this year's award. Kathleen White-Williams (right), accepted the award as a faculty member at Humber College. The school's faculty and students



hold volunteer positions with RNAO as workplace liaisons, student executive members, nurse ambassadors, and political action officers. RNAO's best practice guidelines (BPG) have been integrated into the curriculum in all four years of the program, and the smoking cessation BPG is used extensively by students involved in a peer health group called *Leave the Pack Behind*. Students are involved in grassroots efforts to recruit others to the association, and faculty are supportive of those who are members, recognizing placements with RNAO as clinical time, and encouraging participation in political events and association conferences.

RNAO IN THE WORKPLACE AWARD

The *RNAO in the Workplace Award* recognizes an Ontario organization for its work to foster involvement in the association,



its creation of a climate of professional partnership and quality worklife, and its commitment to promoting professional development and research-based practice. The **Sudbury District Nurse Practitioner Clinics (SDNPC)** has been selected for this year's honour. As the first NP-led clinic in Ontario, SDNPC has relied on collaboration, clinical knowledge and expertise in workplace wellness to ensure its success. A small organization, it looks to each NP on staff to play a role in achieving change in Ontario's health-care system. It supports membership in RNAO by reimbursing staff fees and encouraging attendance at RNAO events. Staff members are supported financially and with educational leave if they choose to pursue a master's education.

LEADERSHIP AWARD IN NURSING EDUCATION (STAFF DEVELOPMENT)

The *Leadership Award in Nursing Education (Staff Development)* is awarded to a member who enhances the image of nursing within a health-care organization by encouraging critical thinking, innovation and debate about important nursing issues. **Sharon**



Morgan-Hayward is known for her dry wit and ability to synthesize complex information into smaller, understandable pieces. The

recently retired London Health Sciences Centre (LHSC) RN always integrated creativity, drama and fun into helping others develop knowledge and skill. Well known for her expertise in mentoring and facilitating, Morgan-Hayward organized and led many preceptor training workshops to help LHSC front-line nurses support new hires. Upon her retirement at the end of 2008, the University of Western Ontario recognized her outstanding work with students by establishing a *Preceptor of the Year Award* in her name.

AGM09

Members were asked ...

Why did you come to the AGM this year?

"It's really energizing to see how the association has grown. I've been a member for the last 20 years and the growth in the last five to eight years has been phenomenal. Everybody wants to be a part of something that's moving and making a difference. That's why I come."

Lori Korkola,
Region 6
Director of
Nursing Practice,
St. Michael's
Hospital



"RNAO is probably one of the leading nursing organizations in the world. What RNAO is doing here in Ontario is what the world needs to do. It's always fantastic to be in support of RNAO."

Deva-Marie Beck,
Nightingale Initiative for
Global Health
Canadian Branch, Ottawa

Students were asked ...

What did you hope to take away from this event?

"I came to find out more about what the organization is about. I hope to join and I want to know what opportunities there are to get involved in different things. I like to learn about the interest groups because I'm hoping to get involved."



Tonya Hopkinson,
University of Toronto
Nursing Student

What can students expect to learn at the AGM?

"I'm graduating this year so I want to know what's going on at the RNAO meeting and behind the scenes. I'm kind of into the politics of things so I think this is a good way to gain a perspective on what's going on."

Dalia Shillingford,
Student member,
University of
Toronto



LEADERSHIP AWARD IN NURSING ADMINISTRATION

The *Leadership Award in Nursing Administration* honours a member who shows exemplary management skills and actively implements groundbreaking ideas that enhance patient care. **Nancy Fram,**



Chief Nursing Executive at Hamilton Health Sciences (HHS), has helped her organization achieve the title of one of

Canada's top employers for the past three years. Fram's considerable knowledge of strategic planning, finance, and her emphasis on best practice guidelines and nursing professionalism have raised standards of care as well as the skills and confidence of nursing staff. Under Fram's leadership, HHS has achieved 75 per cent full-time nursing employment. She is a leader because she understands that nurses play a pivotal role in the health outcomes of patients and families.

