UPDATE ON RESOLUTION #1 • NURSES VOLUNTEER FOR TORONTO MARATHON • RNs SPEAK OUT ON POVERTY

November/December 2006

Registered Nurse JOURNAL

Shifting gears

Mid-career RNs re-energize and rejuvenate their careers by taking on new challenges in the classroom and beyond.

More than 33 years have passed since Maria Scattolon graduated as an RN from a hospital-based nursing program. She's hitting the books again – this time for her ACNP certification.

PM 40006768

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THE LINEUP

RNAO

Registered Nurses' Association of Ontario

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

FEATURES

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With challenge come champions

I've never liked running. Give me a pair of hiking boots, a bike, roller blades or a tennis racquet and I'm off quicker than you can say 'go.' Give me a pair of running shoes and I assure you, I won't budge.

Perhaps my personal dislike for this sport is what feeds my fascination with marathon runners. It intrigues me that anyone would voluntarily embark on a grueling 42 kilometre race that promises to take its toll on even the most seasoned athlete.

In this issue of *Registered Nurse Journal*, you won't meet any marathon runners. You will, however, meet another group of marathon participants who impress and inspire just as much: nurses.

At least 55 RNs from across the GTA volunteered to care for runners at the Toronto Marathon in October. Their efforts can be seen in our photo feature on page 20.

Perhaps what's less visible in our coverage of the event is the pre-race challenge RNAO's region 7 board representative Carmen James-Henry faced when Chris Troyanos, a veteran of the Boston Marathon who helped organize the medical planning committee, approached RNAO to help recruit RNs as volunteers.

James-Henry embraced that challenge in the spring, and by race day had helped assemble a group of seasoned RNs to share their expertise and time to ensure the safety of runners.

James-Henry is not the only nurse you will meet in this issue who has embraced challenge. Nurse practitioner Anne Egger and RN Sarah Innis tell us on page 19 about how they're raising awareness of the plight of the poor by embracing the challenge of speaking out on their behalf. As members of Health Providers Against Poverty (HPAP), they are not only doing what they can for less fortunate Ontarians, they are also challenging the government to better recognize the needs of the poor.

In this issue, you will also meet four mid-career RNs who are embracing the challenges that come with returning to school at a time when others are thinking about retiring. They are among hundreds of older RNs who are cracking open the books in an effort to enhance their practice and achieve long-held personal ambitions.

We hope their stories inspire you, and get you wondering how you can challenge yourself in the months ahead.

Me, I think I'll go for a run. Who knows, I may just like it.

Kimberley Kearsey
Managing Editor

Province-wide consultation about resolution #1 generates positive results

When I began my presidency, I committed to listening to members' voices, hearing what's important to nurses, and taking action on those important issues. I am now making another commitment to you. We will achieve a positive outcome from the process related to resolution #1, and we will build RNAO's relationship with the Canadian Nurses Association (CNA), strengthening a national voice for nurses.

Already there is evidence that we are on the road to that destination. Over the last few months, many of you participated in consultation sessions and completed RNAO's survey online or by mail. In fact, well over 6,000 members – RNs in all roles and sectors – shared their voices with the Board of Directors. The board heard those voices loud and clear when it met in November to develop recommendations on resolution #1, and the board has taken your message to heart. We are all in agreement that CNA and RNAO must continue to work together to secure a national nursing voice that is stronger than ever.

I'm happy to report the collaboration you are looking for between RNAO and CNA is happening, and it will continue. During September's CNA board meeting, there was healthy discussion and the CNA board passed a motion to adopt RNAO's recommendations for two new strategic directions endorsing advocacy and action on healthy public policy. These strategic directions envision CNA leadership working with provincial and territorial jurisdictions to mobilize nurses to advocate for a quality, publicly funded, publicly administered and not-for-profit health system, and to advance national public policy that addresses the social and environmental determinants of health.

In November, the CNA board approved plans for allocating $1 million and seven staff members to make those strategic directions a reality in 2007. This progress was complemented by a positive, productive meeting between myself, Immediate Past President Joan Lesmond, Executive Director Doris Grinspun, CNA President Marlene Smadu, CNA President-Elect Kaaren Neufeld, and CNA Chief Operating Officer Jane Ellis.

The opportunity to meet with thousands of members and hear about issues of importance to your professional work is one of the greatest joys of being an RNAO board member and your president. For the past few months, you have met with us to share your thoughts about resolution #1 and its evolution. Individuals and groups have told us about their clear support for our focus to secure a national activist agenda.

"RNAO is your association, and your voices can only make it stronger."

The vast majority of RNAO members want to advance a public health-care system and public policy that will support the social and environmental determinants of health. Throughout the consultations, most of you told us you're passionate about the need to address issues related to poverty, the environment, primary health care, and enforcing the *Canada Health Act* provincially and nationally. You shared your concern about the impact of replacing RNs with less qualified nurses, and you told us you want RNAO to be a part of CNA.

Through this process we learned that many of you hadn't heard much about the underlying concerns that resulted in resolution #1, and we became aware that we as a board must improve our communication. The board realizes the issues that RNAO has been worried about for more than a decade have been percolating for too long without an open discussion with all our members. Immediate Past President Joan Lesmond, and the board she presided over (of which I was a member), mustered the courage to propose open and transparent consultations with you – RNAO's real owners.

At the April 2006 annual general meeting, voting delegates gave the board's proposed resolution a green light for action. We committed to keeping you well informed of our progress on an ongoing basis, and we stand by this commitment. I have reported back to you in my columns, and home office has done so through its regular e-mail newsletter, *In-the-Loop*. We posted all communications between RNAO and CNA in the *members only* section of RNAO's website. You also heard about the resolution at your chapter, regional, and interest group meetings.

Some of you have told us you are concerned that the resolution #1 consultation process and data gathering has been "flawed" and may interfere with our ability to achieve a positive outcome in our discussions with CNA. We appreciate hearing and considering all the differing points of view as we move toward our goal to strengthen the voice of nursing in Canada.

RNAO's board spent two days in November developing recommendations to be presented at the general meeting on Jan. 26, 2007. We hope to see many of you there. The recommendations reflect all of the issues you have told us are close to your hearts. They also reinforce our collective values and goals for a strong national voice in collaboration with CNA. The board, your executive director, and I look forward to continuing to hear your feedback on this and all other issues.

RNAO is your association, and your voices can only make it stronger.

MARY FERGUSON-PARÉ, RN, PhD, CHE, IS PRESIDENT OF RNAO.

Mailbag

RNs remain passionate about Middle East position

Re: Ontario RNs respond to crisis in the Middle East, September/October 2006

I was not surprised to read in the September/October issue that not all members agree with RNAO's stance on the crisis in the Middle East. We all rightfully hold our own beliefs and values. I was also not surprised to read that some members refused to participate in the action alert on this issue. However, I was completely taken aback to read that some members did not believe it was RNAO's place to be speaking out on political issues. Judith Shamian went so far as to write: "RNAO has no business attempting to use its profile…to influence Canada's international public policy."

I completely disagree.

Surely members realize that RNAO speaks out not only for the profession of nursing, but also for the health and dignity of the general public – both nationally and internationally. Shamian states in her letter that RNAO's priorities are "advancing nursing, Medicare and health care," but she fails to mention healthy public policy and the social determinants of health – two strategic directions clearly listed in RNAO's mission statement. As the association's open letter to Stephen Harper stated: "…there is no health determinant as fundamental as peace itself."

As registered nurses, we have a responsibility not only to ourselves and our profession, but also to the health and well-being of others. We are lucky to have an association that speaks out not only for us, but also for a large number of issues that may not pertain directly to the advocacy of our profession – issues such as poverty, racism, and peace. Personally, I am proud to be a member of an organization that stands up for those who cannot always stand up for themselves.

Laurie Spooner, RN
Toronto, Ontario

Patients grateful that RNs share their tears

Re: Unique gifts, July/August 2006

Thank you for sharing Raewyn's story with us. Her story is also my story and I cried as I read it. I will also say that tears roll down my cheeks as I take part in this broken part of the life cycle. The parents and families I have worked with have expressed their gratitude to us that we weep with them. It is true, my job is 99.9 per cent a joyful occasion, but Raewyn's story touches at the heart of the other side of the coin.

Julie D. Page, RN
Belleville, Ontario

We want to hear from you.

Please e-mail letters to letters@rnao.org or fax 416-599-1926. Please limit responses to 150-250 words and include your name, credentials, hometown and telephone number. RNAO reserves the right to edit letters for length.

Using evidence, politics, communication and media to shape healthy public policy

As executive director of RNAO, I regularly speak about the critical role nurses play in shaping healthy public policy. I stress that the breadth and depth of our knowledge about patients, work environments, organizations and systems is central to our success.

Every time I see nurses involved in political action, I'm impressed with your contagious courage and passion. For example, your responses to RNAO's action alerts are forceful. Your ongoing participation in RNAO's annual *Take Your MPP to Work* day is exciting. Your ever increasing involvement in chapter and interest group meetings, and your willingness to write to newspapers and speak to media, is encouraging. Above all, your eagerness to learn and practice methods for shaping healthy public policy and building a better world is inspirational.

I see three P's in your traits: passion, persuasiveness and persistence. All are essential to building our influence. But equally essential is a 'working framework' for shaping policy and transforming nursing into a social force. This concept of a 'working framework' simply entails using four key tools – evidence, politics, communication and media – throughout the policy process; from framing an idea, to promoting awareness, to securing uptake and sustaining change.

