Preserving plasma • Retired RNs show no signs of slowing down • Nurses butt out

Registered Nurse JOURNAL
November/December 2007

Bringing health care home

Debbie Richard is one of many nurses helping patients like David Condie get the care they need at home.

PM 40006768

Now I know why thousands of nurses have chosen **HUB**!

I used to think insurance was insurance and never gave much thought to where I bought it – I assumed it was the same everywhere and all that mattered was finding the best price. Was I ever wrong! I heard about HUB Personal Insurance from a colleague at work. She mentioned that HUB offers RNAO members great rates on home and auto insurance, but it was her comment on the outstanding service that made me decide to find out for myself.

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Toni Sammut, R.N.

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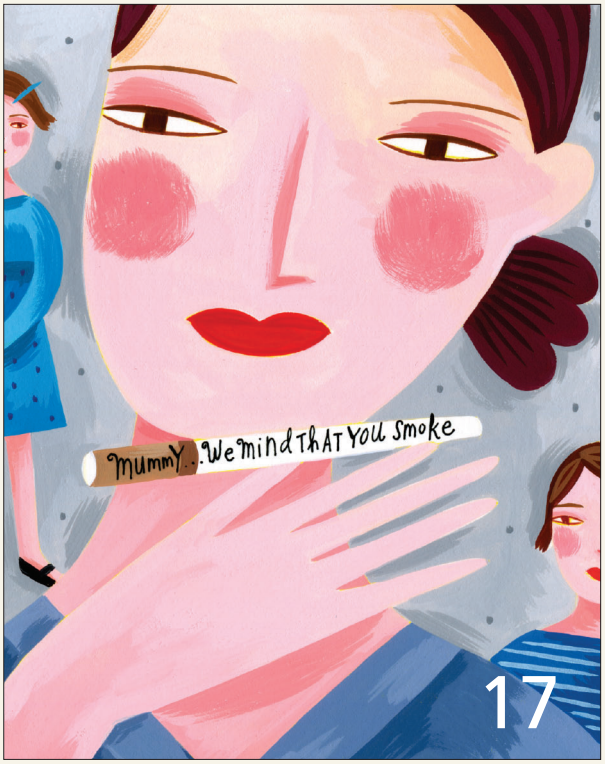

THE LINEUP

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FEATURES

Cover photograph: J. Michael LaFond

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Stories to salute the work that you do

Thoughts of festive cheer, family time and a whole lot of holiday food might be on your mind as you flip through this issue of *Registered Nurse Journal*, but you can be certain the communications department here at home office is thinking about something a little different. We've got our minds on that time of year when the buds start to bloom, and our battered lawns slowly begin to green after a harsh winter.

Spring always comes early for RNAO because we like to take advantage of the pre-holiday quiet to plan for a different kind of celebration – National Nursing Week in May.

In addition to wishing all of you a wonderful holiday season and a happy new year, we would like to take this opportunity to ask members to do a little thinking during your down time this December. As you bake those holiday cookies, baste that butterball turkey, bundle up for a winter wonderland walk on a nearby trail; we'd like to ask that you take advantage of the fresh, crisp air to get the creative juices flowing. Take some time to think about what you're not doing – nursing – and come up with a few reasons why you just can't wait to get back to it.

What do you love about being an RN? Why did you choose this profession? What are the biggest challenges? The greatest reward? Is there a patient you'll never forget? What's your proudest moment? Why would you recommend nursing to others?

RNAO is introducing a new initiative to celebrate the profession, salute the work you do, and give non-nurses a glimpse into the challenges and rewards of being an RN. Tell us about any aspect of your career or any passion you hold dear. In 300 words or less, we want to know your most important nursing story.

Your submissions will appear on our website during Nursing Week (May 12-18) so that members, the public and the media can visit the site to find out what nursing is really like. Who knows, maybe your story will appear in *Registered Nurse Journal*.

You may be wondering about your writing skills, but not to worry. There's no experience necessary. We will help you edit your stories for length and clarity. We only ask that you write in your own words and speak from the heart. Imagine you're talking to a family member or friend and go from there. To find out more about the guidelines for submissions, visit www.rnao.org and do a search for Nursing Week 2008.

We know that each of you has an incredible tale to tell. The theme for Nursing Week 2008 is *Think you know nursing? Take a closer look.* Through shared anecdotes and experiences, nurses and non-nurses alike will get that closer look from your unique vantage point.

So let's get writing.

Kimberley Kearsey
Managing Editor

Dedicated souls in the north offer glimpse of nursing in rural and remote Ontario

In late September, I had the remarkable opportunity to visit nurses who work in some of the farthest reaches of Ontario's north. I traveled to Peawanuk, Kashechewan and Moose Factory to honour a promise I made earlier this year when I went to Timmins to meet with members of the Porcupine chapter. During that trip, I learned that members from these more remote communities were disappointed they couldn't attend the dinner meeting that evening. The challenges posed by distance and the reality of their work assignments simply wouldn't permit it. Months later, when I set about making the arrangements for that promised visit, they were surprised to learn that I was coming.

I arrived in Timmins on a cool, fall day. Jennifer McLeod, zone nursing officer for Moose Factory, met me at the airport. After checking in at my hotel, we met for lunch to plan our time together. That evening, we met with nurses from Timmins. We discussed RNAO initiatives and shared professional activities.

The next morning, Jennifer picked me up and, after a Tim Horton's stop for boxes of doughnuts for the nursing stations, we went to the airport. We flew in a six-seater plane, first to Moosonee and then to Peawanuk where I had my first experience landing on a gravel runway. No worries; it was a steady and uneventful landing. In my entire life, I've never experienced 'star' treatment, but I have to tell you I felt like a special and honoured visitor everywhere we went. The nurses we visited were excited to meet me but I was just as thrilled to be there, learning about their practice, their patients and their work environments. Our colleagues are doing outstanding work and their organizations support them to be members of RNAO.

The nursing station in Peawanuk is a modern and well equipped facility. I met two nurses who provide much of the care for this community. Physicians and a dentist visit on a consulting basis. The station functions as an ambulatory clinic with several areas, each with its own function. One for emergency, one for assessments, another room houses the pharmacy, and yet another for dentistry. One area provides the nurses with their window to the world, enabling them to connect with professional colleagues and educators via video hook-up.

Next, we visited Kashechewan. I didn't know what to expect given this community's enduring legacy. In October 2005, Premier Dalton McGuinty declared a state of emergency and hundreds of people had to be flown out due to contaminated water. Although the reserve still bears many of the scars of that crisis, the team and community members I met were inspiring. Four nurses, including the nurse in charge, work out of an ambulatory facility with a double emergency room. These nurses do extraordinary work; often functioning as a nurse and physician at the same time. When confronted with trauma, such as burns, they either provide care on their own or are assisted by a physician who coaches them through videoconferencing technology. With no pharmacist on site, these nurses have also developed a sophisticated system to rank and organize all of the medications they administer to treat patients with chronic or acute conditions.

> "These nurses are living an extended practice with minimal support and yet, it's evident they are 100 per cent present for their work and their patients."

First Nations communities are suffering from some of the worst social, economic and health conditions in Canada. The nurses I met are doing enviable work with tremendous knowledge, skill and compassion.

The last stop on my tour was Moose Factory, which is located on an island at the southern end of James Bay. It was among the first trading posts to be set up in North America. There, I visited the Weeneebayko General Hospital. I met a fantastic group of nurses, including nurse practitioners who are providing superb primary health-care services. A state-of-the-art dialysis unit operates three days a week. There are in-patient units, an OR, an ER and a strong dental program. Nurses were proud to share their professional work, but the organization is struggling to recruit staff and to provide accessible educational opportunities for them.

Everywhere I traveled, I met dedicated souls. Some are working under incredibly difficult circumstances, with minimal resources, not enough staff, and little or no time for breaks. It's not uncommon at the nursing stations for RNs to work their regular shift and then be on call, making themselves available around the clock, seven days a week, for weeks at a time. It's demanding work. These nurses are living an extended practice with minimal support and yet, it's evident they are 100 per cent present for their work and their patients. They are truly courageous.

I've shared some of the things that make nursing a challenge in the north, but I was also amazed at some of the similarities between these nurses and those in my own workplace. The nurses I visited spoke of the desire for professional development, educational opportunities, and of the need to feel supported in their work.

Like all RNs, I think of myself as a lifelong learner. I'm so honoured that I had t he opportunity to travel so far north in our province to meet and make a connection with these nursing colleagues. We have so much to learn from each other in our various practice settings. **RN**

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

Using the power of nurses' clinical expertise to strengthen the profession

This fall, while attending a function in Toronto, I was exiting the ladies' room and encountered a woman who had collapsed. She appeared to be in cardiac arrest. It's been many years since I've found myself in this kind of life or death situation but I was able to provide life saving support until an ambulance arrived. Thanks in part to me, and to my CPR partner on the scene – Dr. Alex Jadad – the woman is now recovering at Sunnybrook Hospital.

This experience brought into sharp focus something I've always believed: nurses' clinical knowledge is at the centre of everything that we do. This belief is one that defines me as a nurse, and it's something I've carried with me through all of my professional roles.

Helping to save that woman's life also made me realize just how much I miss the clinical environment – my biggest passion.

When I first started as your executive director almost 12 years ago, I remember after a few months I started to feel a nagging void. It didn't make sense to me at first because I was honoured and excited to be at the helm of our professional association, and meeting so many amazing nurses energized me. I gave it some more thought and realized it was because I was missing patient care and the clinical setting.

That's why, for my first three years at the association, I made a point of either working once a week directly with patients in the areas of my clinical expertise (rehabilitation, gerontology and neurology) or shadowing nurses in other clinical environments. In no time I was back to my usual, upbeat self.

This renewed involvement in the clinical world not only helped nurture my soul and my intellect, it also represented an important opportunity to build on our association's ability to make connections with members, and find out firsthand what's important to Ontario RNs. In turn, it enriched my work with RNAO staff, the board of directors, committees, the assembly and general members to develop a strong understanding of what nurses need on the policy front to be able to deliver outstanding care.

So many policy initiatives at RNAO can be linked to the clinical world. The Best Practice Guidelines (BPG) Program, launched almost a decade ago, was created to foster clinical expertise. Healthy work environment BPGs are being created to enable nurses to be their best when providing clinical care. And the 70 per cent full-time employment initiative affords nurses the opportunity to offer their clinical expertise to patients who will benefit from continuity of caregiver.

> "It is your work at the bedside, on the street, and in the community that keeps us inspired to fight for more, and makes us all proud to be nurses."

Over the years, my role as executive director has become so intense – and my time so scarce – that working with patients is impossible and opportunities for shadowing nurses infrequent. Once again I find myself craving that direct clinical contact. That's why I've decided that any future visit I make to our local chapters must include at least a couple of hours during which I will tag along with nurses as they carry out their day-to-day clinical work.

The first such encounter will be with community nurse Alison McCubbin, who works with Saint Elizabeth Health Care's (SEHC) mental health team. I met Alison during an event where MP Peggy Nash was briefed on the importance of home care and heard about the experiences of frontline nurses from SEHC and VON. I will accompany Alison as she nurses members of Toronto's homeless community, and I will gain more exposure to what she calls her "tiny corner of the world." I know Alison will teach me a lot and that knowledge will directly influence our advocacy for social justice.

Another opportunity is already confirmed for Nursing Week. I will return to Listowel, a rural community in southwestern Ontario, where I will meet with RNs Nancy Rozendal and Jean Anderson. These two nurses will help me gain a deeper understanding of their clinical work with patients in rural Ontario hospitals, where you need to be proficient in a number of specialties at the same time.