LEADERSHIP AWARD IN NURSING RESEARCH

The *Leadership Award in Nursing Research* is presented to a member whose work sup-



ports the implementation of innovative and progressive nursing practice and leads to positive patient and nurse outcomes. **Debra Bournes,**

Director of Nursing, New Knowledge and Innovation at the University Health Network (UHN), has more than 40 publications to her credit and has drawn international attention for her study of the 80/20 project, an initiative that focuses on retention of mid- to late-career nurses. Under her leadership, UHN has implemented more than 80 nursing studies and researchers have secured more than \$21 million in research funding. One of Bournes' goals is to ensure staff satisfaction is a priority. She's done this by developing initiatives such as the Research Challenge,

a project that helps staff nurses enhance their research capabilities and go on to publish or present their work.

PRESIDENT'S AWARD FOR LEADERSHIP IN CLINICAL NURSING PRACTICE

The *President's Award for Leadership in Clinical Nursing Practice* recognizes an RN(s) who demonstrate expertise and evidence-based practice in one or more areas of clinical practice in a staff nurse position. She/he enhances the image of nursing by demonstrating leadership and influencing change for the betterment of patients, families and/or communities. There are two recipients this year: **Louise Wilson** and **Farah Khan Choudhry.**

Public health nurse **Louise Wilson** is well respected by peers for her diplomacy, communication and relationship building skills. She receives this year's award because of her intrinsic ability to provide leadership and facilitate change with creativity and flexibility.



An RNAO best practice champion, Wilson mentors nurses to create a greater understanding of public health practice, specifically smoking cessation. She recently became coordinator for the RNAO/Simcoe Muskoka District Health Unit's smoking cessation project.

Farah Khan Choudhry, Sunnybrook Health Sciences Centre trauma unit team leader, initiated a grassroots movement at her organization to examine its policy on physical restraints. After successfully completing a 2007 RNAO Advanced Clinical Practice Fellowship that focused on the use of restraints, Choudhry gained a deep



understanding of the issue and convinced senior leadership to change its policy and procedures to minimize the use of physical restraints.

Choudhry is nearing completion of her master's degree, and has a particular strength in resource management. According to colleagues who nominated the trauma RN, her diligence and clinical knowledge foster positive energy and generate results.

STUDENT OF DISTINCTION AWARD

The *Student of Distinction Award* is given to a nursing student(s) who is a role model for professionalism, and contributes to the advancement of the Nursing Students of Ontario (NSO) within her/his nursing program. There are two recipients this year: **Tim Lenartowych** and **Poonam Sharma**.

University of Western Ontario (UWO) student **Tim Lenartowych** is an advocate for nursing students and a role model for his classmates. He has been selected for this award because

of his leadership as former president of NSO in 2008 and student representative for the Provincial Nurse Educator Interest Group (PNEIG) in 2007/08. In addition to representing NSO and its members at the 2008 annual general meeting, Lenartowych has put his communication and clinical skills to work writing articles for the PNEIG newsletter, volunteering at a local flu clinic, and organizing RNAO student recruitment and information sessions at UWO. Lenartowych had the opportunity to fast track toward his goal of becoming an RN and graduated in December 2008. He is currently working at the Nursing Secretariat as a policy analyst.



Humber College nursing student **Poonam Sharma** has shown leadership as the student representative for Peel chapter and as an RNAO nurse ambassador. She is active at home office and on campus, and has contributed to countless initiatives to raise awareness of health policy and the many benefits of membership at RNAO. Sharma is spearheading a referendum at Humber College for RNAO fees to be incorporated into tuition for nursing

students. She also assisted in organizing NSO's Model World Health Organization Conference for nursing students in January. In addition, she is participating in a smoking cessation pilot project through RNAO, and helped to plan a college-wide Meningitis Education Day for students in November 2008. Sharma holds membership in five RNAO interest groups.