RNAO has already moved important provincial policies using this framework: nurse practitioner (NP) legislation and funding; the 70 per cent solution whereby 70 per cent of all RNs are working full-time; guaranteed full-time employment for new grads; and, in mid-November, the announcement of the first Canadian NP primary health-care clinic led by Marilyn Butcher and Roberta Heale in the Sudbury region. We continue to use the framework in advocating for the '80/20' policy, which will allow all nurses 55 and over to spend 80 per cent of their time on clinical work and the rest on mentoring new grads.

The movement towards better elder health and care, featured on page 22, serves to illustrate this 'working framework' and its effectiveness.

The Ministry of Health and Long-Term Care (MOHLTC) predicts that seniors will comprise almost a quarter of Ontario's population by 2031. This statistic provides powerful 'evidence' for advocating for older persons.

You can trace RNAO's advocacy on behalf of older persons back to the late 90s, when rhetoric emerged that the elderly would make Medicare unsustainable.

"Your eagerness to learn and practice methods for shaping healthy public policy and building a better world is inspirational."

We initiated a meeting with the *Ontario Senior Citizens Coalition* and the *Older Women's Network* to discuss the formation of an Elder Health Coalition (formerly Elder Health, Elder Care Coalition) to advocate for the right of older persons to age in place – wherever that place may be – and to urge government to develop services to achieve this goal.

Launched in 1998, the coalition has since attracted 35 provincial and national umbrella organizations representing seniors, health-care providers and professional associations. This milestone represents the 'politics' in our framework as it created an effective collective voice to drive healthy public policy for older persons.

The next element of our framework is 'communication.' In this regard, RNAO announced its first international elder care conference in 2002, and, together with the coalition, led its first invitational think tank. The MOHLTC, realizing the knowledge and power of this united front, offered to partner.

RNAO and the coalition have also engaged in numerous political and media strategies. We've participated in protests, met one-on-one with government officials, opposition leaders and bureaucrats, published features and columns about elder health in *Registered Nurse Journal*, and pitched story ideas, letters to the editor, and opinion pieces to local and national press and long-term care publications. RNAO also launched an ambitious poster campaign (Nursing Week 2004) focused on healthy seniors and the urgent need to develop community services to support them as active members of our communities.

The message that nurses are serious has also been supported by evidence-based practice tools, including the development of clinical best practice guidelines (BPG) focused on elder health and care, health education fact sheets for the public, and the long-term care orientation program for health professionals.

The elder health example shows how all components of the framework – evidence, politics, communication and media – come together in a powerful way. There's no question it takes effort to build this kind of momentum. But there's also no question that basing our efforts on a working framework delivers outcomes. In the case of our elder care example, the coalition was appointed in 2003 as an advisory group to Health Minister George Smitherman and former Minister Responsible for Seniors, John Gerretsen. This year, the group played a pivotal role in advising the Ministry on its strategic direction for elder health in Ontario.

Yes, we can – and we are – moving health-care policy forward, thanks to the three P's: passion, persuasion and perseverance, and a strategic approach that's worked time and time again.

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

by **Tiffanie Ing**

Nursing in the news

RNAO & RNs weigh in on . . .

PHOTO: OTTAWA CITIZEN, JULIE OLIVER

Unlocking the mysteries of dementia

RNAO member **Joan McCarthy** works with patients with advanced dementia at the City of Ottawa's Peter D. Clark Centre, a long-term care facility. As a charge nurse in one of the centre's secure units, she's responsible for 42 patients who reside behind locked doors that ensure they do not wander away. McCarthy says she will spend years working with patients, trying to draw out the source of their distress and reminding them constantly where they are and what they are doing. "The ones who are more difficult are harder on you, but it's about trying to get some comfort for them....to reduce the agitation," she says. "It's all about getting them to a more peaceful place with a minimum of medication." (*Ottawa Citizen,* Oct. 24, 27, 31)

Canadian Institute for Health Information releases nursing employment numbers

• *Highlights From the Regulated Nursing Workforce in Canada,* a report released by the Canadian Institute for Health Information (CIHI) on Oct. 18, found the number of registered nurses, licensed practical nurses, and registered psychiatric nurses employed in Canada increased by two per cent between 2004 and 2005. The number of Ontario nurses over 50 is also on the rise, up six per cent since 2001. RNAO member **Francine Anne Roy**, Director of Health Resources Information at CIHI, was involved in the study and says this is the first time the report provides data on the differences between the number of nurses in geographic regions with similar populations, such as Ottawa, Calgary and Richmond, B.C. "We now have a tool that allows…Canadians to understand differences in service delivery from one region to another, and gives health-care planners an opportunity to consider them." *(Canada News-Wire,* Oct. 18)

• RNAO member **Lisa Little** says there are still some worrying trends despite the reported increase in RNs: "There are not enough nurses in Canada, and this is only going to get worse unless there is immediate action by governments. How much more evidence do they need that there is a deepening nursing shortage?" (*CKOT-FM (Tillsonburg), CBCF-FM (Sudbury), CBO-FM (Ottawa), Canada News-Wire*, Oct. 18)

• RNAO member **Brenda Hallihan** wrote to the *Peterborough Examiner*, urging town officials to "focus on the lack of sufficient nurses, and remember that the nurses are caring for their patients around the clock, every day of the year. Many times it has been stated that the nurses are the backbone of the health-care system." (Oct. 20)

• RNAO President **Mary Ferguson-Paré** responded to the figures about the aging workforce, outlining the need for new policies to keep older nurses working longer. RNAO has been calling for implementation of an 80/20 strategy that allows nurses

For complete versions
of any of these stories, contact
Tiffanie Ing at ting@rnao.org.

over 55 to spend 80 per cent of their time on direct patient care and the rest on education, research or professional development. (*Broadcast News,* Oct. 18; *Windsor Star,* Oct. 19; *Ottawa Sun,* Oct. 19)

Nurse practitioners lobby for better primary care

• RNAO members **Marilyn Butcher** and **Roberta Heale** made history on Nov. 10, when they began leading the development of a new nurse practitioner clinic in Sudbury. Butcher and RNAO Executive Director **Doris Grinspun** were interviewed following Health Minister George Smitherman's announcement – at the Nurse Practitioner Association of Ontario's annual conference – to invest $1 million to set up the clinic. He called the endeavour "an important innovation to make sure Medicare can be sustained into the future." Grinspun said the clinic is "a dream we've had for many years." Butcher agreed, adding: "We're running as fast as we can these days and hoping to have a start-up date anywhere between February and April of 2007." (*Hamilton Spectator*, Nov. 11, *CBCS-FM (Sudbury)*, Nov. 16)

• Before the announcement was made, Heale was vocal with local media about the need for NPs in Sudbury to begin practicing to their full scope: "We know first-hand the need out there, and to be sitting with this resource that isn't being utilized is really discouraging." (*Sudbury Star,* Sep. 7, 28; *NorthernLife.ca,* Oct. 3; *PER-TV (Sudbury), Oct. 5, and Sudbury radio stations CBCS-FM, CIGM-AM, CHNO-AM, CJMX-AM*, Oct. 5, 6)

• RNAO Grey Chapter President **Sheri Hatcher** wrote to the *Owen Sound Sun Times*: Nurse practitioners have the knowledge, skills and ability to treat…patients. Research shows that care provided by nurse practitioners in an emergency room is at least equal to that provided by physicians and that patients are satisfied with the care they receive." (Oct. 12)

• RNAO member and nursing student **Liza Roszel** penned a letter in support of Guelph General Hospital's application for funding of NPs in the ER: "Nurse practitioners do not do the same job as physicians and are not going to take over the job of a physician…The physician's focus is on curing and the nurse practitioner's focus is on caring…" (*Guelph Mercury*, Sep. 30)

Street nurse expresses concern about health hazards of the *Out of the Cold* program

RNAO member and street nurse **Cathy Crowe** wrote to the *Toronto Star* to warn of the health risks of the *Out of the Cold* programs for the homeless. "It is a disaster waiting to happen. What if SARS had entered one of these church basements? What if the Norwalk virus enters one of the synagogue basements?" (Oct. 5)

Nurses urge province to keep its promise: end child clawback

On Oct. 2, Ontario parents and anti-poverty groups lobbied Premier Dalton McGuinty to keep his election campaign promise to stop the $120/month government clawback of a federal child benefit supplement for families on social assistance or disability. RNAO released a statement saying there is a direct link between poverty and poor mental and physical health. Immediate Past President **Joan Lesmond** wrote: "In a wealthy country like Canada, families should not have to choose between paying the rent or buying food. We know that ending this practice (of clawbacks) is not just good social policy, it is also good health policy." (*Brockville Recorder and Times,*

Out & About

On Oct. 5, Toronto nurses celebrated the start of a Centre for Addiction and Mental Health (CAMH) redevelopment project that will transform the 10-hectare site into "a vibrant neighbourhood with new sidewalks, shops, restaurants, businesses and parks." Pictured (L-R) are RNs Daniela McDougall and Ann Pottinger, social worker Jane Paterson, and RNs Rani Srivastava and Judith Tompkins.

Nursing students from Ryerson University and the University of New Brunswick (UNB)-Humber Collaborative Bachelor of Nursing program participated in RNAO's September board meeting. Pictured (L-R): Kay Arpin, former board member; Julia Gasewicz (Ryerson); Colleen Edwards (UNB-Humber); Laura Barr, former executive director; Liz Boland (UNB-Humber); Keith Lau (UNB-Humber); Erin Carter (UNB-Humber); Irene Wu Lau, Program Development Manager; RNAO Executive Director Doris Grinspun; Shamila Ali (Ryerson); and Jimmy Chen (UNB-Humber).