During Nursing Week, I will also meet with nurses at the Children's Hospital of Eastern Ontario, where I will shadow colleagues as they nurse babies and children. I must confess that this scares me a bit, as pediatrics has been the only clinical area of nursing I have avoided for fear it would be too much for my soul.

I'm looking forward to these and other clinical engagements in the weeks and months to come, and to sharing my learnings with you in future columns. But for now, I reflect on my experience this fall, just outside that ladies' room in Toronto. I'm grateful to have been in the right place at the right time. Ironically, my invitation to that event was in recognition for my public policy and advocacy work. However, as I was walking down the hallway and leaving to go home, I couldn't help but think about the woman I helped save. It was such a powerful reinforcement that the strength of nursing comes from our clinical knowledge. As for me and your other colleagues in education, administration, research, and policy, we are here to support and strengthen clinical practice. For it is your work at the bedside, on the street, and in the community that keeps us inspired to fight for more, and makes us all proud to be nurses. **RN**

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

by **Stacey Hale**

Nursing in the news

RNAO & RNs weigh in on . . .

Challenge encourages moms to breastfeed anytime, anywhere

Nursing mothers at the Native Friendship Centre in Moosonee participate in the 2007 Breastfeeding Challenge, led by nurses across the province.

The first week in October marked World Breastfeeding Week. At health centres across Ontario, nursing moms took part in the 2007 Breastfeeding Challenge. Inspired by a Guinness World Records tradition that started in 1999, the goal was to gather nursing mothers and their babies together in one spot to breastfeed for one minute simultaneously.

"The challenge is a great chance to do something special for breastfeeding moms. It's a wonderful way to celebrate breastfeeding and show our support and encouragement for women in our communities," said RNAO member **Norma Corstorphine**, a public health nurse from the Porcupine Health Unit. (Oct. 1, *Timmins Daily Press*)

Although RNs encourage breastfeeding, some moms have received mixed signals about the practice in public. This fall, a Pickering mother filed a complaint with the *Ontario Human Rights Commission* after a staff member at the Scarborough YMCA asked her to leave the pool deck where she was breastfeeding her son. The popular social networking website Facebook was also in the spotlight for closing the account of an Edmonton mother who posted breastfeeding photos. The website claimed the images were "obscene."

RNAO members weighed in on the controversy, expressing disappointment that even today some members of the public are uncomfortable with breastfeeding. RNAO member **Joanne Gilmore**, who helped to develop RNAO's breastfeeding BPG, wrote to the *Toronto Star*...

In Ontario, moms can breastfeed anywhere

Letter to the editor
Toronto Star, September 14, 2007

As a public health nurse who has spent many years educating mothers about the benefits of breastfeeding and giving them the assistance they need to nurse their babies successfully, I was surprised to read that Facebook deemed photos of nursing mothers to be 'obscene content.' It's hard to believe that in North America in 2007, breastfeeding is still not widely accepted as the best and most natural way to nourish a baby.

Nurses know that breast milk is the healthiest food for babies and there is a wealth of evidence to back this up. The mothers on Facebook should be commended for encouraging and supporting other nursing moms, not punished for posting photos. According to the *Ontario Human Rights Commission*, moms are free to breastfeed any time, anywhere.

Joanne Gilmore, Toronto

Nurses at airport lose jobs

On Dec. 1, approximately 20 nurses who cared for passengers and staff at Pearson International Airport lost their jobs. Emergency medical response at the facility is now provided by on-site firefighters as well as paramedics from the surrounding area of Peel. Scott Armstrong, a spokesperson for the Greater Toronto Airport Authority (GTAA), said they cancelled the nurses' emergency duties because they "found there was a lot of duplication." Some of the laid off nurses have worked at the airport 10-15 years, treating hundreds of people a month, including heart attack victims, asthma patients, people with allergic reactions and those with infections.

RNAO member **Paula Angeles**, who managed the nursing services, responded to the layoffs by commenting on the difference in care administered by nurses and that provided by firefighters and paramedics. Some firefighters are qualified to provide symptom relief but they're limited to administering only five basic medications, she told the *Toronto Star*. "We're the higher medical authority… (firefighters) can't give any medication by intravenous, which we can." (Oct. 2)

Council examines expansion of nurse practitioner role

The Health Professions Regulatory Advisory Council (HPRAC) has wrapped up a series of provincial hearings to help determine if nurse practitioners (NP) should be granted more autonomy to do their work. NPs say proposed changes in legislation are long overdue and will help put them on the same

by Stacey Hale

Nursing in the news

RNAO & RNs weigh in on . . .

footing as their colleagues in other provinces. RNAO says the changes will improve access to primary care providers and ease pressures in crowded ERs (see *Policy at Work* on page 25 for more on this).

RNAO Executive Director **Doris Grinspun** commented on the hearings: "Nurse practitioners have the knowledge and competency to practice but are limited by the legislation…If we begin to use every single one of our health professionals to their full extent, the picture will look quite different," she said, referring to Ontario's long wait lists and crowded hospitals. (Nov. 13, *Canadian Press*)

Nursing homes see an increase in resident violence

According to government reports, jury recommendations from coroner's inquests, and reports from Ontario's geriatric and long-term care review committee, incidents of biting, choking and other violent acts are on the rise in long-term care homes across the province. Health-care professionals encounter at least four violent incidents per day.

RNAO board member **Rhonda Seidman-Carlson** says a combination of things may be causing the increase. Only a fifth of long-term care workers receive formal violence training. "The majority of persons providing care are personal support workers and health-care aides," Seidman-Carlson told *CBC* radio hosts in Windsor, Edmonton, Victoria, Cape Breton, Toronto, Whitehorse and Yellowknife. These individuals, she said, may only have between six weeks and six months of training "…so (you) can imagine the depth of understanding (of) aging, cognitive impairment and aggressive behaviour might differ."

Increasing violence may also stem from a lack of long-term care RNs, who are trained to handle these complex and dangerous situations. The RN-to-patient ratio in most residences is, at best, one to 50 Seidman-Carlson added. (Oct. 23)

Riding the electronic wave

Chatham-Kent Health Alliance recently unveiled a new wireless communication system that it expects will improve staff and patient safety. The new system, which is the size of an MP3 player, allows staff to use a voice activated speaker to contact any person or location within the hospital. Until now, staff used telephones or pagers to call the right department for assistance, and then waited to speak to the desired person.

The hospital's in-patient psychiatric unit, part of the Mental Health and Addictions Program, was the first to test the system. "When staff had the device… they could call for help from colleagues without leaving a patient's side," said RNAO member **Paula Reaume-Zimmer**, Director of Mental Health and Addictions and leader of the communication project. (Oct. 26, *Chatham Daily News*)

Northumberland Hills Hospital in Cobourg is also embracing new technology. It has just joined a select number of hospitals in Ontario with an electronic patient-tracking system in its ER. The *Emergency Department Management System* (EDM system) will replace traditional wall-mounted whiteboards – where staff write patient information – with both mobile and stationary computer terminals through which nurses and doctors can access patient information such as name, condition, room number, test results, etc. The new system is expected to improve the triage process, offer greater confidentiality, and link the ER to other clinical areas.

"In an emergency, when a test is required before life-saving treatment can be started, everything we can do to speed up the exchange of information improves the patient's outcome – and that's what this is all about," said RNAO member **Mary-Anne Shill**, VP, Patient-Care Services. (Oct. 30, *Port Hope Evening Guide, Cobourg Daily Star*)

Aging nurse workforce begs continued government attention

On Sept. 23, the Canadian Institute for Health Information (CIHI) published *Highlights from the Regulated Nursing Workforce in Canada*, which found both the number of RNs and the share working full-time has increased. It also found that the workforce is aging, and suggested continued effort is needed to recruit and retain more RNs. The report showed Ontario has fewer mid-career nurses than it should, highlighting the need to attract more young people to the profession and encourage seasoned nurses to delay retirement.

"We're concerned that unless we drastically increase the number of newcomers to the profession, we'll hit a crunch in terms of our ability to deliver nursing care," said RNAO Executive Director **Doris Grinspun**. (Oct. 27, *Richmond Hill and Vaughan Liberal*)

In a letter published by the *Stoney Creek News*, RNAO President **Mary Ferguson-Paré** wrote: "This will require the provincial government to keep its election commitment to invest in healthy work environments. One way to achieve this is by offering nurses opportunities, such as the 80/20 strategy so they spend most of their week delivering patient care and some of their time mentoring new graduates or participating in other professional activities." (Nov. 2)

Nurses want to see universal screening for woman abuse

From Oct. 18-20, the University of Western Ontario's school of nursing hosted the 15th annual *Nursing Network on Violence Against*

For complete versions of any of these stories, contact staceyh@rnao.org.

Women conference. RNAO members **Mary Huffman** and **Lisebeth Gatkowski** presented at the event, sharing RNAO's view that Ontario needs a universal screening program to identify and help abused women. According to RNAO's best practice guideline (BPG) *Woman Abuse: Screening, Identification and Initial Response*, women are more likely to disclose abuse if they're asked about it. That disclosure leads to better overall health. "Abuse has a huge impact on (womens') physical health and their emotional health…if I don't ask that question (about abuse), I'm not getting a full picture," Huffman told *CBC* radio. Gatkowski, who helped develop RNAO's BPG, added that detecting abuse "… has to start with the nurses. It has to start with educating nurses, making nurses aware of how common a problem it is." (Oct. 19, *CBCK-FM, Kingston)* **RN**

RNAO member ***Cheryl Hanniman*** *responded to an* Ottawa Citizen *article that revealed recent statistics that 60 per cent of nursing schools do not have enough faculty to properly teach students. She argued that practical experience cannot be ignored when looking to fill teaching positions.*

PhD doesn't guarantee a nurse will make a great teacher

Letter to the editor
Ottawa Citizen, October 14, 2007

If fewer than one per cent of nurses in Canada have PhDs and this is, in fact, the requirement for a full-time faculty position at the University of Ottawa, is it any wonder that there is a staff shortage? I hope nursing school Director Kirsten Woodend's solution to this problem is more creative than encouraging young students to carry on with their PhDs. There are baccalaureate and master's prepared nurses with skills developed by practice who would indeed fit the criteria… Perhaps with the promise of full-time positions they would indeed develop their research potential and, yes, attain PhDs. Nurses truly become faculty when their skill is developed by practice; do they become mere things when they are manufactured in a factory?
Cheryl Hanniman, Ottawa

Out & About

RNAO President Mary Ferguson-Paré represented Ontario nurses during a ceremony to mark Remembrance Day at Toronto's Old City Hall Nov. 11. She laid a wreath at the foot of the Cenotaph in honour of nurses who risked and lost their lives while caring for soldiers and civilians during various wars. The ceremony featured a march of colour parties, a fly-by of vintage aircraft, and an address by Mayor David Miller.

Photograph: Denis Drever Photography

For her submission to the Canadian Nurses Association's (CNA) centennial photo contest, RNAO member Susan Uranowski gathered up five nursing colleagues to pose in front of the construction site of The Scarborough Hospital's new Emergency Critical Care Centre. Each wore a hard hat that, together, spelled out *My Voice. My CNA.* Her entry won and the nurses were invited for lunch with the Prime Minister's wife at 24 Sussex Drive. (L to R, back) Scarborough RNs Troy Belisario, Angie Ganter, Dallas Hegland, Uranowski, Michael Chiles, and CNA Director Janet Davies. (L to R, front) Executive Chef Oliver Bartsch, CNA President Marlene Smadu, and Nunavut RN Joanne Dignard (also a photo contest winner).