HONOURARY LIFE MEMBERSHIP

The *Honourary Life Membership* is conferred on long standing RNAO members who have made outstanding contributions to nursing practice, education, administration or research at the provincial, national or international levels. This includes activities that promote the association among nursing colleagues, the government and other health-care partners. **Jane Underwood** has been an RNAO member for 41 years, and since her days as a nursing student at the University of Toronto, has always encouraged fellow RNs to join their professional organization. Underwood

is an active member of the Community Health Nurses' Initiatives Group and is an internationally respected advocate for community health nursing. She holds a nursing degree and an MBA. While working at the Hamilton Wentworth Public Health Department (1985-2001), Underwood established a positive vision for public health nurses and always encouraged professional development. She was a member of the province's Public Health Capacity Review Committee (2004-2006), established by Sheela Basrur to recognize the contribution of public health nurses. Today, she is a successful public health consultant who continues to influence community health nurses across Canada.



AGM09

Members were asked ...

Did anything in particular pique your interest?

"The community health nursing resolution...It's such an important area of nursing and for the future as more and more people are discharged home...We need new nurses to have that experience within their basic education...so they can develop an interest and more skills in that field, and join us."

Mary Lachapelle,
Region 6 Case Manager,
Central Community Care Access
Centre (Richmond Hill)

Why do you think more people should attend?

"I think it's a wonderful experience, it's very informative. As a student I believe I can use a lot of this information in my...presentation at school. There was so much information...I have to go back and decide what I want to focus on."

Bhasantie Bishundeo,
Peel Chapter
Internationally
Educated Nurse,
York University



Members were asked ...

Why did you come to the AGM this year?

"I've been a member for many, many years and I just became employed by RNAO last month... it's really amazing to see what's going on cross-sectorally in our province. It's amazing what RNAO is doing and it makes me even more appreciative of the fact that I'm a staff member. I'm very proud to be."

Gina De Souza,
RNAO Long-Term
Care Best Practice
Coordinator
Central South
Ontario



"In Grenada, they have a nursing association, but it's not as active as this. Here it is more organized. Grenada is a very, very small country, so nurses just go about what they have to do."

Samantha Neckles,
Internationally Educated
Nurse Program
York University

HONOURARY MEMBERSHIP

RNAO's *Honourary Membership* is granted to an individual who has made an outstanding contribution to the profession in the areas of nursing practice, education, administration or research. The winner demonstrates outstanding national and/or international leadership in nursing. Recipients do not have to be members of the association.

Deva Marie Beck is

International Co-Director for the Nightingale Initiative for Global Health, a grassroots movement that empowers nurses to come together worldwide and use their voices to impact the health of humanity on a global scale. Beck, whose clinical nursing experience spans 30 years in a variety of settings, is described as a visionary and ambassador to human health and well-being. She has been an invited guest speaker at international conferences to discuss nurses' important role to health. She participated in RNAO's Beijing conference in the fall of 2008. She is the co-creator of *The Courage to Care*, a national initiative that



hosts nursing and health promotion events and publishes a tabloid newspaper.

HUB FELLOWSHIP

The *HUB Fellowship*, sponsored by RNAO's home and auto insurance provider, offers a member the opportunity to participate in a week-long, one-on-one placement with Executive Director Doris Grinspun. York University Undergraduate Nursing Program Director **Charles Anyinam** was selected for this award because he is passionate about nursing leadership and is committed to bringing about positive change for nursing and health care in Ontario. Anyinam is dedicated to the education of nursing students and strongly believes mentors and technology are excellent teaching tools. He is co-creator of Ontario Nursing Connection (www.ontario-nursing.ca), an innovative website that matches more than 100 nurses and nursing students in short-term mentor relationships. The website focuses on leadership and interprofessional practice. **RN**



Kimberley Kearsey is managing editor/communications project manager. Stacey Hale is editorial assistant.