Sudbury Star, CP Wire, Kitchener, Cambridge and Waterloo Record, North Bay Nugget, Sault Star, Oct. 3)

RNAO works to protect the environment for the safety of public health

• RNAO's opposition to pesticide use – because of its harmful effects on the environment and its link to terminal and chronic disease – was cited in a letter calling for a pesticide ban in Oakville by resident Liz Benneian (*Metroland – Halton Division*, Oct. 25). RNAO's position was also cited in an *Ottawa Sun* editorial written by guest columnists **Gideon Foreman** and **Sue Rosborough** (Oct. 31).

• RNAO Lakehead Chapter President **Heather Woodbeck** wrote about banning presticides in the *Thunder Bay Chronicle Journal,* insisting that pesticide bylaws should stay in place. "Babies and young children exposed to pesticides are most at risk," she said. "Pesticides are associated with several cancers…They are known to cause asthma." (Oct. 21)

RNAO encourages mothers to breastfeed

RNAO members showed their support for mothers and breastfeeding programs throughout Ontario in late September.

• RNAO member and public health nurse **Norma Corstorphine** invited breastfeeding expert Dr. Jack Newman to the Porcupine Health Unit on Sept. 26 to

educate new mothers and health-care providers about the benefits of breastfeeding. Corstorphine says the health unit promotes breastfeeding because "it is the optimum way to feed babies and helps them get off to the very best start." (*Timmins Daily Press,* Sept. 25)

• The Niagara Region Breastfeeding Coalition, in partnership with St. Catharines Public Health, hosted *BYOB: Bring Your Own Breasts*, a breastfeeding challenge that aims to have the most children breastfed simultaneously. RNAO member and public health nurse **Catharine Lowes** said women need to know it's okay to breastfeed in public: "Most moms know the benefits of breastfeeding but in society today, it's not greatly supported." (*St. Catharines Standard*, Sep. 18)

• RNAO Best Practice Guideline (BPG) Program Director **Tazim Virani** penned a letter to the *Chatham Daily News* about the release of a Breastfeeding BPG that provides Ontario nurses with specific clinical and educational strategies to promote breastfeeding: "Nurses are doing their part to encourage mothers to breastfeed by doing what nurses do best – by sharing their knowledge, expertise, and caring with women and their satisfied babies across Ontario." (Oct. 4) **RN**

Letter to the editor
The Toronto Star, Oct. 21, 2006
Re: Liberals reject call for $10/hr minimum wage

As nurses, we are gravely concerned about poverty. We know the connection between social determinants of health and health outcomes. We know that those who have a stable and good paying job, a decent and affordable roof over their heads, adequate food for them and for their loved ones, and a support network can expect to enjoy better health and well-being.

For a decade, inadequate social assistance rates have pushed hundreds of thousands into poverty. Street nurses and others see first-hand how poverty robs people of their dignity and wears away at their health.

The McGuinty government promised to close the gap between the "haves" and the "have-nots." Now is the time to heed the voices of the thousands who live in poverty: increase the minimum wage to $10 an hour, increase social assistance rates, build more affordable housing and restore the cuts to the special diet program.

Mary Ferguson-Paré, President,
Registered Nurses' Association of Ontario

Out & About

On Nov. 23, RNAO member Cathy Graham, a lecturer with the Trent/Fleming School of Nursing, spoke at a Peterborough town hall session about the impact of privatizing health care. Her presentation was part of the Canadian Health Coalition's *Medicare Works* tour, a national initiative that took place Oct. 18 to Dec. 5 and involved 32 town hall meetings across Canada. RNAO members participated in several meetings to urge politicians to defend and strengthen Canada's publicly funded health-care system. (L to R) Jodie Hansen and Claudette Atay, two of Graham's 4th-year students; Graham; and Roy Brady, Peterborough Health Coalition.

Sudbury nurse practitioners Annette Hoop (left) and Marilyn Butcher (right) joined RNAO's region 11 board representative Paul-André Gauthier (centre) in welcoming RNAO President Mary Ferguson-Paré to a Sudbury chapter meeting on Oct. 16. Butcher and Hoop are among seven nurse practitioners in Sudbury who have been vocal about the need for better primary care for residents who don't have family doctors.

by Tiffanie Ing

Timmins public health nurse helps clients through the rollercoaster of quitting

WHY NURSING?

Ann-Marie Sutherland was first bit by the nursing bug at 16, when she met a neighbour who happened to be a nurse: "I remember asking what nursing was like, and having so much admiration for her."

That encounter led Sutherland to enrol in the School of Nursing at Kitchener-Waterloo Hospital after graduating from high school. In addition to the academic challenges she faced in school, Sutherland was also challenged by the temptations of smoking. "In residence for nursing school, many other girls smoked. So I tried it, out of curiosity."

She remembers her first puff: "I felt very ill, nauseated and dizzy, and had to lie down," she says, adding that "…often people who have a real strong reaction [at first] are the ones who become addicted." She continued to smoke on and off for the next 10 years before regular bouts of bronchitis forced her to take her health more seriously.

Although she began her nursing career in a hospital setting, Sutherland changed gears in 2000 and now works in public health at the Algoma Health Unit. Given her history as a smoker, colleagues felt she was the perfect choice to take on the position of smoking cessation counselor when it became available. Sutherland was keen, and soon discovered she had a passion for helping others to kick the habit.

RESPONSIBILITIES

With increasing government funding, support, and public interest in smoking cessation, Sutherland says there's no such thing as a typical day. One day she'll conduct interventions with drop-in clients and the next day she'll counsel long-time quitters to battle urges. She provides resources and helps people understand their addiction through self-exploration: "How does my smoking affect me and others? Do I want to quit smoking?"

Sutherland says she relies on RNAO's best practice guideline (BPG) *Integrating Smoking Cessation into Daily Nursing Practice,* and is thrilled with its recommendation that every health-care professional remember to ask every patient if they smoke.

Sutherland also spends time educating women on the dangers of smoking while pregnant, and raising awareness about the harmful consequences of second-hand smoke. She conducts orientation sessions with health-care agencies and works with groups such as *Take Heart/Heart Health* and *Leave the Pack Behind*.

Name: Ann-Marie Sutherland
Occupation: Public Health Nurse, Tobacco Cessation Counsellor
Hometown: Timmins, ON

CHALLENGES

Sutherland says it can be difficult to stay motivated when a patient relapses. People often try five times before calling it quits for good, she says. In these cases, Sutherland reminds herself that relapse is not failure; it's part of the learning experience.

She remembers her own experiences trying to break the habit, tracking her progress by writing down every cigarette smoked and forcing herself not to smoke at home or in her car. "I had slips," she admits, "but I kept trying." Her cravings finally stopped when her father – a long-time smoker – died in 1991 of lung cancer.

Sutherland says it can also be challenging to deal with individuals who are disgruntled about the province's new smoking act, public awareness campaigns, and the persistence of health-care professionals urging them to quit. "People don't like to be told what to do," she says. "They ask me why they can't just smoke anywhere they want, or why it's anyone else's business that they smoke." Sutherland reminds people "…it's about second-hand smoke…that's what others are concerned with."

MEMORIES OF A JOB WELL DONE

Sutherland says her participation in a study called *Smoking Treatment for Ontario Patients* (STOP), through Toronto's Centre for Addiction and Mental Health, is one of the most rewarding things she's doing right now. Launched at the beginning of the year, the study distributes free nicotine gum and patches to eligible smokers and monitors their effectiveness.

"Some people are so thrilled," she says proudly. "They're saying they have more energy, and they can breathe so much better…just getting that positive feedback makes you feel like you're making a difference."

FUTURE PLANS

Sutherland hopes that in the future, all public health units will have clinics where people can go to get smoking cessation counseling. She also hopes nicotine replacement therapy will become more widely available to clients.

"People quit because of their health or the health of their family," she explains. It's like a wake-up call."

Whatever the personal reasons to butt out, Sutherland says that "…with the *Smoke-Free Ontario Act*, people are more motivated to quit. And quitting smoking is the number-one best thing you can do for your health." **RN**

TIFFANIE ING IS EDITORIAL ASSISTANT AT RNAO.

Shifting GEARS

Mid-career RNs re-energize and rejuvenate their careers by taking on new challenges in the classroom and beyond.

BY JILL SCARROW

Maria Scattolon (right) isn't your typical student. She doesn't fit the conventional stereotype of a back-packing twenty-something crammed into a crowded lecture hall. Instead, she shares a virtual classroom with fellow nurses from all over Canada who have several years of nursing experience under their belts, and who are looking for a new challenge.

Scattolon, RNAO's region 3 board representative and an educator at St. Joseph's Healthcare in Hamilton, admits that as the end of her career approaches, she wants to make sure she doesn't have any regrets, especially when it comes to her contribution to direct patient care.

"I'm 55…I don't have time to waste," she says. "There's limited time to contribute to the well-being of my community."

Last May, that sense of urgency led Scattolon to begin her acute-care nurse practitioner (ACNP) certification via online studies at the University of Toronto. She says her studies have given her a better understanding of many things, but particularly how much knowledge is needed to provide best practices. She hopes to use this new knowledge to

PHOTO: KEVIN KELLY

provide better care to her patients by working with them, their families and their other care providers. She also hopes to use it to round out the knowledge she shares with other nurses and students on her unit.

Scattolon says she gets tremendous satisfaction from helping other RNs develop and expand their knowledge, and encourages many of her colleagues to go back to school themselves. She says if she has even the slightest influence on their careers, her studies will have been worthwhile, despite the assignment deadlines that drag her from bed in the middle of the night.