To mark *World Diabetes Day* on Nov. 14, RNAO members John Lowe (left, front) and Pauline Linton (right, front) participated with other nurses and staff at Seaforth Community Hospital in an event in which they were asked to wear blue and form a circle, the international colour and symbol of diabetes. The event, organized by fellow RN Dianne Wood (fourth from left, front), gave the group a chance to learn more about the magnitude of the diabetes epidemic.

by Jill Scarrow

Preserving plasma

RN reduces the chance that surgery patients will need a blood transfusion.

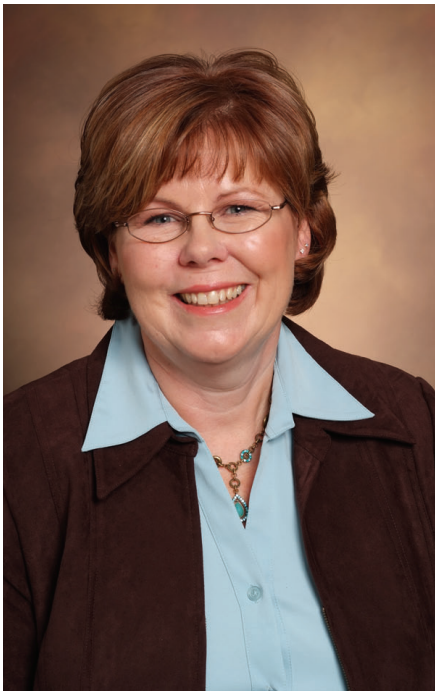
Jill Staples first meets with surgery patients at Peterborough Regional Health Centre (PRHC) three or four weeks before they find themselves on the operating table. It's her job to get them thinking about something most of us take for granted: the blood coursing through our veins.

As a blood conservation nurse, Staples is responsible for ensuring patients having hip or knee surgery, or a radical prostatectomy – procedures that may lead to the loss of a lot of blood – actually lose as little as possible. For individuals who are anaemic, her role is crucial to recovery.

Staples also teaches patients good blood-boosting habits so they stay healthy after they've been discharged and are recovering at home. She remembers one patient in particular who learned so much about how healthy eating habits can help her anaemia, she not only eats smarter, she also makes sure to get her haemoglobin levels checked twice a year.

As the friendly face they've seen both pre- and post-op, patients at the hospital in Peterborough often turn to Staples with questions about every step of the surgical process. One woman even approached her to find out how chemicals used to perm hair might affect her surgery. Many of Staples' patients are seniors who tell her they probably would have avoided surgery and continued living with painful arthritis in their hips and knees if they hadn't been able to rely on her.

In 2004, Staples became one of 23 blood conservation nurses who are part of the Ontario Nurse Transfusion Coordinators (ONTraC) program. The group, which formed two years earlier with a $1 million investment from Ontario's Ministry of Health and Long-Term Care (MOHLTC), was created to help develop blood conservation methods, prevent transfusions, and help anaemic patients through their surgeries. Staples says the role also eases the minds of patients. This November marked the 10th anniversary of the Krever Commission report that examined how thousands of Canadians contracted HIV/AIDS and hepatitis C from blood products. While contracting such a disease during a transfusion is extraordinarily slim, Staples says avoiding transfusions is the best way to prevent blood complications such as fever or infection. It also decreases the chance the wrong blood product will be used. The program has also had a tremendous impact on the health system, shortening lengths of stay and decreasing nursing hours needed for tasks like hanging blood at the bedside. Staples says MOHLTC's $1 million investment has saved $15 million from bleeding out.



NAME: Jill Staples, RN
OCCUPATION: Blood Conservation Nurse
HOME TOWN: Peterborough, Ontario

"We're preventing blood transfusions so blood is being used more appropriately," she says. "The spin-off is that the patient is feeling healthier and more energetic, more mobile, and has a better quality of life."

When Staples meets with patients, she teaches them about ways to get ready for surgery. That can mean eating more iron-rich foods to elevate haemoglobin levels, or taking supplements or medications that can increase red blood cell production.

Although she enjoys her work, Staples admits she's surprised to find herself in the role. Since graduating in 1973, she has worked in special care nurseries in Peterborough, Edmonton and Vancouver. Health concerns forced her to look for a less physically demanding job, and she found herself considering blood conservation. She says she was nervous about making the transition from babies to blood, but an orientation program at Toronto's St. Michael's Hospital, where the blood conservation program originated, was invaluable. So was her personal experience with aging parents. Watching her father struggle with severe rheumatoid arthritis that ended in the amputation of his legs has helped her to empathize with the crippling pain that leads people to decide on hip and knee surgery.

Staples misses working with babies, but she says there are new rewards that come from working with the elderly. It's heartening when she checks in on patients after surgery. They look and feel better than they would without the blood-elevating measures. She says people who have had previous joint surgery, and are returning for a second time, notice a big difference in their health and are much less nervous because they know she'll be around for the ride.

"They look for me now," she says.

Staples is also promoting the role beyond the hospital walls. Last year, she was part of a group of Ontario nurses who travelled to Los Angeles and Calgary to present a guide on how physicians can treat anemia.

She says she hopes this role will continue to grow, not just in Peterborough but in hospitals all across the province. It presents an opportunity to teach patients not just about the best way to get through surgery, but about how to make lifestyle changes that allow for the full enjoyment of those new hips and knees well after the surgery is complete. **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

RNs meet for fall assembly

(L to R) Alwyn Moyer (Diabetes Nursing Interest Group), Mary Knipfel (Ontario Family Practice Nurses) and Cindy McNairn (International Nursing Interest Group) participate in an afternoon roundtable discussion.

ON Oct. 20, more than 100 RNAO assembly members gathered in Toronto for their fall meeting. Representing the association's chapters, regions without chapters, and interest groups, participants reviewed provincial and national issues that are important to nurses, including the controversial *Trade, Investment and Labour Mobility Agreement* (TILMA), which RNAO believes is a threat to publicly funded services, including health care. In addition to discussions about safeguarding Medicare, members participated in roundtable discussions about the structure of the association, and the need to continuously enhance communications between local executives and individual and interest group members. Membership and Services department staff were also on hand, offering a presentation about recruitment and retention strategies, and enlisting the help of one interest group (Childbirth Nurses) and one chapter (Middlesex-Elgin) to share their membership success stories.

A message from RNAO's board of directors

Four times a year, RNAO's board of directors meets in Toronto to discuss issues of importance to the profession, including social and environmental determinants of health, Medicare and nursing. The group last gathered Oct.18-19. In our ongoing efforts to keep members informed, RNAO has created a special feature in the 'members only' section of the website so you can learn more about what was discussed at each board meeting. Read a summary of the topics that were covered over the two-day meeting, and learn more about the association's newest initiative, *Nurses for Medicare*. Visit www.RNAO.org and log into the 'members only' section to find out more.

RECOGNIZING EXCELLENCE

This fall, three outstanding nurses were recognized for their commitment to the profession. Two received awards for clinical practice and the third an annual Hub Fellowship.

The RNAO President's Award for Leadership in Clinical Nursing Practice is presented to the RN who consistently demonstrates expertise and evidence-based practice. The winner shows nursing leadership in the workplace and influences change for the betterment of patients, families and/or communities.

As a staff nurse in surgical oncology at Toronto's Sunnybrook Health Sciences Centre, **Suman Iqbal** has dedicated herself to improving patient care, furthering her professional development, and mentoring future nurses. In her day-to-day work, she develops patient-centred plans for gynaecological patients that help them cope with their surgical pain. As a mentor for new nurses and students, Iqbal shares her passion for the profession, encouraging everyone to become a member of RNAO. She is also committed to her own professional development, attending conferences and seminars whenever possible. Iqbal gives back to her professional association by participating on review panels for RNAO's best practice guidelines program.

The second winner of this award is **Suzy Young**. As an advanced practice nurse in respirology at St. Mary's General Hospital in Kitchener, Young is committed to improving the health of patients with chronic obstructive pulmonary disease (COPD). She uses RNAO's smoking cessation best practice guideline in her practice, and has secured government funding for a program to help COPD patients become more active as a way to improve their health. Young is also very active in the community as president of RNAO's Waterloo chapter. She participates in many association activities, including the annual *Day at Queen's Park* and *Take Your MPP to Work* initiatives.

The RNAO HUB Fellowship gives members the opportunity to get in the thick of things by spending one week with RNAO's Executive Director Doris Grinspun. The $2,000 fellowship is generously sponsored by the association's Group Home and Auto Insurance provider, HUB International Ontario Limited.

As former director at the Social Work and Resource Utilization department at Windsor's Hotel-Dieu Grace Hospital (HDGH), **Lynda Monik** was instrumental in achieving the facility's designation as a Best Practice Spotlight Organization. She was also an advocate for new grads at HDGH, ensuring full-time work if they wanted it. As president of the Essex chapter, Monik promotes RNAO at every opportunity. Under her leadership, the chapter has spearheaded several Nursing Week supplements in the local newspapers and has taken on many other initiatives, including raising money for victims of Hurricane Katrina in 2005. Monik is a previous winner of the association's *Leadership Award in Political Action*.

BRINGING HEAL

Debbie Richard provides David Condie with the care he needs at home.

LTH CARE HOME

Home care has the potential to solve some of the system's biggest challenges, but will there be enough nurses to get it done?

BY JILL SCARROW

AS a pediatrics RN, Carolanne Vair cared for hundreds of children. As a student, she earned her master's degree in nursing. And as an administrator, she helped turn Kingston's Hotel-Dieu Hospital into an ambulatory care centre. But none of the work she faced during her 40-year career is as important – or as rewarding – as her current assignment: caring for her 94-year-old mother who suffers from macular degeneration and other health problems.

Vair says she's grateful for the chance to spend time with her mother at home during her final years, enjoying their shared passions, including a love of reading. Until recently, she says her mother was still devouring the books-on-tape that kept her connected to the literary world once her sight was gone. But, as time ticks on and her mother's needs become more complex, Vair grows older herself, and knows she can't do everything on her own.

Since January, Vair's mother has received regular visits from Saint Elizabeth Health Care (SEHC). Personal support workers who come three times a week help Vair bathe her mother, and provide breaks so she can get out to the grocery store, attend church, or have lunch with friends. She is grateful for her nursing background because it helps her to spot complications in her mother's health before they get worse, but she also recognizes the benefits home care brings to the entire health-care system.

"I truly believe that it's best for a person to remain in their own surroundings. Both for that person and for the caregiver," she says. "People who stay at home not only have a longer life, but a better quality of life. I believe that they don't acquire the infections that they sometimes do in hospital. It's far, far more economical to be paying people to be coming to support individuals in the home than it is to be paying for acute care hospitalization."

This doesn't surprise Debbie Richard. As an RN at SEHC in Toronto, she has cared for people in just about any home setting you can imagine – from boarding houses to mansions. Richard says her passion for the work comes from helping families like Vair's make the decisions that will allow them to get the care they want in a way that fits their lives.

"We see the palliative patient who wants to die at home," she says. "Everybody at the hospital is saying you can't go home because your family can't look after you and there's no support. We walk in and get everything in place and they die at home. We make things happen."

But it's not easy.

Richard says home care nurses bring a special skill set to their work, including: street smarts, to decide if a client's living situation will put the nurse's safety at risk; knowledge

Photography: J. Michael LaFond

and confidence, to be able to administer medications for a variety of illnesses; and flexibility, to adjust to different client situations and meet the needs of a rapidly changing health-care system.