Proud member offers Kudos for a job-well-done

Dear RNAO,
I was fortunate enough to have the pleasure of attending the 84th AGM this year and wanted to congratulate the RNAO board and staff for a job-well-done. I'm sure I am not alone in saying what an exciting experience it was to be in a room full of empowered and energized nurses celebrating one another and the nursing profession. I was truly proud to be a member of RNAO. I look forward to doing it all again next year when my home chapter, Kawartha-Victoria, hosts the 85th AGM.

Melinda Wall, RN



snapshots from the AGM



AGM09

PHOTO 1 (L to R) Lakehead chapter members Pat Sevean, Sally Dampier and Mary Jane Kurm were among the more than 500 attendees who participated in the opening ceremonies on April 23.

PHOTO 2 RNAO Best Practice Guidelines Program Manager Frederick Go (left) attends the opening ceremonies to network with members. Among them: David Mastrangelo, a voting delegate from the Men in Nursing Interest Group.

PHOTO 3 Former Progressive Conservative Party Leader John Tory makes an appearance at the opening ceremonies despite his departure from politics. He spoke with many members, including (left) former President Mary Ferguson-Paré.

PHOTO 4 McMaster University nursing students (L to R) Cherie Anato, Stefan Chery and Alison Haines were among the many aspiring RNs to attend the AGM for a taste of what RNAO has been doing on their behalf.

PHOTO 5 President-Elect David McNeil takes to the podium in his first speech to members who voted for him.

PHOTO 6 Ontario's Provincial Chief Nursing Officer Vanessa Burkoski (right) mingles with RNs at the opening ceremonies. Essex chapter members Debbie Kane (left) and Lynda Monik take advantage of the opportunity to chat with the nurse leader.

PHOTO 7 Hamilton chapter members (L to R) Beverley Morgan and Gloria Charles join Region 10 member Bea Osome (right) to celebrate the start of the 84th AGM on April 23. They are joined by Kathleen Mandeville (second from right), a retired community nurse visiting from the West Indies.

Members chart the course for RNAO work

RNAO encourages chapters, regions without chapters, interest groups, and individual members to submit resolutions for ratification at each annual general meeting (AGM). 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 at the 2009 AGM.

RESOLUTION # 1

Submitted by Irene E. Molenaar, RN, (BScN student), Hamilton Chapter

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario advocate to the Government of Ontario an increase of \$500 to \$2,000 for the Nursing Education Initiative per nurse per year.

Status: CARRIED

RESOLUTION # 2

Submitted by Anne Simmonds, RN, Region 6. In collaboration with the following BScN students from the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto: Beth Allin, Jacqueline Best, Katanya Fuerst, Heather Laird, Sheena Makan, Christina Mollon, Bobbi Jo Quigley, Martina Viduka and Jessica Wood

THEREFORE BE IT RESOLVED that the RNAO continue to advocate for universal, regulated affordable childcare as a key pillar of Ontario's poverty reduction strategy and that resources be developed to inform and engage not only registered nurses but nursing students, members of other health disciplines, politicians and interested members of the community.

Status: CARRIED

RESOLUTION # 3

Submitted by Debbie Shubat, RN, on behalf of Algoma Chapter

THEREFORE BE IT RESOLVED that RNAO meet with key stakeholders to develop comprehensive evidence-based guidelines for healthcare facility design and construction.

Status: CARRIED

RESOLUTION # 4

Submitted by Community Health Nurses' Initiative Group (CHNIG)

THEREFORE BE IT RESOLVED that RNAO collaborate with all relevant sectors of the education and the health care system to ensure the integration and curricular enhancement of community health nursing theory and practice in all undergraduate nursing programs in Ontario.

Status: CARRIED

RESOLUTION # 5

Submitted by RNAO's Board of Directors

THEREFORE BE IT RESOLVED that any decision on the sale of the Association's Pearl Street home office building will be initiated by RNAO Board of Directors and brought for decision with voting delegates at a general meeting.

Status: CARRIED

RESOLUTION # 6

Submitted by Carolyn Davies, RN, Essex Chapter President

THEREFORE BE IT RESOLVED that RNAO lobby the Provincial Government to have Retirement Homes and Group Homes in Ontario operate under a provincially operated licensing system and regulations.