Scattolon says she makes a point of being brutally honest about the expectations of higher learning. She says anyone thinking about heading back to class should be prepared for the challenges, especially the demands on time for school work and other responsibilities, which can strain family relationships, especially if you're also working full time.

She says she takes solace in knowing she's not the only nurse who's faced challenges going back to class. In fact, she believes she's among many RNs who are going back to school, enrolling in certification programs or taking other courses for the same reason she did it: to take advantage of the many opportunities nursing offers.

> "Nurses agree the long hours are worth the effort not only because they can contribute more to patient care, but also because it's an opportunity to achieve long-held personal ambitions."

According to the latest statistics compiled by the Canadian Association of Schools of Nursing (CASN) and the Canadian Nurses Association (CNA), 1,782 Ontario nurses were taking post-RN baccalaureate programs in 2004/2005. Four hundred and ninety seven nursing students were enrolled in master's programs, 99 in PhD studies, and 138 in nurse practitioner programs.

As the average age of RNs in Ontario climbs over 45, it's clear many mid- to late-career nurses are heading back to class to build on their years of workplace experience. To help make that happen, the provincial government introduced the Nursing Education Initiative (NEI) in 1999. Administered by RNAO and the Registered Practical Nurses Association of Ontario (RPNAO), NEI provides nurses with the opportunity to apply for reimbursements of up to $1,500 to cover the cost of tuition, course fees, registration fees for conferences, and certification exams, including those offered through CNA. Since its inception, NEI has given out $33 million to help more than 6,700 nurses tackle new challenges in the classroom.

Of course, taking on the financial burden is just one of the many challenges RNs face when they go back to school. Many agree that taking the leap means cracking open the books after the kids are in bed, and learning to accept that there really are only 24 hours in a day – no matter how hard you try to stretch them out into more. They also agree the long hours are worth the effort not only because they can contribute more to patient care, but also because it's an opportunity to achieve long-held personal ambitions.

For 39-year-old Karin Page-Cutrara, getting her master's degree in nursing was

School is not the only option for mid-career nurses wanting a change

Like many of her colleagues, Josefina Olaviaga, an RN at Windsor's Hotel-Dieu Grace Hospital (HDGH), isn't quite ready to hang up her scrubs and embark on retirement. After more than 40 years as a full-time nurse in specialties such as intensive care, orthopedics and urology, the 66-year-old started to think about slowing down, but changed her mind last year when she heard about a new role in HDGH's emergency room.

The admissions nurse role was piloted at HDGH in 2005 as part of the province's late-career initiative, which offers nurses over 55 the chance to continue working in less physically demanding roles. As an admissions nurse, Olaviaga works a couple of shifts each week in the ER, compiling family and medical histories for patients who have recently been admitted to the hospital. She also continues to work occasionally on the cardiac care unit, where she's spent the last 12 years. Olaviaga says she enjoys both positions because they keep her connected with her co-workers and friends. Working also gives her the chance to lend her knowledge to colleagues.

RNAO Executive Director Doris Grinspun says late-career initiatives are vital to retain senior nurses. "That's why RNAO is urging government to expand the 80/20 solution and provide guaranteed full-time employment for all new grads," Grinspun says. "Initiatives that allow 80 per cent clinical work and 20 per cent mentorship recognize, explicitly, the expertise and experience of senior practice leaders, and enable nurses 55 and over to mentor new grads. It's a win-win strategy."

In addition to mentoring opportunities, Olaviaga enjoys the reduced stress and lower physical exertion required in the admissions nurse role. She says it allows her to take the time to enjoy her work. She plans to stay on the job for at least another year: "I'm a people person. With this late-career initiative, it gives me a nice transition from the full-force of work to slowing down." **RN**

a goal more than 10 years in the making. After completing her BScN in 1991, she wanted to start graduate school. But rather than head back to class right away, she got a job and became immersed in her work. She then took time to start a family. It wasn't until 2003, when her children began going to school full time, that she was finally ready to tackle graduate studies. She began a distance-learning program through Athabasca University while continuing to work casually in the operating room at Sunnybrook Health Sciences Centre in Toronto. She also teaches occasionally in the OR program at George Brown College.

Page-Cutrara says RNs who plan to return to school should be prepared to plan their lives weeks in advance, blocking off time to dedicate to schoolwork. For her, that meant hours at the computer while her children were at school or fast asleep at night.

In June, Page-Cutrara graduated from Athabasca. She says the hardest thing to do now is to muster the confidence to take that leap and dramatically change gears in the profession. "For me, the master's in nursing has acted as a positive trigger for change," she says, adding she can now choose between continuing her role in the operating room or following her interest in teaching. "Every (career) stage has its challenges. The challenge at this stage lies mostly in gaining the confidence to take a leap."

Page-Cutrara believes many mid-career nurses just like her are pursuing advanced nursing education and professional development because it's more accessible than ever before. It's a great way for RNs to refine their skills and try out a new role. It's also a great way for one-time RNs to return to the profession.

Since becoming a nurse in 1967, Julia Gasewicz, 60, has worked in psychiatric nursing, medicine and surgery, and occupational health. She says she found herself frustrated by the lack of autonomy and decision making power nurses had almost 40 years ago and decided, while working in occupational health in the pulp and paper industry, to venture into the business side of that field. She later worked in real estate.

After officially retiring in 2002, she decided to follow one of her long-held ambitions to get a university degree. She's enrolled in the BScN program at Ryerson University and will graduate in 2007. She says a baccalaureate seemed like a good way to bring her career full circle.

Julia Gasewicz brings her career full circle and returns to class to get her BScN.

Gasewicz says nursing today is vastly different from when she originally left the field. Nurses today believe more in their ability to be leaders and critical thinkers. She says she hopes she can inspire her classmates – many of whom are the same age as her children – to build on those strengths and become politically active. Gasewicz has always been involved in local politics. In fact, on Nov. 13, Gasewicz was re-elected for her third term as a school board trustee in her hometown of Barrie. She says she wants fellow students to realize that nursing is about caring for people and it's about providing leadership in the community. She says the stress nurses often find themselves working under makes them natural leaders in any situation.

Although Gasewicz has no plans to return to nursing formally, she does want to volunteer to help establish the new cancer centre opening in Barrie. Fresh off her election victory, she is also excited about continuing her political work.

Fifty-year-old RN Christine Paterson is also looking forward to kick-starting her career at a time when others may be slowing down. She plans to finish her master's degree through distance studies from the University of Phoenix in 2007. Then, she'd like to begin a primary care nurse practitioner program so she can fulfill a dream she's held since she was 20 years old: outpost nursing in Canada's north. She'd like to work with an agency that will send her temporarily into remote communities to relieve nurses when they need to take a vacation.

Paterson says it's tough doing her master's while continuing to work full-time as the surgical nurse educator at William Osler Health Centre in Brampton. She also has to juggle those responsibilities with family duties as a wife and mother of two children just old enough to venture into post-secondary education themselves. Her struggles with time management have forced her to accept the fact she just can't go everywhere and do everything at the same time. She says her family has been very supportive, but her husband does wish she'd take a little break before jumping into her NP studies.

"He keeps asking me, 'when is this going to be over?' I say, never; it's never going to be over," she laughs.

Paterson says it's funny she feels this way now, given that when she first graduated from nursing school in 1977, she was sure she'd never go back to school again. She says going on to post-secondary education right out of high school was something she did because it was what everyone was supposed to do; she wasn't necessarily driven by a love of learning. Now, she says her desire to continue to further her education is entirely self-motivated.

After losing her job on an endoscopy unit in 1998, Paterson realized that education was the ticket to give her control over her career. She says there have been times during the last 30 years in nursing when she's felt disheartened, underappreciated and overwhelmed, but all that has changed since she's gone back to school.

After achieving her BScN in the spring of 2004, Paterson began her master's that same fall. She says that everything she's achieved, both academically and professionally, has revitalized her love for nursing.

"I'm challenged every day," she says. "I get an opportunity to sit in on surgical leadership meetings and see how changes happen. I feel like I'm a sponge and I'm just soaking up all this information and all this new knowledge."

Paterson says she would encourage anyone who may be thinking about shifting gears to follow the advice she received when she was contemplating a return to class: "Just start now, because if you don't, in five years you'll says 'gee, I should've started that five years ago because I'd be done by now." **RN**

JILL SCARROW IS STAFF WRITER FOR RNAO

Resolution #1 Summary Report

ON April 28, 2006, voting delegates passed resolution #1 at RNAO's annual general meeting (AGM). This resolution, presented unanimously by RNAO's Board of Directors (BOD), called to engage the membership in an open and transparent consultation about RNAO's relations with the Canadian Nurses Association (CNA). This marked the start of an extensive and important dialogue among members, as well as intensive engagement with CNA.

When Immediate Past President Joan Lesmond and the board presented resolution #1 to the AGM, concerns had been escalating for years regarding CNA's shifting focus from professional, policy, and advocacy issues – including Medicare and the social determinants of health – to more regulatory matters. "We had repeatedly expressed these concerns to CNA and had urged our national association to rebalance its mandate," Lesmond says. "Given that change was not happening, the board felt the time had come to consult with RNAO's members."

Consultation with members

The consultation began soon after RNAO's AGM. Throughout the summer and fall, members participated in 25 local and specialty consultations and communicated directly with the board of directors. The *members only* link on the RNAO website provided access to documents and a discussion board. More than 5,000 members completed a survey sent to all members by polling and strategy firm Innovative Research Group (IRG). Respondents – members from all educational backgrounds and in all roles, sectors, and regions of Ontario – shared their views about nursing, social, and health-care issues they felt should be on the agendas of their professional associations. At RNAO's September assembly meeting with chapter presidents, interest group chairs, past presidents and past executive directors, members' voices were heard during six IRG-led discussion groups.