Richard, who can see anywhere between eight and 12 patients in a single day, says when she began practicing, home care nurses were primarily responsible for changing dressings and bathing patients. Today, hospitals send people home earlier and sicker. She and her colleagues now do just about everything that may otherwise be done in the hospital, including caring for people on ventilators as well as dialysis, chemotherapy, and intravenous therapy.

Richard's knowledge makes her an invaluable resource both for the families she visits, and for the new staff members she mentors. But after 22 years at SEHC, the 53-year-old is starting to think about retirement. And she's not alone. Richard says many of her colleagues are in the twilight of their careers, and many wonder who will replace them after they ring their last doorbell.

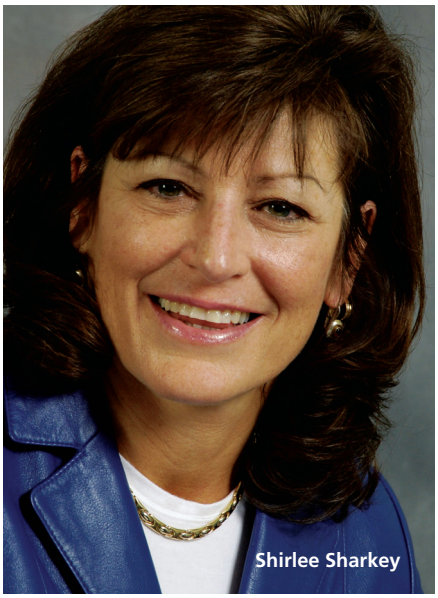
In 2006, just four per cent of nurses registered with the College of Nurses of Ontario called themselves 'visiting nurses.' Yet, according to the province's response to former Health Minister Elinor Caplan's 2005 report on the process used in Ontario to award home care contracts, 500,000 people require home care every year.

The demand for these services is not waning. In fact, it's poised to increase as more Canadians head toward their senior years. To address this coming wave, the provincial government announced in August that it was launching a $700 million aging at home strategy to be rolled out over the next three years. The plan includes homemaking and transportation services so seniors can stay at home longer. It also includes prevention and health promotion among its goals.

RNAO President Mary Ferguson-Paré says this kind of strategy is a good first step, but to be successful, every aspect of home care will need to be strengthened.

"We need to look at ways to bring national standards to all areas of home care to ensure people are getting the right care at the right time," she says. "Home care has tremendous potential to sustain Medicare and improve universal access for all Canadians."

Shirlee Sharkey, SEHC President and Chief Executive Officer, agrees. She believes home care can make publicly funded health care more sustainable, but governments need


Shirlee Sharkey

to look at the sector as part of the wider picture. "Home care can help acute care services, primary health care and long-term care," she says, adding that governments need to look at home care not as a substitution for these sectors, but "…a linchpin for how people experience care."

Sharkey sees the future of health care in the home because it offers people comfort and control over their care while helping to solve some of the system's biggest challenges. Home care can release the pressure on the acute care sector, easing wait times. It can also help the one in three Ontarians who live with chronic disease.

Based on this reality, it's no surprise more community nurses like Richard are needed. But those who work in the sector say if home care is to realize its full potential; its workforce needs a boost.

VON Canada President and Chief Executive Officer Judith Shamian calls home care the 'spine' of the health-care system. By supporting it, she says other sectors, such as acute care, will become stronger because they won't be overcrowded with people who can't get care anywhere else. She laments, however, that many policy makers and politicians have yet to see that.

According to the Canadian Institute for Health Information (CIHI), in 2003, home care received just four per cent of governments' total health-care spending. That compares to 30 per cent for hospitals and 17 per cent for medications. In Ontario, Shamian says she has yet to see evidence that the government has implemented the recommendations of the Caplan report on home care, many of which address the need to improve quality of

"HOME CARE CAN HELP ACUTE CARE SERVICES, PRIMARY HEALTH CARE AND LONG-TERM CARE."

care and workforce stability in the sector.

Shamian believes that in order to ensure home care staffing levels will be able to meet the growing demand, Ontario has to erase the wage gap that separates home care nurses from their colleagues in the hospital. She suggests following the lead of Nova Scotia, where there is no difference in salaries between the two sectors and there are few challenges with recruiting.

"Lots of people would like to work in home care but they also want to be remunerated and compensated in a manner that they deserve," she says.

Sue Matthews, VON's National Executive Director for Disease Management, says more nurses and better wages will also help as the system faces a growing influx of people with chronic illness.

"In Canada, you can die at home, but you can't live at home because we don't support people to live there with a chronic disease," she says. "Our system is designed to care for you when you have an episode or an exacerbation of your illness. It's not designed to help you get through that and live at home with that illness."

Home care nurses, she says, can do that.

Being in someone's home allows a nurse to implement health promotion strategies that wouldn't be viable in another setting. For instance, an RN treating someone with a diabetic foot ulcer can talk about how the foods stocked in the cupboard affect diabetes, and how some mealtime choices can increase the odds other family members will develop the disease.

Matthews and Shamian agree that more needs to be done to improve the working

lives of Ontario's home care nurses, but recognize Ontario is moving in the right direction when it comes to improved recruitment. The new graduate initiative, announced in February, is a good example of the healthy strides taken to date.

In 2003, RNAO began lobbying for the new graduate initiative, advocating for something that would ensure every new nursing grad looking for a full-time job could get one for at least the first 10 months of their career. This initiative has made it easier for all health-care organizations, including home care, to replace some of the nurses headed for retirement.

RN Samantha Thomson's job at VON is to make sure nursing students and practicing nurses – many of whom she meets at career fairs – know about the opportunities in home care.

"We keep hearing about wait times and not enough hospital beds," the recruiter says. "But nobody talks about how community nursing keeps people out of hospital. We keep them out of emergency rooms. And we get them discharged home faster."

That's a message RN Nickesha De'Herieux says may not be getting to as many students as it should. Just weeks after graduating in June, she landed a job at SEHC as part of the new graduate initiative. When De'Herieux began her education, she was convinced she would launch her career in the hospital, not in the living rooms of new mothers and seniors. She says some of her peers were shocked to find out she'd taken a job at SEHC, and they doubted the kind of experience she would get in home care. She admits that, at first, the thought of walking


Judith Shamian

into patients' homes rattled her nerves. But the 12 weeks of preceptorship offered by the new grad initiative, and the extensive training and support SEHC provides to new employees, helped her dip her toes into the job before leaping in alone. She says based on the feedback she gets from patients, she knows she made the right career decision.

"People are so appreciative of … (the) extra convenience of having someone come to their home," she says. "There are families where they have a sick child and there are several other children, or older clients are bed ridden. It would be a trauma to get back and forth (to hospital) regularly."

Nancy Lefebre, SEHC's Chief Clinical Executive, says hiring new grads like De'Herieux is good for the novice nurse and for the organization. "If we teach them what home care is all about, it's a very good transition when they begin full time work," she says.

"ONTARIO HAS TO ERASE THE WAGE GAP THAT SEPARATES HOME CARE NURSES FROM THEIR COLLEAGUES IN THE HOSPITAL."

Cheryl Reid-Haughian, Director of Professional Practice at ParaMed Home Health Care, believes more people like De'Herieux might be drawn into the profession once nursing professors begin to better understand how enriching a career in home care is. Home care organizations, she says, must ensure there are placements available so students can get a taste of the work, and learn to overcome anxieties about making trips into others' homes.

"The first time you go into a client's home and are confronted with strained family dynamics, aggressive animals, a lack of supplies…it's scary," she says. "When we do a good job of providing students and new employees with a great learning experience, they stay."

Stratford RN Sharon Devenish is a

COMFORT FOR CAREGIVERS

RNAO member Catherine Ward-Griffin is a nursing researcher who examines the relationship between those caring for elderly family members and the home care nurses who visit with these individuals. She says that as more people leave the hospital earlier than they might have in the past, family caregivers are taking on more complex care. Research looking at families offering palliative care reveals that many caregivers show a strong façade that hides the true strain on their personal lives.

"The private face of caregiving, what we don't really see as often, is that they're really struggling to survive in many cases. They're putting their own lives on hold to provide care," she says.

Saint Elizabeth Health Care RN Pat Malone says the organization's respite program offers the chance to alleviate some of the stress they feel.

"We want you to get out. We want you to do the activities you wouldn't normally be able to do," Malone says. The program has received letters from many who have been touched by the service. For one woman, having extra support to care for her mother meant she could continue to work full time and go to school part time.

While respite services can provide some relief, Ward-Griffin says what's really needed is long-term support for caregivers, including a national elder care program that removes barriers between sectors such as long-term care, home care and hospitals so that everyone is working together to provide the best care for the elderly. And she says because nurses help these families every day, they're in an ideal position to become advocates for what families need.

"We could be a lot more vocal," she says of the profession. "As nurses, we are witnesses to it. Trying to help individuals cope is important and commendable but we have to move way beyond that. We have to work together and be advocates to identify what we see that's not right." **RN**

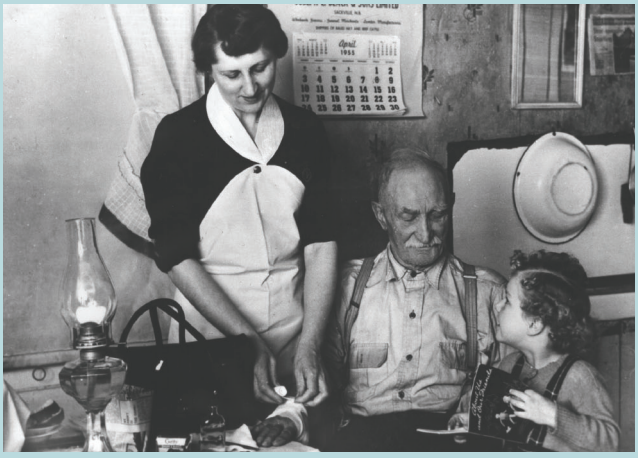
nurse manager at CarePartners, an agency that provides home care nursing in southwestern Ontario. She says it's hard to recruit in her largely rural area, where many patients need time-intensive palliative care. Although she's only been in the manager position for five months, she's already seeing some of the effects of the shortage. When needed, Devenish will make several visits a week herself to help alleviate demands in her catchment area.

But she doesn't mind. The patient contact helps to remind her of the things she's loved about the sector since she started in it eight years ago: the opportunity to create close relationships with patients; and the flexibility to set her own schedule. She says she tells new grads about those perks as much as she can, but recognizes it's hard to draw more nurses into the sector because all health-care organizations are pulling from the same pool of new grads.

"The nursing shortage is affecting us everywhere," she says. "If the government wants to have people get care at home, that's great, but you need the support for that."

Statistically speaking, Canada's aging demographic will continue to grow. The health-care system will also continue its push to provide more care at home instead of in the hospital. Meanwhile, more and more nurses will need to discover the autonomy and rewards that come from using their knowledge to connect with people in the place that is closest to their hearts. Whether it's helping a new mother, providing health promotion advice to someone battling diabetes, or supporting a palliative patient who wants to die surrounded by family, home care gives people the chance to receive care on their own turf. Many home care nurses will attest that's a prescription that isn't just better for the patient – it's better for the system. **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.



Photography: Top: Courtesy of VON Canada; Bottom: Courtesy of Saint Elizabeth Health Care

A CENTURY OF HOME CARE

When nurses first started visiting people's homes in the communities of a young Canada, they often arrived on foot or by streetcar. More than a century later, our modes of transportation may have changed, but the goal to ensure all Canadians get the care they need in the place they feel most comfortable is still the same.