Status: Referred to RNAO's Board of Directors

RESOLUTION # 7

Submitted by Kristie Clark, RN, Middlesex Elgin Chapter

THEREFORE BE IT RESOLVED that RNAO lobby the provincial government for standardized education for PSWs (personal support workers) that reflects the Ontario Ministry of Training, Colleges and Universities standards for PSW education; and

THEREFORE BE IT FURTHER RESOLVED that RNAO collaborate with Ontario educational institutions with PSW programs, to assist in development and management of curriculum related to the roles of interprofessional team members through an understanding of team members' scope of practice/employment, mutual expectations, and responsibilities.

Status: Referred to RNAO's Board of Directors

RESOLUTION # 8

Submitted by Frances Brown, RN, Carol Kelly, RN and Sharon Dickson Lawrence, RN, Region 7

THEREFORE BE IT RESOLVED that RNAO meet with the relevant stakeholders to identify and discuss gaps in health services for school age children and advocate for an increased nursing presence in schools.

Status: Referred to RNAO's Board of Directors

POLICY AT WORK

RNAO throws its weight behind calorie count bill

A private member's bill aimed at ordering restaurant chains to put calorie counts on their menus is being supported by RNAO. New Democrat MPP and Health Critic France Gélinas introduced the legislation, *Healthy Decisions for Healthy Eating Act*, in March. The legislation would require food premises with total gross revenues of \$5 million or more to disclose the calorie content of their food and drink beside their prices, and limit the amount of trans fat.

RNAO board member Kathleen White-Williams spoke in favour of the bill at a media conference at Queen's Park on April 9, noting this is an important public health issue that needs to be addressed because obesity leads to other health problems. White-Williams said nurses are fully aware

of the overwhelming evidence linking trans fat to coronary heart disease. She said measures to limit the amount of artificial trans fat is a smart way to help prevent this disease and save lives. Citing the association's best practice guideline on *Primary Prevention of Childhood Obesity*, White-Williams said rising obesity rates put children at increased risk for diabetes and cardiovascular disease. Requiring food establishments to disclose caloric information, she added, will also help families make better decisions that support balanced nutrition.

Other organizations that support *Bill 156* include the Centre for Science in the Public Interest, the Ontario Public Health Association, the Heart and Stroke Foundation of Ontario, and the Ontario Society of Nutrition Professionals in Public

Health. The Ontario Medical Association has also called on the government to introduce legislation on calorie labeling.

Gélinas' bill has passed second reading in the legislature. We'll keep you posted. **RN**

Proposed law to reduce toxins needs teeth

RNAO President Wendy Fucile appeared before a legislative committee on May 13 to give conditional support to a government bill aimed at helping companies reduce the amount of harmful toxic substances they create and emit, and find greener ways to do business.

Modeled after a similar law in Massachusetts, the government's strategy to reduce toxics would require industries to track their use of chemicals and show how they might be reduced. Where it falls short is in the small print that allows for the implementation of these plans to be on a voluntary basis.

Fucile commended the government for "a courageous first step" towards rectifying the province's "deplorable record on toxics." She followed that praise with a cautionary comment that the legislation only provides a framework, and that RNAO expects amendments to address the lack of targets and the need for companies to substitute dangerous chemicals with safer alternatives when they exist.

In addition to these amendments, RNAO is urging a substantially greater commitment than the \$41 million budgeted for reducing toxics, a provision that would guarantee the public's right to know about toxics in their environment, and the creation of an independent body to assist companies with greener alternatives.

These changes are absolutely necessary, Fucile says, especially when you consider the evidence that links cancer, birth defects, and premature death to toxics. **RN**

"More than 900" must translate into 3,000 additional nurses

RNAO's President-Elect David McNeil appeared before a legislative committee on May 7 to press the McGuinty government on key items arising out of the Spring budget.

In March, nurses were shocked to learn that despite more than 6,000 letters to both Premier Dalton McGuinty and Health

Minister David Caplan, the government decided to fund "more than 900 nursing positions" and not the 3,000 additional positions the association said are required to address health needs in communities around the province.