Dialogue with CNA

The dialogue with CNA started soon after resolution #1 was passed, and substantive progress was achieved between September and November 2006.

RNAO President Mary Ferguson-Paré tabled a number of proposals for the June 2006 CNA board meeting. A key motion called on CNA to adopt two new strategic priorities and commit to mobilize nurses to promote publicly funded, publicly administered, not-for-profit health care. It also called for advocacy for healthy public policies regarding social and environmental determinants of health, specifically a national child-care program, a national housing strategy, and strengthened regulation of health and environmental safety. While that motion was not passed in June, it remained tabled and CNA committed to incorporate the essence of RNAO's motion into the goals of the association.

At its September 2006 meeting, CNA's board approved two new strategic directions for the association, focusing on social and environmental determinants of health and on Medicare. It also gave the green light for its executive to meet with RNAO's executive, and a constructive meeting took place in October. In November, CNA's board approved budget plans for 2007, allocating $1 million and seven staff members to transform the two new strategic directions into reality.

Findings and recommendations

RNAO's board met on Nov. 16 and 17 to review the information gathered during the province-wide consultations. IRG presented the findings from the survey and the discussion groups, and the board reviewed the results of the 25 local and specialty consulta-

tion sessions. The board also considered verbal and written communications, including a joint letter from a group of members concerned about the consultation process. In addition, the board heard updates and assessed the progress made at the CNA board table.

Information coming from the various sources was congruent, and it became clear there is a consensus among the majority of RNAO members regarding their expectations for national action. It was also determined that CNA had taken solid first steps since September to address those expectations.

The consensus view expressed by members can be summarized as follows:

• **Raising issues nationally**: RNAO members indicate that the federal government is paying too little attention to their issues of concern, and they want the issues – both nursing and healthy public policy – to be raised nationally with a stronger voice.

• **Nursing**: RNAO members indicate that the national association has an important role to play in promoting issues of nursing policy and practice at the federal level. Members referred to issues such as replacement of RNs, standards of nursing practice, e-health and informatics, workplace issues, nursing shortage, collaborative practice, nursing education, mentorship for new nurses, nurse practitioners and expanded roles for nurses.

• **Social determinants of health**: RNAO members believe that the social and environmental determinants of health are a critical area for national and provincial advocacy, and they want CNA to assume a stronger role in advancing these at the federal level. In particular, members identified as their key priorities: poverty, environment, education, child care, and housing.

• **Medicare**: RNAO members believe that Medicare and health-care reform are critical areas for national and provincial advocacy, and they want CNA to assume a consistent and assertive role in defending Medicare from current threats. They want their national association to work to enhance Medicare by promoting primary health care, protecting universal health care, stopping the expansion of for-profit delivery, enforcing the *Canada Health Act*, developing a national pharmacare program, and improving the health of Aboriginal people.

• **Nurses as a social force**: RNAO members want national activism. They expect their national association to mobilize nurses, nursing organizations and the public across the country to raise their issues and to speak out for nursing and for health. They want to see a proactive agenda, by participating in and leading coalitions, organizing campaigns, engaging with politicians and governments,

RESOLUTION # 1 passed by voting delegates at RNAO's April 28, 2006 annual general meeting

WHEREAS the Canadian Nurses Association (CNA), from its inception, has been the national professional voice of registered nurses, and that role is congruent with RNAO's role provincially, and

WHEREAS we have concerns about CNA developments that are becoming increasingly incongruent with RNAO's mission, specifically CNA's gradual shift from a professional, policy and advocacy focus to a regulatory focus, and CNA's inconsistent actions in defence of Medicare, and

WHEREAS we are concerned that CNA membership fees have increased by 74 per cent since 1996 as compared to a four per cent increase in RNAO fees during the same period, and the total amount paid by RNAO members to CNA will exceed one million dollars in 2006,

THEREFORE BE IT RESOLVED that RNAO's Board of Directors (BOD) engage RNAO's membership in an open and transparent consultation on RNAO's relations with CNA, in a spirit of cooperation and dialogue with CNA, and guided by the three principles of:

1) congruency with RNAO's mission,

2) making sure RNAO members get appropriate value for their money, and

3) recognition of the need for a strong, national nursing voice on professional, policy and advocacy matters related to nursing and Medicare.

THEREFORE BE IT FURTHER RESOLVED that RNAO's BOD provide ongoing updates regarding the process and outcomes to the assembly and general membership, and

THEREFORE BE IT FURTHER RESOLVED that RNAO's BOD table recommendations based on this comprehensive consultation to a RNAO General Meeting or, at the latest, to the April 2007 RNAO Annual General Meeting, for decision by the voting delegates.

Sheri Hatcher, president of RNAO's Grey chapter, (right) hosted a meeting in Owen Sound on Sept. 25. The agenda included resolution #1. Ten chapter members participated in the meeting, including Janice Arnold (left).

and through other forms of grassroots mobilization of both nurses and the public.

• **Positive engagement with CNA**: Members want RNAO and CNA to collaborate in bringing members' issues onto the national stage to bring about positive change. This includes advancing the social and environmental determinants of health, defending Medicare, and effecting leadership for nurses as a national social force.

• **Openness and transparency**: Members envision nursing associations at all levels to be open, transparent, accountable, and member driven. They also want to be kept updated on the issues that matter to them.

Based on this consensus view, the RNAO board prepared six recommendations for consideration at the general meeting to be held on Jan. 26, 2007 at the Hilton Toronto Hotel. The RNAO board is confident that these recommendations faithfully reflect the voices of members who participated in the consultation.

Democratic process

The voices of more than 6,000 members were heard during the consultations. Some members expressed concern that the consultation – and sometimes heated debate about resolution #1 – was dividing nurses. Some complained that they were not hearing CNA's perspective, and some emphasized that they did not want to see RNAO break away from CNA. Since the outset of the consultations, RNAO's president assured members that all voices would be respected and that resolution #1 was not the first step toward RNAO's separation from CNA (see *Registered Nurse Journal*, President's View, May/June 2006).

As noted above, concern was expressed by a group of 58 members who, despite a prompt response from the RNAO president, transformed their letter into a petition and had gained about 187 additional signatures when the board met in mid-November. The petition questioned the credibility of the consultation process, including the survey, and asked that the information gathered not be used. The signatories also requested that the January general meeting be cancelled. The board did not accept this request given its commitment that an open, transparent, and member driven process requires sharing the results and recommendations, and allowing members the opportunity to discuss and vote on them.

Moving forward

The general meeting on Jan. 26 is the culmination of the province-wide consultation process. The meeting will begin with a report from RNAO's president, followed by a presentation of the survey and assembly discussion group findings by IRG. Open discussion will follow. The meeting will conclude with the six recommendations, allowing voting delegates to have their final say.

"As we bring this consultation with members to a close, the excitement of working together with CNA in an activist role for our national association is just starting," Ferguson-Paré says. "Our members' energy will continue to encourage CNA and its member organizations as we all collaborate to place nurses at the forefront of healthy public policy. We have come out of this process – provincially and nationally – stronger than ever. RNAO and CNA are working together to advance issues that are important to RNAO members at the national level. This is a win-win for nurses everywhere and for the public we serve." **RN**

The RNAO Board of Directors' six recommendations for the January general meeting are attached to this issue of the *Journal* as a special insert. The board encourages all members to take time to discuss their views on these recommendations with workplace colleagues, chapter and interest group members, as well as assembly and board representatives. For the full report on resolution #1, visit www.rnao.org and click on *members only*. To receive a copy by mail, please contact Penny Lamanna at plamanna@rnao.org or (416) 599-1925 ext. 208, or toll free 1-800-268-7199.

by Anne Egger and Sarah Innis

Nurses join poor in fight to put food on the table

Regent Park nurse practitioner Anne Egger was one of 200 protesters who braved the rain on Oct. 17 to mark *International Day for the Eradication of Poverty*.

Nothing, not even a torrential downpour, could dampen the spirit and resolve of more than 200 people who attended an Oct. 17 anti-poverty rally at Queen's Park.

From senior citizens to mothers with strollers to anti-poverty groups and professional organizations, protesters braved the elements to mark the *14th United Nations International Day for the Eradication of Poverty*, and to speak out about the devastating impact poverty has on individuals and families across Ontario.

Nurses believe that advocating for people to receive additional support and social assistance to help pay the rent and essential bills – and have money left over to put nutritious food on the table – is the single most important thing we can do to ensure people living below the poverty line remain healthy. Sadly, healthy living has become increasingly difficult for this population, especially in light of the provincial government's decision in November 2005 to cut back the *Special Diet Allowance Program*. This program provided funds to social assistance recipients with dietary needs related to medical problems. Under the new rules, many people are no longer eligible for the special supplement and those who qualify often receive only a small amount of help.

Myriam Canas-Mendes, a single mother with two young children, spoke at the rally about being on social assistance, and about the struggle to provide for her family. She receives less than $1,200 each month and says that once rent is paid, there is little left for food, never mind nutritious food.

Advocacy groups such as RNAO, Health Providers Against Poverty (HPAP), the Toronto Disaster Relief Committee, and the Income Security Advocacy Centre stood side-by-side with protesters and strongly rebuked the McGuinty government for failing to address poverty in any significant way.

Raising the minimum wage to $10/hr, increasing social assistance rates by 40 per cent, and ending the clawback to child benefits are three crucial measures HPAP believes will improve the lives of the working poor and those on social assistance.