Two of Canada's oldest home care organizations are celebrating anniversaries this year and next. Saint Elizabeth Health Care (SEHC) will celebrate its 100th birthday in 2008, and VON Canada is capping off year-long celebrations in 2007 that marked its 110th birthday.

Shirlee Sharkey, President and Chief Executive Officer of SEHC, says the 100th anniversary gives the organization a chance to reflect on all its accomplishments since 1908, when home care nurses provided mainly prenatal and pediatric services. The organization is planning a conference and fundraising gala for next March and October, respectively, to highlight home care's role.

"It's important to help the public see there is a different image to health care than the hospital," she says, adding that these kinds of celebrations offer an opportunity to show people the diversity and the strength within the health-care system.

For VON President and Chief Executive Officer Judith Shamian, their 110th birthday offers a chance to look at the organization's role in laying the foundation for Medicare. "VON's vision was to take care for everyone, regardless of economic or social stature. VON nurses went into every home; they went into the coal mines. They criss-crossed from the rich to the poor, helped the dying. A person was a person."

Throughout its anniversary year (2007), VON promoted its work across Canada, developing an online quiz about the organization and launching an alumni program to connect current and former employees.

As it begins its next 110 years, Shamian says VON is looking at how to improve support for family caregivers, chronic disease management, and patient safety – three issues that will be key to providing health care in the 21st century. **RN**

RNs butt out

Four Ontario nurses talk about what it means to be addicted.

By Helena Moncrieff

Shelley Walkerley is a nurse practitioner, has her master's degree in nursing, and is two years into her PhD studies. Until a few years ago, she was a decades-long smoker. What was a smart, educated RN doing smoking? "I hear it all the time," she says. "Addiction doesn't care how smart you are."

Walkerley got hooked when she started nursing school. So did Carol Burke and Samantha Sherwood. Anne Paramonczyk was already a veteran smoker by the time she began her post-secondary education. She first lit up at 13.

So how did these four RNs study nursing, treat patients with cancer, emphysema and heart disease, and continue smoking?

Being presented with evidence and accepting it are two different things.

Walkerley, who is now four years smoke free, specializes in smoking cessation at a community health centre. She is honest with her clients about her own smoking history: "Part of the process of letting go is recognizing (that smoking) is not a choice."

Sherwood says she knows the risks but just hasn't reached the point of quitting. She really can't predict when that will come.

For each of her three reformed colleagues, the final decision to butt out was triggered by different experiences over many years.

In the 90s, Burke had to light cigarettes for veterans in a smoking room at London's Parkwood Hospital. "It's all they had to look forward to," she acknowledges, "but the room was blue." Even as a smoker, she noticed the smell on her uniform. After more than 30 years with a pack in her pocket, it was the final turning point. But it wasn't the first time she quit.

Her first turn had come 20 years earlier. At a break in a nursing meeting, Burke opened her pack of smokes and found each of her cigarettes had been decorated with notes from her two daughters: "We mind very much if you smoke" and "It's a matter of life or breathe." Her children caught on to the message, by then popular in the media and school health classes, that Burke had missed. "That really made me stop and think and I tried to cut back," she remembers.

Paramonczyk's first wake-up call also came through her children. Her daughter had been on a field trip to a health-care centre and saw a blackened lung. She came home with two questions: "You care about others don't you? How come you don't care about yourself?" They were good questions that took decades to answer.

Public policy played a role in Walkerley's decision to quit. As governments closed the doors to smokers, forcing them outside in all kinds of weather, she says, "It made it harder, less fun and less tolerable."

Non-smokers might think that a nurse, of all people, would be embarrassed about puffing. With one exception, this group doesn't consider it to be a dirty little secret. Paramonczyk admits she was an "in your face" smoker and saw the cigarette as an extension of herself. Sherwood, a supervisor of community health nurses, says she occasionally hears complaints about other nurses "smelling of smoke" but nothing is directed at her.

Only Walkerley saw the clandestine nature of the health-care smoker. She saw nurses with special lozenges and sprays and jackets that they'd put on before lighting up. Personally, she found health-care conferences tricky because she'd have to scout the location for places to sneak off for a smoke. "It got to be tiresome and I started to feel like a real drug addict."

From Nicorette and 'the patch' to cold turkey or a slow wean, Walkerley, Burke and Paramonczyk managed to put smoking behind them.

Reformed or not, these RNs recognize the power of addiction and know that it's up to the individual to make a change. For her part, Walkerley is tenacious about counselling smokers. "Each time we miss an opportunity (to talk about smoking), we are sending a silent but powerful message that it's not as bad as people say it is." **RN**

Illustration: Betsy Everitt

PILOTS TO HELP PEOPLE QUIT

This fall, RNAO launched three pilot projects to monitor the impact of population specific approaches to helping people quit. The projects will be carried out in three LHINs, and will focus on public health, long-term care and Aboriginal populations. Nurses will develop knowledge and skills as smoking cessation champions through workshops and the use of specific smoking cessation resources available on RNAO's website, www.tobaccofreernao.ca. For more information, contact jchee@rnao.org or call 1-800-268-7199, ext. 239.

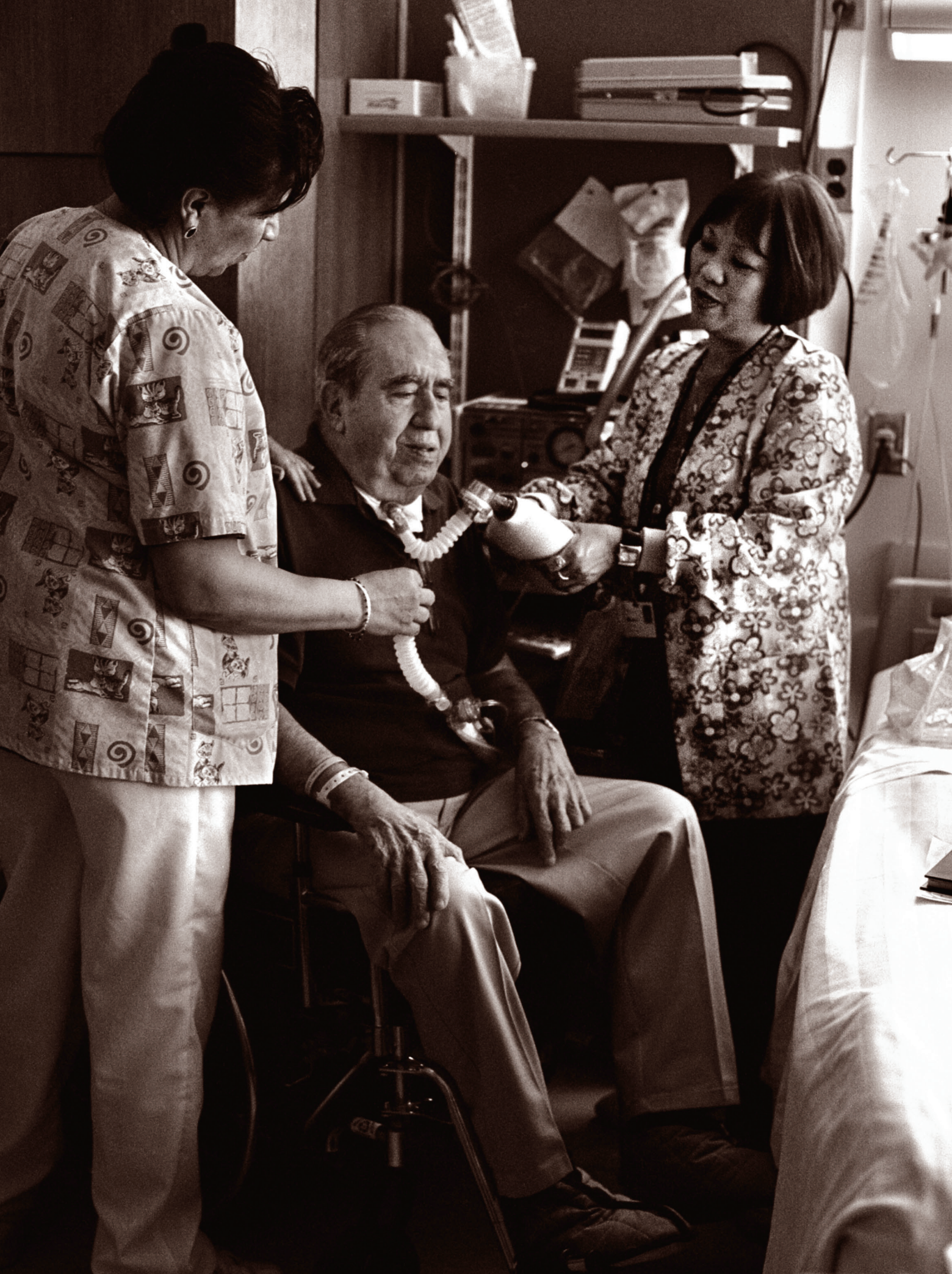
HELENA MONCRIEFF IS A FREELANCE WRITER IN TORONTO.

RNs HELP TO REDUCE COMPLICATIONS IN ELDER CARE

Nurses at three Ontario hospitals talk about how they're looking out for the best interests of seniors.

BY JILL SCARROW

The emergency room can be a frightening place for elderly patients. And if they are at risk of falling, developing delirium, or have skin or continence problems, it is even more overwhelming. Fortunately, Clara Tsang, a geriatric emergency management (GEM) nurse practitioner, is looking out for their best interests. • Tsang helps seniors at Toronto's Rouge Valley Hospital who are frail or at risk of delirium, and she connects them with the hospital's Geriatric Consultation Team, comprised of nurses, physiotherapists, speech and language pathologists, social workers, and a geriatrician. The team's number one priority is to ensure seniors receive the best care. They're also there to link the elderly with community resources that will help them continue to live independently. • According to RN Karen Mayne, nursing manager on the unit that houses the team, 30 per cent of the patients at Rouge Valley who are over 75 and visit the



emergency department are admitted to the hospital. She says studies show that nearly half of those seniors suffer complications once admitted. In a keynote presentation at RNAO's annual elder care conference this fall, Gloria Gutman, a gerontology professor at B.C.'s Simon Fraser University, corroborated this view, suggesting to participants that there are a number of factors that increase the likelihood of developing complications in hospital.

THERE ARE A NUMBER OF FACTORS THAT INCREASE THE LIKELIHOOD OF DEVELOPING COMPLICATIONS.

Hallway noise, for instance, can cause sleepless nights, and tired seniors have an increased chance of falling. She says that's just one example of how an individual can visit the hospital for one problem, such as congestive heart failure, and wind up with many more. "Something happens…and they come out of hospital in a worse functional state than when they went in."

Geriatric Consultation Team members and other staff at Rouge Valley are adjusting to this reality and they're taking steps to remedy it. It seems they're not the only ones. Several other nurses attending RNAO's fall conference also shared details of what they're doing to make seniors' hospital stays easier in their own respective communities.

Toronto's Sunnybrook Health Sciences Centre GEM nurse clinician Barbara Jonathan says 30 per cent of ER visitors at her facility are over 70. She believes that identifying those who may be at risk of developing delirium in the emergency room is just as important as making sure someone is breathing, or that their heart is beating. If it's been a long time since an elderly patient last ate or drank, or if they are taking certain medications, there is a greater chance they will develop delirium.