McNeil used the occasion to emphasize that challenging economic times – in which families face hardship and layoffs – are precisely the time when government should be making investments in health, social and environmental programs.

RNAO's formal submission to the *Budget Measures Act, 2009* also reminded the government that nursing shortages threaten patient safety and impede the delivery of timely and efficient care, especially in light of current H1N1 pandemic preparation. It also called on the government to proceed immediately with funding 22 additional nurse practitioner-led clinics. **RN**



After his presentation to a legislative committee in early May, RNAO President-Elect David McNeil (centre) debriefs with the association's Rob Milling, Director of Health and Nursing Policy, and Senior Policy Analyst Lynn Ann Mulrooney.

NEWS to You to Use



RNAO board member Paul-André Gauthier (left) was one of only six Ontarians to receive the prestigious Ordre de la Pléiade on April 22. Presented by the Honourable David Onley, Lieutenant Governor of Ontario, the medal recognizes Gauthier's contribution to the development of the francophone community. "This prestigious recognition adds to the daily satisfaction that I feel when serving our Francophonie, whether in preparing French-language health professionals or ensuring that the rights of the French-language clients who use our health-care system are respected," he said. Gauthier represents members of RNAO's Region 11 (Sudbury and area) and works as a professor in the nursing program at Collège Boréal, a French postsecondary and skills training institution serving Northern and Central-Southwestern Ontario.

The Ontario Association of Nurses in Independent Practice (OANIP), an interest group of RNAO, has restructured and officially changed its name to *Independent Practice Nurses (IPN)*. The change was approved in late 2008, as was the group's mission "...to promote access to independent practice nursing services through professional recognition, public awareness, and political and social action."

Nurse Jackie, a new Monday night dramatic series on the Movie Network/Movie Central aired in early June for a six-week run. Co-producer Liz Brixius told the *Toronto Star* that "...we realized the great stories come from the nurses...they're the ones who are behind the scenes. They're not the stars...they're the ones holding the hands of the loved ones and breaking the news and doing the heavy lifting. So we like the nurses." The show's star, Edie Falco, responded to questions about possible backlash from the nursing community by suggesting it couldn't be any worse than backlash from Italians while doing the popular mob show, *Sopranos*. She played the wife of mob boss Tony Soprano.

In June, RNAO member Wendy Fortier, Ottawa Hospital's Clinical Director of Critical Care, Emergency and Trauma, received a Trillium Gift of Life Network (TGLN) *Lifetime Achievement Award* for her dedication to organ and tissue donation. "Until everyone knows and truly cares about organ and tissue donation, we have not done enough for the families we care for or the hundreds in desperate need awaiting their gift of life," she said. Fortier is one of a number of health-care professionals featured in a TGLN 2009 calendar celebrating their important work. She's featured as a supporter of the *Green Hand Campaign*, launched in the spring of 2008 to generate a network of Ontarians who support organ and tissue donation.



If you're a non-unionized nurse who has lost her/his job, had a complaint filed against you at the College of Nurses of Ontario, or been subpoenaed to appear as a witness at an inquest or other legal proceeding, call RNAO's Legal Assistance Program (LAP). It's important to call LAP before you retain a lawyer so you know how to access the funding you may be entitled to, and are referred to the most appropriate counsel for your particular legal issue. If you have any questions, call Lee Minty, 1-800-268-7199 ext. 223/416-599-1457 or by e-mail lminty@rnao.org.

Canada's Minister of Health Leona Aglukkaq announced in June that the federal government will fund a national influenza research network focused on pandemic vaccine evaluation. Pegged as another measure to address the H1N1 flu virus (swine) that emerged in the spring, the network will evaluate the safety and effectiveness of a pandemic influenza vaccine and vaccination programs. "This speaks to the very core of the Public Health Agency of Canada's mandate to protect Canadians," David Butler Jones, the country's chief public health officer said, adding it "...gives us all an ideal mechanism to learn more about influenza and how to improve our responses to...outbreaks."