After the rally, protesters escaped from the rain and were treated to a nutritious lunch by Stop Community Food Centre, a local organization committed to improving access to food. The Ontario Coalition Against Poverty (OCAP) and HPAP hosted a special diet clinic to help social assistance recipients secure funds for foods that help meet their health needs. Many of these individuals struggle with Hepatitis C, HIV, heart disease, diabetes, anorexia, anaemia, food allergies, and poor oral health.

By participating in protest rallies, these people, the organizations working to address poverty, and health-care providers like us, have shown once again that we will not take no for an answer from the government. People will continue to march, protest, rally, and advocate for an end to poverty. Every step counts. **RN**

ANNE EGGER, RN(EC), IS A NURSE PRACTITIONER AT TORONTO'S REGENT PARK COMMUNITY HEALTH CENTRE. SARAH INNIS, RN, WORKS FOR STREET HEALTH, A TORONTO ORGANIZATION THAT PROVIDES CARE FOR HOMELESS AND UNDER-HOUSED ADULTS.

HPAP brings together health-care providers concerned about poverty

Since forming in 2005, Health Providers Against Poverty (HPAP) has followed the lead of the World Health Organization by recognizing poverty as a medical condition. A diverse group of health-care professionals – including nurses, physicians, nutritionists and public health experts – HPAP believes poverty is the most powerful determinant of health. The group has launched a complaint with Provincial Ombudsman André Marin to examine the devastating health effects of a decade of social assistance cuts. And it is currently awaiting results of a negotiated settlement with the Information and Privacy Commissioner of Ontario regarding the breach of privacy that is inherent in social assistance application forms.

For more information about the ongoing work of HPAP, contact hpagainstpoverty@gmail.com.

RNs on race day: Caring from START to FINISH

Nurses from across the GTA volunteer for the Toronto Marathon, Oct. 15

BY TIFFANIE ING AND MARION ZYCH

ON the morning of Oct. 15, Carmen James-Henry was experiencing a case of pre-race jitters. But the runner and nurse educator's mind wasn't focused on the 42.2 kilometre course that stretched through the streets of Toronto. Her mind was on the team of 55 nurses she helped recruit to ensure a safe race for the thousands of runners competing in the annual Toronto Marathon.

Following last year's race, in which a runner died at the finish line, the third such incident in four years, race organizers were determined not to let it happen again.

"They had some issues with cardiac events," says Chris Troyanos, a veteran of the Boston Marathon who helped organize the medical planning committee. You have to "make sure that your layers of medical care are such that you can respond quickly," he adds.

When Troyanos contacted RNAO in the spring, James-Henry agreed to take on the challenge. "Considering that much of the course goes through region 6 and 7, it only made sense to get the word out to as many members as possible and ask them to help out."

And help out they did. RNs staffed the medical tent, acted as "huggers" at the finish line, and rode in patrol vehicles along the course.

From the time the gun went off shortly after 8:30 a.m., until early afternoon, when the last runner crossed the finish line, nurses helped dozens of runners experiencing everything from dizziness and dehydration to sprains and muscle cramps.

"I'm a runner myself and I ran the half-marathon course a few years back," James-Henry says. "I was honoured this time around to be involved in a different way. I also felt it was important that nurses contribute their skill and expertise in acute care and triage during a fun and worthwhile event. After all, each competitor was running for fitness, and that's important from a health and lifestyle perspective." **RN**

(Right) From left to right: Critical care RNs Li Lan, Tim Turk and Darlene Davis provide care to a runner in the medical tent.

(Below) Critical care RN Hope Lazarus (left) and athletic therapist Shashe Hamilton assist a runner at the finish line.

(Above) Chris Troyanos (second from left), athletic director of the Boston Marathon and special advisor to Toronto's medical planning team, poses with volunteers (from left) RN Julie Cissell, Ryerson nursing student Elena Morozova, RN Cailin MacLeod and RN Jacques Duguay.

(Left) RNAO member and critical care nurse Cheryl Tai was one of at least half a dozen "huggers" stationed at the finish line to encourage runners to finish, and to help those in need.

(Clockwise)
RN Richard Raptopoulos receives direction from volunteer organizer and RNAO region 7 board representative Carmen James-Henry, a member of the medical committee.

Toronto Marathon volunteer RNs (L to R) Vince Cheng, Duncan Eby and Lisa Crawley-Beames take a break beside one of two patrol vehicles that followed runners along the course.

RNAO region 7 board representative Carmen James-Henry (second from right, back) assists an injured runner with help from other volunteers.

Innovations

Nurses across Ontario attend RNAO conference to share innovations

Simcoe RNs Brigid Campbell-Nash and Trina Noonan believe that maintaining the health of seniors at home rests as much with the elderly – and their commitment to exercise – as it does with the health-care team that comes into their home to provide care.

Regular activity, including exercise, they say, is vital to preventing deterioration in seniors' physical health. It's also good for the brain according to a University of Washington study released in 2005 and published in *The Annuals of Internal Medicine*. That six-year study found that regular exercise may improve cognitive function by boosting blood flow to areas of the brain used for memory. It also found that exercising three or more times per week decreases the risk of an elderly patient developing dementia by 30 to 40 per cent.

"I'm walking, standing on my toes and doing leg raises three times per week," 99-year-old Simcoe resident Mary Wexford* said when she realized the benefits of exercise. "I can do more than before and am not quite as tired..."

Wexford's increased energy level and optimism was thanks to the Canadian Centre for Activity and Aging's *Home Support Exercise Program* that Campbell-Nash and Noonan, through the Community Care Access Centre Simcoe County (CCACSC), adapted to their community and renamed *Seniors in Motion* (SIM). Piloted for six months in 2004, SIM is now a permanent program offered to all eligible elderly and adult clients who rely on CCACSC for support services and care.

Through the program, seniors learn simple exercises, such as wall push-ups, leg lifts, toe taps and stretching. All of the exercises are geared towards building strength, balance and flexibility, and help seniors to improve their management of daily activities. Campbell-Nash and Noonan say exercising may also help to prevent heart disease, falls, high blood pressure, osteoporosis, stroke and depression.

"The ultimate goal of the program is for seniors to maintain or improve levels of independence, self manage chronic disease, and stay in their homes for as long as possible," Noonan says.

Campbell-Nash, Program Manager for Seniors Continuing Care at CCACSC, and Noonan, Project Manager, shared news of their successful initiative at RNAO's 5th International Elder Care Conference this fall, where hundreds of nurses from across the province converged to learn about how RNs are playing a role in improving elder health and care, and are taking the lead in shaping change.

They were joined at the conference by keynote speaker Adalsteinn Brown, Assistant Deputy Minister (ADM) at the Ministry of Health and Long-Term Care (MOHLTC), who announced during his presentation on the first day of the event that the care of Ontario's elderly population is one of his top priorities. Whether living at home, in long-term care facilities, or accessing care in a hospital, Brown says the needs of our elderly cannot be ignored, and that's why his Health System Strategy Division team – which is currently working on a 10-year strategic plan to improve health care in Ontario – is reviewing access and equity issues for seniors.

Ray Applebaum, Executive Director for Peel Senior Link, a non-profit, charitable organization that provides personal care, home-making and day service support free of charge to more than 1,000 seniors in Mississauga and Brampton, participated in a panel discussion following Brown's presentation and reminded the ADM of one important thing he needs to keep top-of-mind as his team progresses in its strategic planning: it's vital that the ministry recognize pockets of innovation that exist across the province, and support and build on those innovations for better elder care.

Simcoe's SIM program is one such pocket in Ontario, but there are many others.

Like Campbell-Nash and Noonan, RN Karen Markham, Director of Support Services for Caledon Community Services, recognizes the importance of independence to seniors' health, and is leading an innovative transportation program that helps to decrease

"It's vital that the ministry recognize pockets of innovation that exist across the province."

**A pseudonym is being used to protect this individual's privacy.*

BY KIMBERLEY KEARSEY

in elder care

in elder care that help improve quality of life – and care – for seniors.

isolation and increase the activity levels of seniors living in Caledon.

"We've had many clients tell us they could not live at home if it weren't for the transportation program," she says of the 17-year-old community service that is financed with support from MOHLTC, the United Way and Peel Region.

Markham says the program has been extremely successful, winning an award of excellence in 1998 from then Minister of Transportation Tony Clement on behalf of the Ontario Community Transportation Association. Markham estimates the program will offer 25,000 rides in 2006, and has already provided service to 784 seniors in the first six months of its fiscal year.

"The program makes a big difference… people are able to come home from day surgery and come home from dialysis," Markham says. "People are able to…stay in their homes longer and not be admitted to long-term care facilities prematurely."

Staff drivers, with help from 35 volunteers, transport seniors and people with disabilities in wheelchair accessible buses, a utility van, and school buses for $2.50 one way. Markham says collaboration and partnership are essential to the program. In addition to working closely with Peel Region to provide access to transportation services, she partners with the Town of Caledon to keep costs for fuel and parking down, and pairs up with nursing homes to arrange for residents to be transported to day programs, special events in the community, or to visit family.

Like their Simcoe and Caledon counterparts, Oshawa nurse practitioners Michelle Acorn, Melodie Cannon and Susan Whyte consider themselves champions for the elderly. Their focus, however, is not on caring in the community, but rather within the walls of Lakeridge Health Whitby, a complex continuing care community hospital. The three NPs have been working in partnership with physician Jim Park for almost two years, and are currently providing care to 80 elderly patients who are either in need of rehab or are suffering from chronic diseases that require palliative care, dialysis or long-term care. These include severe neurodegenerative disorders, stroke, congestive heart failure, chronic obstructive pulmonary disease, and complex wounds.