One of the hospital's ER clinical educators, Sharon Ramagnano, says it's not uncommon for seniors to spend up to

A 'GEM' OF AN IDEA

BY KIMBERLEY KEARSEY

The sense of satisfaction Doris Flynn feels working with elderly patients at Kingston General Hospital (KGH) is certainly not something she remembers feeling five years ago, when she worked at the same facility as an RN in emergency. In fact, she was so *dis*satisfied with her work back then that she quit.

"In retrospect, a big part of why (I left) is because we had such a change in terms of the demographic," she explains of the growing number of seniors she saw. "The older people who came (to emergency) were complex…they really do have unique needs."

When the opportunity to return to the hospital as geriatric emergency management (GEM) nurse in the same emergency department came up two years later, Flynn jumped at the opportunity. Now she provides the targeted care she couldn't provide three years ago. In one case, a gentleman who had cancer and suffered from Alzheimer's was brought to the hospital by his wife and daughter. Flynn says they were completely burnt out and didn't know where else to go.

"They came in expecting that he would either be admitted…or placed in a nursing home," she says. Instead, Flynn connected them with community resources and provided information about home care services, respite programs, a day program for seniors, and other support offered by the Alzheimer's Society. The family went home together.

Flynn says there's no shortage of stories about struggling seniors who get lost in the shuffle at busy emergency departments around the province. And she knows because she's been the only GEM nurse at KGH for the past three years. She's also one of eight RNs who in 2004 helped to launch the GEM program with funding from Ontario's Ministry of Health. Working in partnership with the Regional Geriatric Programs of Ontario (RGP), the original eight nurses (all of whom are still in the role) were hired because the had specialized knowledge of aging, an understanding of the common geriatric syndromes of seniors, and targeted intervention and prevention strategies for the elderly.

An interim report on the GEM program's success was submitted to the Ministry last year. Although the final analysis is not expected until next spring, there are no signs the initiative is slowing down. According to Jo-Anne Ardern, RGP program coordinator, the number of GEM nurses has gone up from eight to 27, many of whom may not be funded by the Ministry but are playing the role in their own facilities.

Sally Bonaldo is one of the program's newest recruits. In October, she assumed the role at Peterborough Regional Health Centre (PRHC), where she's worked in the ER for four years. She, like Flynn, sees a large gap in the care of elderly patients, especially at PRHC, the second busiest emergency department in Ontario.

With interest in the role growing, RGP hosted a conference this fall that would not only help new recruits like Bonaldo, but also RNs who have been at it a little longer, but are still working through the growing pains. Cornwall Community Hospital nurse practitioner Josee Rivard became a GEM nurse eight months ago. She says she faces unique challenges, including a limited number of specialized geriatric services in the community. "Because of that, it's hard to achieve the ultimate goal of diminishing admission, readmission and ER visits," she admits. But "…Rome wasn't built in a day."

Flynn doesn't sugar coat the difficulties she encountered starting up GEM at KGH three years ago, but she says it was even harder working in emergency prior to the initiative. Like any "pioneering" role, she says it's bound to be difficult: "You have to develop partnerships…it brings out the whole change agent component of advanced practice in nursing."

And agents of change these GEM nurses are expected to be, especially given the surge of baby boomers expected to place even more demand on the health-care system in the decade to come. Jane Jenning is the GEM nurse at Hamilton Health Sciences Centre. She believes the role could easily be a 24-hour-a-day job, and hopes to see more RNs taking it on. "The reality is that it will be people like GEM nurses who will be helping to manage this population, in (partnership) with family physicians."

To find out more, contact Ardern at joanne.ardern@sunnybrook.ca or 416-480-6026. **RN**

14 hours in the ER. If they haven't been eating or drinking at home, and don't get anything to sip on in the ER, that can make a long wait dangerous.

"Some seniors come in with more co-morbidities," she explains. If they fall, "it's not a simple slip on the ice. They might be diabetic too. Elderly patients can end up staying longer because we're not sure they can go home and live on their own."

In 2005, Sunnybrook's Emergency Care Committee began looking at ways to improve the care seniors receive. That meant educating everyone – from security guards and volunteers to nurses and doctors – about the best ways to prevent delirium from cropping up in the first place. Since then, Ramagnano and Jonathan have managed a project called *Inter Professional Prevention of Delirium* (IPPOD).

Last spring, many ER staff participated in workshops to learn more about the causes of delirium and how to prevent it. Participants provided feedback on guidelines Jonathan and Ramagnano developed that would encourage staff to keep patients hydrated and mobile, develop ways to better communicate, and avoid restraints and devices that may agitate patients.

NURSES HAVE BEGUN TO ADVOCATE MORE FOR PATIENTS.

Jonathan says it didn't take long for staff to start using that knowledge. The clerk who registers patients is now asking when they last ate or drank, and paramedics are taking more responsibility to help patients walk to the washroom. Nurses have begun to advocate more for patients, including questioning the type of drug being administered.

Ramagnano says the challenge now is to keep the project's momentum going. The hospital plans to develop a website, and she says it will be important to develop 'champions' who will encourage their colleagues to be proactive about preventing delirium. Jonathan says there are also plans to create pamphlets about delirium for families, helping them understand the illness so they'll ask questions about the kind of care their loved one is receiving, and mention if they know their mother or father hasn't had a drink or anything to eat in a long time.

Ottawa RN Colleen O'Brien agrees that education is an important part of making hospitals better places for seniors. She is a clinical nurse specialist in geriatrics at Queensway-Carleton Hospital, where many patients are over 65. Part of her role is to teach nurses, physicians and other health staff about issues the elderly face. She conducts workshops on delirium, dementia and depression, elder abuse, and how to plan for the smooth discharge of elderly patients back to the community. She also provides more detailed sessions for staff in surgery and medicine units where she talks about how the body ages, and why, for example, seniors may need to use the washroom more frequently than other patients. Her work is now part of the hospital's *Senior Friendly Hospital Initiative*, which was presented at the conference.

Cathie Mundell, a nurse educator for the geriatric and Alternate Level of Care unit at Queensway-Carleton, says even the hospital's physical space has become more senior friendly in recent years. The two-year-old geriatric unit has non-glare floors and bathrooms that are equipped with plenty of grab bars. She says administrators introduced hospital-wide plans to help identify patients who are at risk of falling. And the hospital is looking at ways to assess pain in patients who can't communicate, including those who may have dementia. She says they will be using RNAO's best practice guidelines to help with that work.

Mundell says the hospital will also begin working on better ways to get information to patients, especially those who require guidance on what they need to know about their health when they go home. She believes the most important part of creating a senior friendly environment is to treasure older people for the lifetime of wisdom and memories they can share, and that's something every hospital needs to do.

"The demographics are shifting and we all know that," she says. "This is not a frill. This is something that must be done." **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

STEERING STUDENTS TOWARDS A CAREER IN ELDER CARE

BY JILL SCARROW

According to Kathleen Gates, a nursing professor at Ryerson University, only five per cent of all health-care graduates across Canada want to work in gerontology. Gates believes this disturbingly low percentage might get a boost with the right strategies. She says students need more exposure to long-term care and more mentoring in the field so they can learn about the specific needs of an aging population.

At RNAO's annual elder care conference this fall, Gates presented results of a study she conducted last year. Her research included focus groups of third- and fourth-year nursing students, which suggest young nurses have positive attitudes about the elderly, but they also have concerns about the prospect of a career in long-term care.

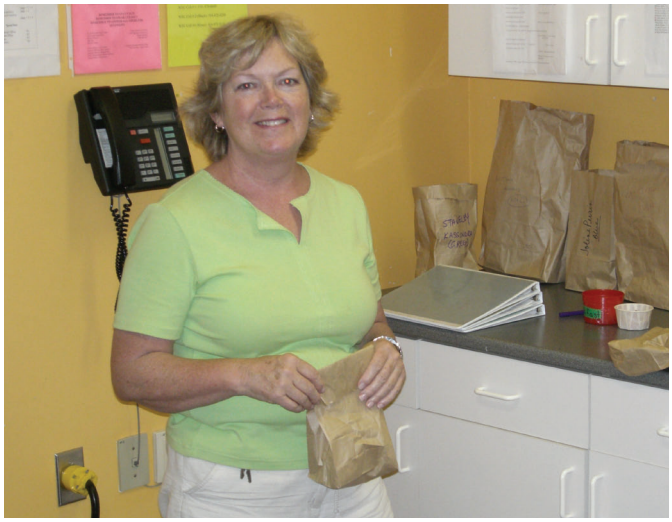
Students felt that because there is often only one RN in most long-term care facilities, and because that one RN is often responsible for administration as well as supervising personal support workers, there is little opportunity to advocate for patients.

Based on the results of her study, Gates says Ryerson is looking at ways to create placements where students will have time to develop relationships with long-term care clients. They expect that through more personal interaction, students will get excited about the sector.

She says educators and policy makers also need to start listening to students' views about pursuing a career with the elderly because there's no ignoring that this population is a big part of their future careers. Gates says research shows that in the next 20 years, health-care professionals will be spending 75 per cent of their time with the elderly. **RN**

WHAT WILL YOU DO

According to the College of Nurses of Ontario, 23 per cent of Ontario nurses are over the age of 55 and *Nurse Journal* talks to four RNs – who together have more than a century of nursing experience – about



PAT CULHANE

When Pat Culhane knocked on voters' doors during last year's municipal election campaign, she heard one thing over and over again: "Oh look, it's the nurse." That's because, after 36 years as an RN at Quinte Health Care, even if they didn't know her name, nearly everyone recognized her as the nurse they met in the ER.

That familiarity paid off and Culhane won a seat on Belleville's city council last November. Her foray into politics began after she retired in 2004. Although she still works occasionally at Quinte Health Care, the lifelong Belleville resident recognizes that being retired means she finally has time to do something to address municipal issues about which she feels strongly, such as keeping Belleville's downtown core vibrant.

Nursing, she says, is the best preparation for the frantic 10-week campaign season.

"You don't realize the pace you're going to set for yourself," she says.

Since taking her seat at city hall, Culhane says the schedule has hardly slowed down. Preparing for council meetings and sitting on 15 city committees – which address issues ranging from naming streets to rural health care – make up most of her week. She makes a point of chatting with as many constituents as possible and says many of them have fascinating stories to share. One man's query about a snack bar at the local arena turned into a 45 minute discussion about his career with the local hockey team.

Being a city councillor has also given Culhane the chance to see the world. In April, she accompanied the mayor on a visit to Belleville's sister city of Gunpo, South Korea.

Culhane says nurses have an edge in any kind of work – including politics. Nurses know how to 'assess, plan, implement and evaluate.' That "…works 100 per cent of the time for whatever you're doing," she says. "Those four words will take you where you want to go."

GAIL STACEY

RN Gail Stacey says the key to enjoying retirement is staying active. "At my stage of life, you need to keep your mind busy," says the former hospital RN and nursing teacher. At only 63, she doesn't consider herself old. She also doesn't consider herself the kind of person who will slow down anytime soon.

As the charge nurse at Camp Woodeden, just outside London, Stacey has plenty of opportunity to expend some of her tireless energy. During three, 10-day camp sessions each summer, Stacey helps children battle the bumps, bruises, bee stings and bouts of homesickness that come with being away from mom and dad. But these children also have extra needs. Woodeden is an Easter Seals camp, and caters to children with severe disabilities as a result of cerebral palsy, spina bifida, and acquired head injuries. Some of the campers also have visual and hearing disabilities.