Calendar

August

August 9-14

4th Annual Creating
Healthy Work Environments
Summer Institute
Cranberry Resort
Collingwood, Ontario

September

September 24-25

RNAO Board of Directors
Meeting
RNAO Home Office
Toronto, Ontario

September 26

RNAO Assembly Meeting
The Hilton Toronto (145
Richmond Street West)
Toronto, Ontario

October

October 6-8

8th International
Elder Care Conference
Older People Deserve
the Best:
The Journey to
Transformational and
Sustained Change
Toronto Westin Prince Hotel
Toronto, Ontario

October 14

Leadership for New Grads
Workshop
Ryerson University
Toronto, Ontario

October 22-23

6th Biennial Pediatric
Nursing Conference:
Child First, Patient Second
Crown Plaza Hotel
Toronto, Ontario

November

November 6-8

Nurse Practitioners'
Association of Ontario
Annual Conference
Westin Ottawa
Ottawa, Ontario

November 29 to December 1, 2010

5th International Nursing
Education Conference:
Exploring Practice
Education in Nursing
Location TBA
Toronto, Ontario
NEW THIS YEAR
Exciting Networking
Reception (December 1, 2010)
This networking opportunity,
jointly hosted by RNAO and
Workplace Integration of New
Nurses (WINN) bridges between
RNAO's Education Conference
and WINN's Nursing the Future
Conference (Dec. 3-5, 2010).
For more information, visit
www.rnao.org.

✈️ Explore the Nursing World of South Africa

- Take part in discussions with nursing peers.
- Visit hospitals and health clinics.
- Explore a rich cultural heritage.
- Embark on a wildlife safari.

Call today for information,
or visit our website.



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

Leadership and Management Program



GRANTING UNIVERSITY CREDIT AND LEADERSHIP AND MANAGEMENT PROGRAM CERTIFICATE OF COMPLETION
Endorsed by the CNA.

All courses individually facilitated by an Educational Consultant

Courses Offered:

Leadership and Management (6 units)

- 9 month course completion
- both theoretical and practical content important in today's work environment

Leading Effective Teams (3 units)

- 6 month course completion
- study of leadership, team dynamics impacting the workplace, types of and team structure in health care organizations

Conflict Management (3 units)

- 6 month course completion
- explores the types and processes of conflict in health care organizations and applies theory and research to conflict situations in the current workplace

Quality Management (3 units)

- 6 month course completion
- theories, concepts including safety culture leadership in creating a culture of accountability
- critically analyzes and applies paradigms to address quality and safety issues in the workplace

Advanced Leadership and Management (6 units)

- 9 month course completion
- builds on the Leadership/Management course
- topics include transformational and quantum leadership, emotional intelligence and organizational culture

Integrative Leadership Project (3 units)

- Final course integrates theories and concepts of the Program and provide opportunities to apply these to a real situation in the workplace
- Through the use of a champion leader, the student develops and understanding of managing key organizational processes

PROGRAM COURSES AVAILABLE IN TUTORIAL CLASSROOM FORMAT (OVER 12 WEEKS)

For further information please contact:

Leadership and Management Program
McMaster University

Phone: (905) 525-9140 Ext 22409 Fax: (905) 529-3673

Email mgtprog@mcmaster.ca

Website: www.leadershipandmanagement.ca

Programs starting every January, April & September

REGISTERED NURSES PROMOTING HEALTH IN FAITH COMMUNITIES... AND BEYOND

*Have you thought about Parish Nursing Ministry?
Wholistic Nursing in a congregational setting?
Would You like to know more?*

Openings available for parish nurses across Ontario, especially in the Waterloo Wellington area supported by the Ontario Aging at Home Strategy of the Waterloo Wellington Local Health Integration Network.