"People often underestimate what's involved in providing ideal care to the senior population," Cannon says, noting that it takes specialized knowledge and skills.

The model of geriatric care that these three NPs created has received local and national recognition for its innovative approach. In fact, the team received the hospital's *Service Award of Excellence* last year, and was recognized as a *Health Human Resources Innovation* from Health Canada and Dalhousie University in 2005.

Certified in gerontology, all three NPs are on the floor every day, providing bedside care, communicating with families, and collaborating with other professionals on the multidisciplinary team. Park is updated on patient progress daily and sees patients three times a week.

Lakeridge, they say, committed to making elder friendly care a strategic priority almost five years ago, and remains supportive not only of the team's role but also of the individual initiatives each of the team members have taken on: Whyte and Park sit on a subcommittee of the Frail Elderly Alliance of Durham Region (FEADR), and are working with other organizations to share information and best practices; Acorn chairs the corporate nursing research committee which is focusing its work on symptom management in the elderly and sustaining best practices; and all three NPs actively participate as members of the hospital's elder friendly task force, acting as preceptors to nursing students and medical residents and training EMS staff and geriatric resource nurses in geriatric assessment.

Innovative new approaches to geriatric care – particularly delirium care – can also be found hundreds of kilometres west; in London. Delirium, characterized by the acute and

ILLUSTRATION JOSÉE MASSE

"People often underestimate what's involved in providing ideal care to the senior population."

sudden onset of cognitive impairment, disorientation, and disturbances in attention, is usually reversible with prompt detection and treatment. However, studies published in the *New England Journal of Medicine* [1999] and *Nursing Research* [1996/2004] estimate 50-70 per cent of delirium cases are either undetected by usual nursing assessments, or misdiagnosed in older patients.

The Southwestern Ontario Geriatric Assessment Network (SWOGAN), launched seven years ago and led by St. Joseph's Health Care (SJHC), is implementing an innovative education and mentoring program for nurses and other health professionals that will help to increase detection, prevention and treatment of this distressing and costly condition.

Referred to as the *Delirium Demonstration Project*, this approach to geriatric care is based on recommendations from best practice guidelines (BPG) for delirium from a number of sources, including RNAO's BPGs. The project was started in 2004 by an SJHC multidisciplinary team, including an education consultant, advanced practice nurse, physiotherapist, and geriatric psychiatrist. It allows staff at long-term care facilities and hospitals to participate in workshops that help build their capacity to recognized, prevent and treat delirium.

"We bring hospital and long-term care staff into the same room," explains Catherine Glover, Coordinator, Regional Development, for SJHC. Nurses in both settings are provided with an opportunity to learn to speak the same language regarding delirium care, which helps to avoid misunderstandings and misinterpretations when older persons are transferred between long-term and acute or chronic care.

After the sessions, long-term care nurses return to their facilities and teach health-care aids and personal support workers to be more astute at recognizing the signs of delirium.

Glover says there is high demand for the training, which is being refined in 2007, and will be delivered directly to staff at long-term care facilities across the southwest with help from MOHLTC BPG regional coordinator, Wendy MacDougal.

MacDougal is a strong advocate for the implementation of senior friendly BPGs in long-term care facilities across the province. She spoke at RNAO's fall conference about the work she and seven other BPG regional coordinators are doing to educate nurses about best practices.

Adalsteinn Brown, Assistant Deputy Minister, MOHLTC

"We present people with the resources that are out there and we teach them how to use those resources in their culture," MacDougal says.

This notion of shared knowledge is something Brown says the government has recognized as vital to improving elder care across the province. One day before the conference began this fall, senior government officials met with the Elder Health Coalition, an advocacy group founded by RNAO in 1998. Health Minister George Smitherman spoke at the meeting about the importance of seniors to the McGuinty government, acknowledging the advisory role of the Coalition and thanking its members for their passion and wise advice to government in developing a vision for elder health and care in Ontario.

Vasanthi Srinivasan, Director (Acting) of the Population Health Policy and Planning and Women's Health Branch, MOHLTC, also spoke at the meeting, presenting details of a draft paper developed jointly with representatives from the Coalition. The document focused on five themes against which the government will measure improvements to elder health and care: prevention; community support; system change; organizational change; and knowledge transfer (see sidebar for specifics). It also outlined preliminary plans for addressing challenges within each of these focus areas.

"It was heartwarming to hear government officials and Gerda Kaegi, the coalition's co-chair, acknowledge the critical role RNAO has played as a catalyst to create a collective voice and drive healthy public policy for older persons," RNAO Executive Director Doris Grinspun says. "This is a population we must serve because they built Medicare and they built this country."

RNAO's commitment to advocate for older persons began almost a decade ago, and its leadership on the Coalition resulted in an invitation in 2003 to become an advisory group to MOHLTC.

"The coalition's partnership with the Ministry is important to ensuring older persons are in the driver's seat of health reform which affects them," Grinspun says, adding "it's also vital for RNs – in all roles and sectors – to realize their role in shaping the health policies and practices that our seniors will rely on in the years to come."

Fortunately, nurses can look to the successful work of their colleagues in Simcoe, Caledon, Whitby and London for a small glimpse of the active role nurses are already playing in ensuring Ontario's seniors stay healthy at home, in hospitals, and in long-term care facilities across the province. **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR/COMMUNICATIONS PROJECT MANAGER FOR RNAO.

Ministry of Health focuses on five themes to improve elder care

The Ministry of Health and Long-Term Care is working towards better elder care by focusing its review of the system on five key areas…

Prevention: Includes provincial initiatives to improve determinants of health (i.e. nutrition, physical activity) that help seniors maintain health and wellness and reduce progression of chronic disease.

Community support: Examines access to community resources, including transportation, supportive housing, home care and caregiver support that allow seniors to live with dignity, independence and autonomy. .

System change: Requires a closer look at fragmentation and duplication across sectors, as well as the need to improve care management and provide better services for high risk elderly.

Organizational change: Focuses on the capacity of health-care organizations such as long-term care homes, hospitals and local health centres to respond to the needs of seniors, utilize evidence-based practices, and support continuity of care.

Knowledge transfer: Promotes more interdisciplinary elder care based on shared principles, approaches and practices.

Policy at Work

RNAO says proposal that would allow patients to buy cancer drugs contravenes *Canada Health Act*

A report recommending that hospitals in Ontario be allowed to give expensive intravenous cancer drugs to patients willing to pay for them is currently being considered by the Ministry of Health and Long-Term Care.

A group, which includes representatives from Cancer Care Ontario, the Ontario Hospital Association, various hospitals, and the pharmacy sector, proposed the recommendation, arguing it would allow cancer patients to receive such drugs within the safety of an Ontario hospital while under the care of their own oncologists and care teams.

The details of the proposal are outlined in a report entitled: *Provincial Working Group on the Delivery of Oncology Medications for Private Payment in Ontario Hospitals.* The working group said there are two options currently available for patients who want – or have been prescribed – these kinds of drugs: go to a private clinic or travel to the United States to receive treatment.

RNAO is steadfastly opposed to the delivery of cancer medication for a fee, and wrote a letter to Health Minister George Smitherman in response to the report. The letter, dated Aug. 11, 2006, details RNAO's concerns in three key areas:

- Equitable access to health care based upon need
- Ethical working conditions for nurses
- Sustaining and strengthening Medicare

In the letter, RNAO said "allowing patients to pay for drugs and treatment service is a significant step toward establishing and normalizing a two-tier hospital infrastructure." It also pointed out the range of treatment options available in public hospitals must be based on medical need, and not on a system of privilege, where patients who cannot afford to pay are left behind.

RNAO is also concerned about the impact the report's recommendation would have on the professional lives of clinical nurses, stating that RNs would be placed in an untenable position if forced to provide different levels of care to patients based on their ability to pay.

RNAO is also disappointed the report didn't consider the critical question of how to improve the healthcare system for all patients diagnosed with cancer, rather than only for those who can afford to pay. Instead of implementing private-pay arrangements in hospitals, RNAO is proposing that a number of other steps be immediately adopted by the provincial government:

- Develop a pharmacare program, governed by the principles of the *Canada Health Act*
- Use government purchasing power to negotiate lower pharmaceutical prices
- Expand the public provision of currently unfunded, effective medications by improving government affordability
- Fund effective but unfunded cancer drugs under the Trillium Drug Program
- Maintain rigorous pharmaceutical testing

RNAO is still awaiting a response from the Minister's office.

RNs condemn federal government's cuts to social programs

Approximately 250 RNAO members responded to a September action alert and open letter to Prime Minister Stephen Harper about his government's decision to cut $1 billion in spending for social programs.

In both the letter and action alert, issued Sept. 29, RNAO pointed out that the cuts will have a profound impact on disadvantaged groups. In fact, the decision eliminates funding for the First Nations and Inuit Tobacco Strategy, research programs on the health of visible minorities, programs aimed at improving adult literacy and workplace skills, and the *Court Challenges Program*.

Members who joined in condemning the cuts pointed out in their responses that the long-term costs of these cuts far exceed any immediate savings. The alarming smoking rates in Aboriginal communities, for example, demand an urgent response rather than the program's dismantling. Members also joined RNAO in urging the federal government to consider how cuts to programs aimed at improving adult literacy and workplace skills will compromise opportunities for the working poor and youth to find better jobs and to build brighter futures.

RNAO argues that the elimination of the *Court Challenges Program* will leave minority groups, such as Aboriginals, gays and lesbians, and people with disabilities, with no recourse to challenge federal laws which discriminate and lead to inequality. The letter also stated the cuts are damaging Canada's tradition as a fair and just society.