Stacey says the schedule is anything but relaxing. During July and August, she's up by 6:00 a.m. every day and on the go until about midnight, making sure children get their medications on time, supervising the nursing students who work on her staff, and running the 24-hour Health Hut, a clinic where all 200 campers and staff can get care. She says making canoeing and campfires a reality for so many kids makes the gruelling hours worthwhile.

"I learn so much from these children. Whatever I give them in my knowledge or care, my understanding or my skills, I get back 100 times," she says. "They've made me poems. Some of these children can hardly print and they print my name. I know what it took for that to happen." She's also touched when children who are unable to print share their feelings with counsellors who do the writing for them. Often it's to say thanks for "…one little thing I did, which I've forgotten about, but it was everything to them."

WHEN YOU RETIRE?

eligible to retire. If you're one of them, you may wonder what your after-work options are. *Registered* some of the unique things they're doing now that their last shift is over… BY JILL SCARROW

SUSAN BAXTER

RN Susan Baxter's retirement in 2002 couldn't have come at a better time. After spending years overseeing the transfer of obstetrical services from one Windsor hospital to another, her thoughts had long been preoccupied with the logistics of relocating staff and saving money. Once she retired, she finally had time to enjoy some of her many passions, including horse riding and travelling around the world. She says it's refreshing to finally be able to soak in the architecture in places like Guatemala without thinking about the $12 million budget she was responsible for at home.

Baxter spent her first year of retirement relaxing, but discovered that wasn't enough. She wanted a new challenge and accepted an offer from the University of Windsor to teach future RNs. She says it's exciting to watch the transformation among first-year students.

"To see them come the first day, they know nothing. And (later) they can tell me about diagnostic reasoning," she says with pride. "They can tell me what nursing process is… (and) they can work on a care plan. To see them…talk about the determinants of health is so rewarding."

Baxter says it's refreshing to have time to give back to the profession by teaching. And she enjoys the freedom of working as much, or as little, as she'd like after 31 years of the daily grind. She plans to continue teaching for as long as she enjoys it.

Today's retiring RNs, she says, are leaving the profession in a healthier state for the generations she's teaching to fill their shoes. The promise of full-time work is also critical for new nurses – and for her. Baxter knows she's going to look to her students when she needs care one day in the future, but since she still sees herself as a 24-year-old; it's hard to picture what life might be like when she's 80.

VIVIAN TILLOTSON

Vivian Tillotson has spent her retirement doing many things she never had time to do before – including learning how to play quarterback.

The retired London RN provides companionship, personal care, transportation, and respite care for families looking after an elderly relative at home. That's how she met a one-time college athlete and Alzheimer's patient with whom she enjoyed the occasional football toss.

"I never threw a football in my life," the 74-year-old says, but when she found one at a garage sale, she knew it would be perfect for connecting with him. "That was one thing we did routinely in the good weather while he was still at home."

Tillotson decided to spend her retirement this way because her father suffered from Alzheimer's and her mother lived with memory loss. Since she lived many kilometres away, she couldn't spend much time with them and remembers it was impossible to find people to give her parents a little extra help. In 1999, she started up VivCares, a small business that helps families like her own.

Many of Tillotson's patients have Alzheimer's. Her visits can last anywhere from a few hours to a day, which allows caregivers to get out to the grocery store or to their personal appointments. She'll drive people to doctor's appointments, help them with their shopping, or just sit with them and chat. If they eventually move into long-term care, she will continue to visit. Even if the patients no longer know her name, she says they still recognize her face.

Just as she did with the former athlete and football player, Tillotson often finds something that will make them smile. She bought a stuffed toy dog once for a woman who had a collection, and she could see the rewards of her work in the woman's reaction.

"Her eyes brightened. I knew that for that hour she had a little bit of fun."

Photography: Left: The Centre for Teaching and Learning, University of Windsor

Critical care at a moment's notice

If their patients are in trouble, nurses at 27 Ontario hospitals can now look to a critical care response team for help.

By Kimberley Kearsey

Dick Blum was walking through the general medicine unit at Sudbury Regional Hospital earlier this year when he heard a man wheezing in one of the rooms. He went in and discovered the pneumonia patient was in serious trouble. Although the man was not under Blum's direct care, the seasoned critical care nurse dropped everything he was doing and took the necessary steps to get him the attention he needed. The family doctor and intensivist were contacted, an x-ray was ordered, and within hours the thick secretions that filled the patient's right lung were suctioned away and he was saved a trip to the ICU.

It's not unusual for Blum to drop everything on a moment's notice these days. That's because he's one of 16 RNs participating in a unique initiative that pairs the hospital's critical care nurses with respiratory therapists and physicians who work together to improve patient safety – one call at a time.

Sudbury Regional's Critical Care Response Team (CCRT), one of 27 adult CCRTs across the province, was launched in November 2006 as part of Ontario's *Critical Care Strategy,* a collaboration between the Ministry of Health and Long-Term Care, LHINs, Ontario hospitals, and other health-care stakeholder organizations. Twenty-four-hours a day, seven days a week, the team brings its specialized skills and expertise in critical care outside of the ICU and ER, and straight to the bedsides of patients in all areas at the hospital. When they're called into action – which most often happens through a paging system – they respond quickly to the concerns of health-care providers who have identified that a patient may be at risk.

"The first week I had to call them twice…I can't tell you what a relief it was. I had such instant help and there was a remarkable change in my patient," post surgical RN Ann Crookshank says of the team at Toronto's St. Joseph's Health Centre. "Now that we've…used it, I think it would be a shame… I mean shame on us… to not have them."

Critical Care Response Team (CCRT) members at Sudbury Regional Hospital include (L to R) RNs Cathy Waters, Linda Ayerst, Joanne Pilon and Dick Blum.

The initiative, which is not yet a permanent program at the 27 Ontario hospitals that are testing it out, is described in a report to the Ministry of Health as something that allows teams to "respond to a 'spark' before it becomes a 'forest fire.'"

Like Blum, critical care RN Bonnie Reesor-Pfendt has seen first-hand how her involvement on the team has made a difference for nurses on the floor. She works at Kingston General Hospital (KGH) and says that in the time she's been involved, she's only transferred one patient to ICU (out of 40). The nurses with whom she's worked praise the team. It's particularly important for retention, she says. "Anything we can do to retain nurses is valuable. Isn't it great to have someone else who can stand at the end of the bed and say 'you're absolutely right…this patient is sick.' By validating nurses on the floor, and supporting them, I think you'll retain them."

RN Janet Riehl, clinical leader of the Sudbury team, agrees. She's been involved in the initiative since it began and recalls her conversations with RNs when she assumed her role more than a year ago. When she approached staff to explain the initiative, she'd start by asking if she could have 10-15 minutes of their time. "I could tell they were thinking 'I don't have 10-15 minutes,'" she says. "As soon as I started talking about the (response team), you could see their faces change and they'd say, 'You mean I can call you if my patient is in trouble?'"

Riehl admits that one of the initial challenges with the program was getting buy-in, and working through some of the perceptions that these teams might appear to be stepping on the toes of residents and attending physicians. Reesor-Pfendt noticed the same thing in Kingston. Over the past year, however, they've worked through many of the kinks.

"Certainly between a (team) nurse, a (team) physician, an attending physician, and a (staff) nurse, we can… find out what's in the best interest of the patient without anybody feeling like they haven't done their part," she explains. "We're not there to say 'you haven't done your job so here I am to do it for you.' It's about working collaboratively to get the problem at least on its way to being solved in a timely manner."

In addition to the adult CCRTs, the Ministry is also funding teams at four hospitals that specialize in pediatrics, including Toronto's Hospital for Sick Children (HSC).

"The premise is the same for pediatrics as it is for adults," says RN Rose Gaiteiro, the nurse lead for the team at HSC. "Is it about patient safety? Absolutely," she adds. "That is a worthwhile goal to strive for." **RN**

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

POLICY AT WORK

Hearings examine proposed changes for NPs

THE Health Professions Regulatory Advisory Council (HPRAC) has wrapped up a series of province-wide public hearings to examine changes in legislation that would expand the scope of practice for nurse practitioners. The proposed changes are designed to allow NPs to work more autonomously. RNAO members participated in the hearings, which were held in Hamilton, Ottawa, London, Thunder Bay and Sudbury. RNAO President-Elect Wendy Fucile appeared before the council in Toronto on Nov. 20. Executive Director Doris Grinspun also had an opportunity to reiterate RNAO's views at a roundtable discussion with HPRAC officials on Dec. 5.

RNAO believes changes proposed by the College of Nurses of Ontario will help RNs in the extended class better serve the needs of Ontario residents by increasing access to timely health-care services and enhancing protection of the public.

Protecting the public

Under the current system, NPs are required to work under medical directives, providing care that is already within their education, competencies and practices. RNAO believes this blurs the lines of accountability between NPs and consulting physicians.

Increasing access to health care

In its submission to HPRAC, RNAO pointed to current restrictions that prevent NPs from open prescribing and from ordering certain diagnostic tests. It's believed these restrictions make the system slow and cumbersome, and increase risk to patients by delaying access and treatment. RNAO believes that the proposed legislative changes will remove limits on controlled acts and expand a patient's access to care. Right now, NPs can only order tests that are contained in the Laboratory and Diagnostic Imaging List. RNAO provided examples of how patient care would be enhanced if NPs were allowed to order spinal, shoulder or skull x-rays, to treat bone fractures and dislocated joints, and order screening tests for prostate cancer and osteoporosis.

RNAO President-Elect Wendy Fucile appeared before the Health Professions Regulatory Advisory Council (HPRAC) on Nov. 20 in Toronto.

RNAO would also like to see NPs free to move to 'open prescribing' and away from the current model in which they can only prescribe medications listed by category. The submission cited an example in which a patient with diabetes is not able to take advantage of an NP's expertise in that area, simply due to legislative barriers. RNAO believes that broader prescriptive authority to change a patient's medication will allow NPs to better monitor, intervene and reduce complications in patients who have this chronic disease.

The changes, if adopted, will also allow Ontario to catch up to other provinces such as B.C., Saskatchewan, New Brunswick, Newfoundland and Labrador, as well as the Northwest Territories, where NPs enjoy much greater autonomy.

The advisory council will make a formal recommendation to Ontario's Health Minister early next year. Learn more about RNAO's submission at www.rnao.org.

CALLING FOR A HALT TO P3s

IN mid-November, RNAO issued an action alert asking members to write letters to Premier Dalton McGuinty, urging him and his government to reconsider the use of public-private partnerships (P3s) to finance the construction of hospitals. In only a few short days, close to 200 members responded.

RNAO remains convinced that the Liberal government's alternate financing and procurement (AFP) policies, announced during its first term in office, are really as damaging as the original P3s. The government chose this method of financing and established controls in the belief it would deliver value for money and transfer risk to the private sector. However, evidence suggests this method is not only more costly to taxpayers; it also takes control away from pubic facilities.

The Bluewater Health Hospital in Sarnia is one example. News reports indicate that over the course of a year, the costs for constructing the hospital increased from $140 million to $214 million by the time the contract was completed this fall. This amounts to a 53 per cent increase in total project costs.

P3s are also troubling because they create a new and powerful stakeholder group: private consortiums. That worries RNAO President Mary Ferguson-Paré, who says the group's long-term interest is clear: the expansion of health-care privatization.