**For more information, please call
1-888-433-9422**



INTERCHURCH HEALTH MINISTRIES

44 Metcalfe Street, Aurora, Ontario, L4G 1E6

Phone: 905-841-7619

Toll Free: 1-888-433-9422

Fax: 905-841-4051

Website: www.ichm.ca

E-mail: info@ichm.ca

Fostering healthy communities through Christ's healing ministry

ICHM Registered Charitable No. 890261175RR0001

Are you protected?

Every nurse should have professional liability protection.



The Canadian Nurses Protective Society

is here for you!

Call for a free consultation.

www.cnps.ca 1 800 267-3390



Canadian Association of Wound Care  Association canadienne des soins des plaies
 www.cawc.net

The 2009 Annual CAWC Conference is coming!

We'll be in beautiful Quebec City this fall!

Visit www.cawc.net for full information on this year's exciting, fully bilingual event:

- What's new this year
- What's back by popular demand
- Who should attend
- What you can expect to get out of attending
- What you can do for fun in your spare time
- Call-for-abstracts information
- Full conference agenda
- Full description of streams, forums and post-conference workshops
- Faculty list

Visit www.cawc.net for easy online registration




Medical Acupuncture Program

An Evidence-Based Approach to Traditional Chinese Medicine
Program Chair: Dr. K. Trinh, MD, MSc, FRSS, Diploma in Sports Medicine



Dates for 2009: September 26-27, October 24-25, November 28-29, & December 12-13

Early-bird tuition fee for Level 1 in 2009: \$1995 (Regular Fee \$3475)

Register to this popular program early to avoid disappointment!

Please call us or check our web site for more details.
www.acupunctureprogram.com
Email: acupuncture@mcmaster.ca
Tel: (905) 546-5500
*Enrolment restricted to Ontario RNs

“Nurses today are working at maximum capacity. They need quick access to resources – more reliable than those a random web search can yield – to make informed decisions and enhance patient outcomes. NurseONE provides that access.”

Carole St. Denis

Nurse Educator, Surgery
The Ottawa Hospital, General Campus
Ottawa, Ontario



HEALTH-CARE JOURNALS, DRUG HANDBOOKS,
NURSING E-BOOKS, INTERACTIVE TRAINING MODULES,
PROFESSIONAL DEVELOPMENT GUIDANCE

NurseONE.ca

Spread the word...

Registration is quick and easy! Go to nurseone.ca now and start discovering the vast resources available.



CANADIAN
NURSES
ASSOCIATION



I came for the job.
I stayed for the team.

"I like the diversity of the job – burns, plastics, trauma – you're never bored from one shift to the next. We work together as a multi-disciplinary team and everyone is there for the patient."

Anne D., VCH Registered Nurse

New Challenges. New Horizons.

To find out more and to apply, visit:
www.vch.ca/careers

Phone: 604.875.5152
Toll-Free in North America: 1.800.565.1727



Show Your Pride

You're proud and passionate about your chosen profession and the organization that speaks strongly on your behalf.



The "RNAO" name stands for leadership, democracy, diversity and an ongoing commitment to nursing and health-care excellence.

Show the world what you stand for with great RNAO merchandise. The RNAO logo is bound to grab attention and start conversations with friends, family, colleagues and even strangers.

Help to spread RNAO's word by showing your RNAO pride today.

RNAO merchandise is available now!

Find out more at www.rnao.org



From applying skills to building meaningful relationships,
a career in Long Term Care nursing is about giving you more –
so much more. To be part of the Long Term Care family,
visit moretoltc.ca



Blanca,
Primary Care Nurse



THERE'S MORE TO
LONG TERM CARE
THAN YOU THINK.

 Ontario
HealthForceOntario

S·R·T Med-Staff is a trusted leader in the healthcare community with a reputation for excellence in quality of care. With the greatest variety of shifts and top pay rates to the highest quality of nurses, it's no wonder Toronto RNs & RPNs continue to rank S·R·T Med-Staff number one or that so many healthcare providers trust S·R·T Med-Staff personnel to provide an exceptional level of care.

Contact us today for your personal interview at **416.968.0833** or admin@srtmedstaff.com

On The Pulse of HEALTH CARE