RNAO members asked the Prime Minister to reverse his decision given the overwhelming evidence that the health of Canadians is profoundly affected by social determinants of health such as poverty, inequality, and employment. They also said the cuts are deplorable at a time when the federal government has a $13 billion surplus. **RN**

NEWS to You to Use

Nov. 12 marked the one-year anniversary of the murder of Windsor RN Lori Dupont, killed by former boyfriend Marc Daniel while working at Hotel Dieu Grace Hospital (HDGH). Non-denominational prayer services and a vigil, held in the chapel and healing garden at HDGH, allowed more than 100 friends and colleagues to mark the anniversary with speeches, candle-lighting and the creation of a memory box. The Dupont family organized its own vigil outside HDGH on Nov. 12, expressing anger and frustration at the hospital's response to the tragedy.

This year, RNAO member and nurse practitioner Debbie Selkirk celebrated the 6th anniversary of her innovative *BackPacks for Kids Program*, through which volunteers deliver backpacks and other school supplies to needy families in the region. She's successfully launched two programs, one in Goderich and another in Chatham-Kent. This year, more than 860 backpacks and school supplies were distributed to elementary school children in both communities.

Algonquin College has been designated by the provincial government as a *Hub of Excellence* for operating room nursing education. Barbara Foulds, Associate Dean of Health, Public Safety and Community Studies, says the designation means the college will receive $500,000 towards leading-edge programs such as the post-graduate certificate in operating room nursing. The designation also means the college can offer curriculum that can be used across the province to bring uniformity to operating room nursing instruction.

RNAO member Ryan Miller, a nurse at Soldier's Memorial Hospital in Orillia, is involved in a new research project called the *Cardiovascular Health Awareness Program* (CHAP). For 10 weeks, Miller will volunteer to perform cardiovascular risk assessments and blood-pressure tests on people 65 years of age and older in local pharmacies. The program will raise awareness of heart disease and stroke. Orillia is one of 20 communities across the province chosen to participate.

Third-year nursing student and RNAO member Mark Dinga received a $5,000 scholarship from Brock University in September for his outstanding work in the collaborative BScN program. The scholarship, established in early 2004, was given to Dinga in recognition of his high GPA, his strong clinical practice performance, and his essay submission highlighting his insights into the core values of nursing.

On Oct. 20, RNAO members Dan Dutrisac and Tony Feretycki received the Victorian Order of Nurses' *Gold Reisman Award of Excellence* in clinical service delivery. Dutrisac is the first nurse practitioner to ever win the award. Dutrisac and Feretycki will each receive $1,000, which Dutrisac says he will donate back to VON. The award recognizes the nurses' exemplary practice, leadership and core values.

RN Doris Cassan, Program Director at Headwaters Health Care Centre in Orangeville, is the newest member of RNAO's Board of Directors, representing region 5. She replaces Kim Storey who resigned in September. Cassan, who is doing her master's at Ryerson University, has been a nurse for 30 years, working primarily in management in an acute-care setting. When the opportunity to run as regional representative arose, Cassan says she seized the opportunity and is "…learning a lot from our wonderfully skilled and knowledgeable president, board members and, of course, our executive director."

Calendar

JANUARY

January 24, 2007
EVERY NURSE A LEADER
REGIONAL WORKSHOP
89 Chestnut Residence
Toronto, ON

January 26, 2007
GENERAL MEETING
HILTON TORONTO HOTEL
(DOWNTOWN)
145 Richmond Street West
Toronto, ON

FEBRUARY

February 21, 2007
FIGHT OR FLIGHT:
NEW SOLUTIONS AND
STRATEGIES TO
WORKPLACE CONFLICT
REGIONAL WORKSHOP
89 Chestnut Residence
Toronto, ON

MARCH / APRIL

March 8, 2007
EMERGENCY PREPAREDNESS:
REGIONAL WORKSHOP
89 Chestnut Residence
Toronto, ON

March 22, 2007
PRECEPTORSHIP FOR NURSES
REGIONAL WORKSHOP
THUNDER BAY REGIONAL HEALTH
SCIENCES CENTRE
VIDEO CONFERENCE
Thunder Bay, ON

March 29, 30, April 2-4, 2007
DESIGNING AND DELIVERING
EFFECTIVE EDUCATION PROGRAMS
RNAO/OHA JOINT PROGRAM
OHA Office
200 Front Street West,
Suite 2800
Toronto, ON

April 5, 2007
DEVELOPING CULTURAL COMPETENCE IN DIVERSE WORKING
ENVIRONMENTS: REGIONAL WORKSHOP
Days Inn and Convention Centre, Kingston, ON

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

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Please direct queries to Citlali Villa-Singh at **(416) 907-7950** or **cvillasingh@rnao.org.**

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SUBMISSION DEADLINE: JAN. 30, 2007

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AGM REGISTRATION FORM
Please download the registration form for **RNAO's 82nd Annual General Meeting** from the RNAO website at www.rnao.org, or call Bertha Rodrigues at 416-599-1925/ 1-800-268-7199, ext. 212 for a copy.
Deadline for AGM pre-registration: Thursday, April 5, 2007

HOTEL RESERVATION FORM
RNAO has reserved a block of rooms at the Hilton Suites Toronto/Markham Conference Centre for $160 per night. This rate is guaranteed until Friday, March 16, 2007. The reservation form is available at www.rnao.org or call Vanessa Mooney at 416-599-1925/1-800-268-7199, ext. 227.

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Clinical Resource Nurse - Home Health, Chilliwack - Posting #20981
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Patient Care Coordinator - Pediatrics, Abbotsford - Posting #22239
Project Implementation Coordinator, Infection Control - Posting #24246
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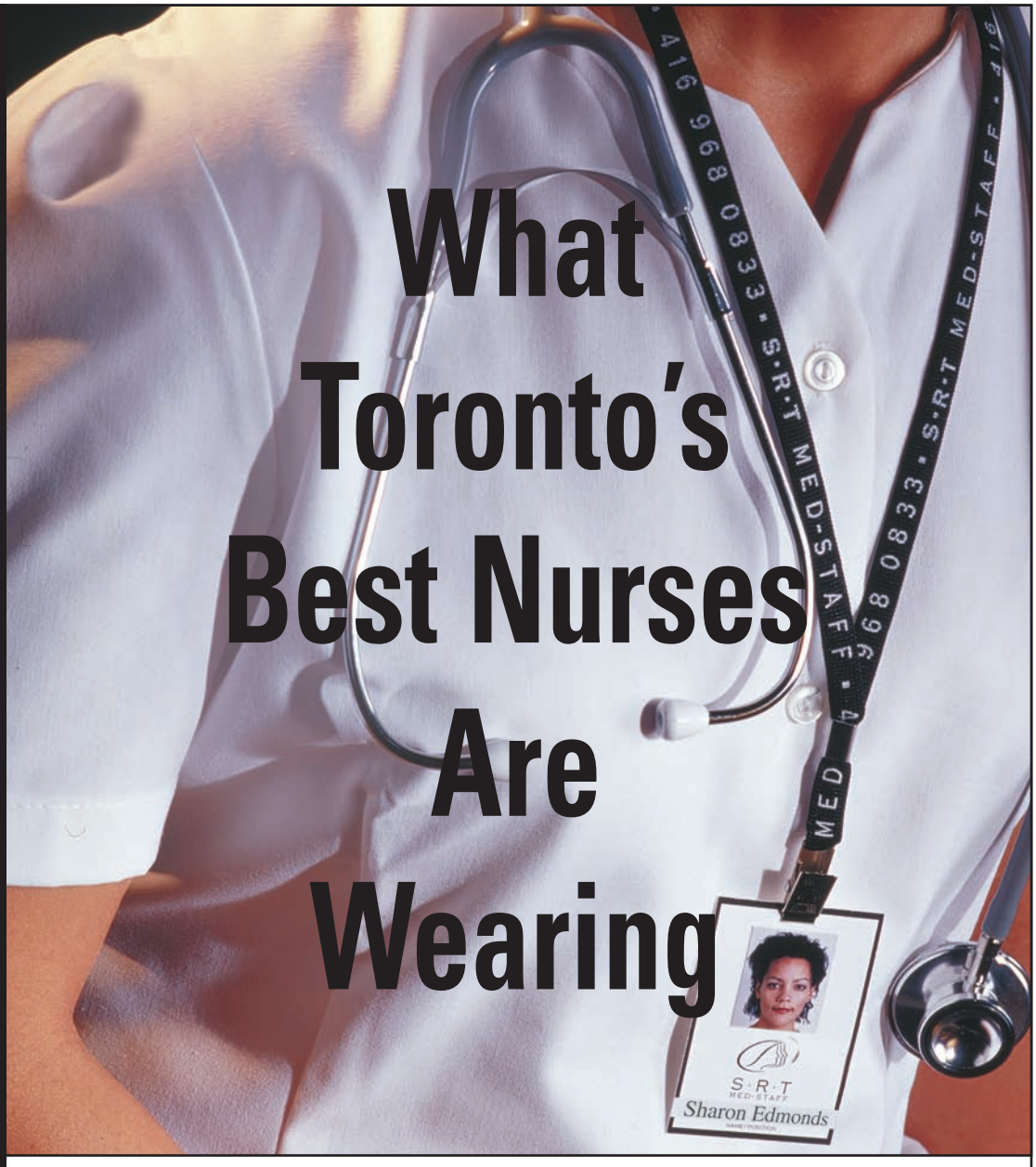

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