RNAO wants the McGuinty government to establish a moratorium on all AFP projects involving hospitals. It also wants complete disclosure in those instances where contracts have already been signed. **RN**

NEWS to You to Use

Nurse practitioners from across the province met in Hamilton this fall for a four day conference to mark the 10-year anniversary of the extended class role in Ontario. Minister of Health and Long-Term Care George Smitherman attended, presenting the *Jerry Gerow Leadership Award* to London NP Tinah Horluck-Chorosteki (second from left). The award's namesake (second from right), a founding member of the Nurse Practitioners' Association of Ontario (NPAO), helped to present the $1,500 peer recognition award, along with Theresa Agnew, past recipient and former president of NPAO.


Horluck-Chorosteki

Former RNAO President Shirlee Sharkey has been named among Canada's *100 Most Powerful Women* by the Women's Executive Network. The RN and President and CEO of Saint Elizabeth Health Care has been instrumental in transforming the once small Toronto-based service provider into one of Canada's 50 best employers. Sharkey, who received the award at a gala celebration on Nov. 21, said she couldn't have done it alone, noting her work alongside other health-care leaders has been like "dancing with the stars in terms of allowing aspiring leaders to rise up and shine" along with her.


Basrur

The Registered Nurses' Foundation of Ontario (RNFOO) announced in November that it would begin fundraising to support scholarships for nurses who work in the field of oncology. It is planning to name the scholarships in honour of Sheela Basrur, former Chief Medical Officer of Health for the Province of Ontario and an RNAO honourary member. Diagnosed with a rare form of cancer, Basrur stepped out of the public spotlight last year to undergo treatment. RNFOO selected her because of her ongoing support for nursing, and because she is "a woman of tremendous courage, strength and vision." Contact RNFOO at 416-426-7127 for more information about the scholarships.

Since its inception in 1999, Tazim Virani has led RNAO's Nursing Best Practice Guidelines (BPG) Program. She announced last spring that she would be stepping down to take on new academic and career challenges. She plans to complete her PhD and expand her consulting business. The BPG team celebrated her contribution to the program's success in early November, recognizing that through her leadership, the program is now offering nurses at home and abroad the foundations for improved clinical practice and knowledge sharing.


Members of RNAO's BPG Team

RNAO member Karen Morin has become President-Elect of Sigma Theta Tau International (STTI). Morin, who earned her BScN from the University of Ottawa, her master's degree from the University of Central Arkansas, and her DSN from the University of Alabama at Birmingham, has been an active member of STTI since 1982. "The Society has the potential to be a major force in global health through the knowledge and leadership of its members and chapters," she says. "My vision is to create synergy, action, and service that will propel the organization forward toward the goal of a global community of nurse scholars and leaders." Morin is the first person elected to this position who is not an American citizen.

Hub Fellows

Past winners of RNAO's HUB Fellowship, which provides members with an opportunity to shadow Executive Director Doris Grinspun (centre) for one week, met in November for their annual alumni dinner. Hamilton RN Patricia Mlekuz (left) won the award in 2005 and Toronto RN Gurjit Sangha (right) won in 2006. Former fellows also include Manitoulin Island RN Cheryl Yost (2003) and Ajax RN Laurie Clune (2004).

Calendar

January

January 17
Critical Incident Debriefing for Nurses Workshop
RNAO Home Office
Toronto, Ontario

January 24
9th Annual Day at Queen's Park
Queen's Park Legislative Building

January 25
RNAO Assembly Meeting
Holiday Inn on King
Toronto, Ontario

January 27 – February 1
Best Practices in Wound Care: Minding the Gap Institute
Fern Resort
Orillia, Ontario

Nursing Students of Ontario (NSO) will host its first conference **Jan. 25-26** at Toronto's Ryerson University. Attendees will participate in a simulation of a Model World Health Organization, representing 193 countries and debating foreign health policies regarding terrorism and corresponding health services. The simulation will also include a special crisis committee that will debate policies regarding child soldiers and preparing for bioterrorism as a planned epidemic. For more information, visit www.nso.eio.ca, or contact vp@nso-eio.ca.

February

February 21
Fight or Flight: New Solutions and Strategies to Workplace Conflict
Regional Workshop
(Roadshow Series)
Arcadian Court
Toronto, Ontario

February 22
Ontario Association of Rehabilitation Nurses Conference
Westin Prince Hotel
Toronto, Ontario

March

March 26
Best Practice Guidelines Healthy Work Environments Workshop: Focusing on Developing and Sustaining Effective Staffing and Workload Practices
RNAO Home Office
Toronto, Ontario

May

May 22
Sharing Visions of Practice and Possibility: Esprit, Excellence and Evolution

PNEIG Spring Symposium
Arcadian Court
Toronto, Ontario

April

April 7-11
Designing and Delivering Effective Education Programs
RNAO/OHA Joint Program
OHA Office
Toronto, Ontario

April 10
RNAO Assembly Meeting
Hilton Suites Toronto/Markham Conference Centre
Markham, Ontario

April 11
RNAO's 83rd Annual General Meeting
Nurses: Everyday Heroes
Hilton Suites Toronto/Markham Conference Centre
8500 Warden Avenue
Markham, Ontario

April 22
Preceptorship for Nurses
Regional Workshop
Video Conference
RNAO Home Office
Toronto, Ontario

DID YOU KNOW?

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Classifieds

LOOKING FOR ANSWERS TO YOUR CHALLENGING PATIENT SAFETY QUESTIONS?

Join conference chair Dr. Irmajean Bajnok of the Registered Nurses' Association of Ontario and your nursing colleagues Jan. 29-30, 2008 in Toronto to discuss the patient safety issues that matter most. To find out more about The Canadian Institute's **Patient Safety 2008** conference, visit www.canadianinstitute.com/patientsafety08 for details. Register today by calling 1-877-927-0718 and quoting 406AX04.

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RNAO's annual *Award for Excellence in Health-Care Reporting* is now in its 10th year. If you know reporters in your community who cover nursing and health-care issues effectively, why not encourage them to enter? It's a great way to get to know journalists in your area. Submissions must be published and/or broadcast in Ontario during the calendar year of 2007. The deadline for entries is Feb. 1, 2008.

Visit www.rnao.org, e-mail jscarrow@rnao.org, or call 1-800-268-7199/416-599-1925 ext. 210 for more information.

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APRIL 10-12, 2008

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Deadline: Monday, February 11, 2008. For more information, call Penny Lamanna, 1-800-268-7199, ext 208 or e-mail plamanna@rnao.org

SATURDAY KEYNOTE SESSION: APRIL 12, 11:30 A.M.

Can Medicare survive fortress North America?

The Harper government is deepening its ties with George Bush and his political vision through the *Security and Prosperity Partnership for North America*, harmonizing everything from health and safety standards to environmental regulations. The result is the lowering of standards and the loss of sovereignty for all Canadians. At the same time, the provinces are promoting 'free trade' that will similarly harmonize standards downward. Can public health care survive this assault? **Maude Barlow** will outline this threat to Medicare and describe a strategy to fight back.

AGM REGISTRATION FORM

Download your registration form at www.rnao.org or call Bertha Rodrigues at 416-599-1925 /1-800-268-7199, ext. 212. Deadline for AGM pre-registration: April 2, 2008.

HOTEL RESERVATION FORM

RNAO has reserved a block of rooms at the Hilton Suites Toronto/Markham Conference Centre at $160 per night (taxes extra), guaranteed until **March 7, 2008**. The reservation form is available at www.rnao.org or call Becky Bays at 416-599-1925 / 1-800-268-7199, ext. 227.

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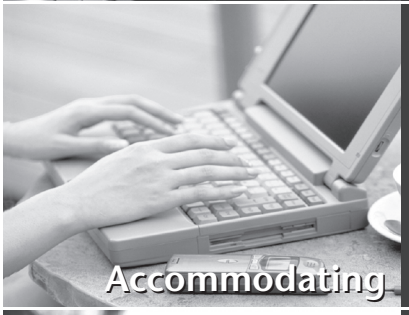

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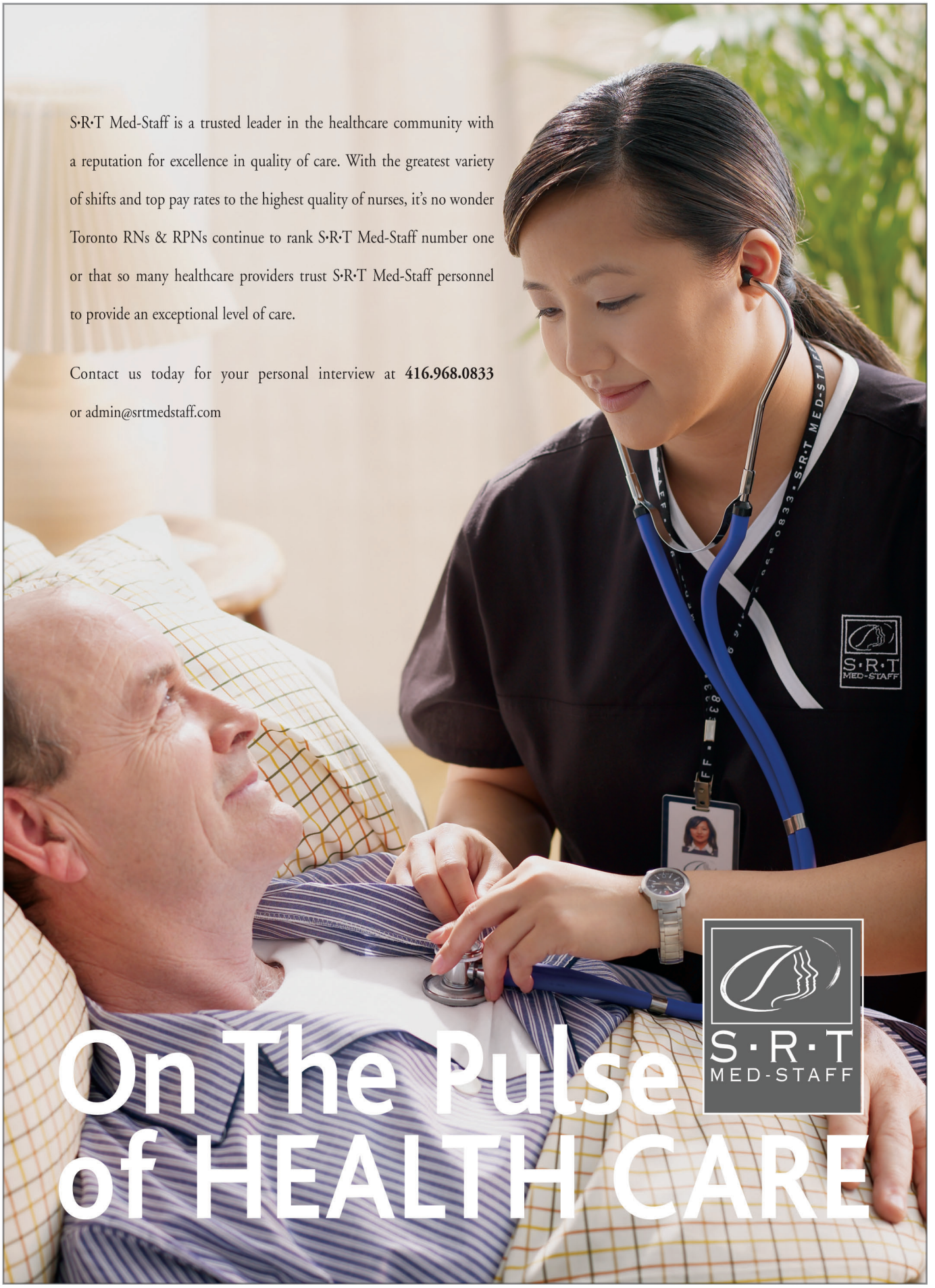

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