



ONTARIO CORRECTIONAL NURSES' Interest Group



Speaking out for correctional nursing.

SUMMER EDITION 2016

A MESSAGE FROM THE PRESIDENT

The past 3 months have been extremely busy for the OCNIG Executive. We hosted a successful AGM in Toronto in May with engaging speakers and lots of great conversation and networking amongst correctional nurses. It was a pleasure to meet nurses from the federal system, the provincial system and the youth justice system that came from as far away as Ottawa and Sudbury. In April, we welcomed Rose Galbraith to the OCNIG Executive Committee. As the Policy and Political Action Executive Network Officer for OCNIG, Rose will work with Shelley Martel at home office to increase our political activity and contribute more broadly to healthy public policy.

Progress is being made towards the transformation of prison health in our adult provincial facilities. A recent OCDC task force report recommended the same transition to MOHLTC that we first discussed with Minister Naqvi more than a year ago, and Ian Clarke, our provincial member at large has been busy writing editorials. Ian was published in the Globe and Mail in late March and we are hoping to see another op-ed from Ian in the Ottawa Sun in the next couple of weeks. Ian, myself and Evelyn Wilson, our past president were interviewed for the RN Journal, so watch for that publication in June as well! Our Facebook page will have updates!

Summer is here and for the executive that means a bit of a break. As volunteers for OCNIG, we appreciate the need to recharge and regroup, so we are taking a summer hiatus! We'll be back in September with a call for nominations for OCNIG executive positions.

Wishing you a fun-filled summer! Stay safe and enjoy!

Shirley Kennedy
President

THE OCNIG EXECUTIVE

Shirley Kennedy
President

Evelyn Wilson
Past President

Christine Bintakies
Finance and Membership ENO

Ian Clarke
Provincial MAL

Laurel Fleming
Federal MAL

Maggie Northrup
Youth Justice MAL

Rose Galbraith
Policy and Political Action ENO

Vacant
Communications ENO

Vacant
Community Forensics MAL

Vacant
Associate MAL, Nursing Student

NURSING INSIDE

Correctional Nurse Perspective: Inmate or Patient?

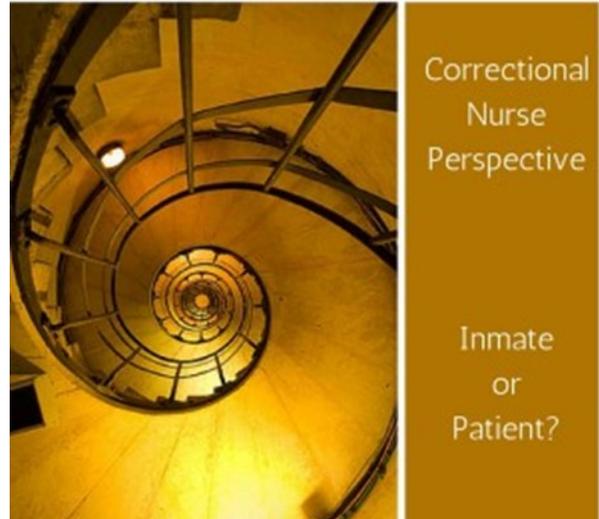
By **LORRY SCHOENLY RN, PhD**

*“It’s not what you look at that matters,
it’s what you see” – Thoreau*

Recently a correctional nurse manager commented that she was getting grief from correctional officers for referring to inmates as patients. I have heard this issue before and often see medical record charting using inmate to refer to the person receiving health care. I also remember a long discussion with the workgroup as we determined how to refer to our patient population in various sections of the *Correctional Nursing Scope and Standards of Practice*.

It may seem a small issue or even unimportant whether you deliver nursing care to patients or inmates. In fact, your perspective on your patient has everything to do with professional nursing practice in the criminal justice system. Consider this dichotomy. When you look at your patient in a health care encounter, which do you see?

- A criminal who needs health care; or
- A patient who has broken the law.



Focus of Nursing Practice

Nursing practice is inherently patient-centered. Our professional values call us to seek the health and well-being of our patients. Our primary commitment, in fact, is to our patients. A patient perspective in correctional nursing practice, then, sets us squarely on a solid foundation clinically, ethically, and legally. The right to health care is universal and transcends all individual differences. In particular, a patient’s social status and lifestyle choices cannot be considered in our delivery of nursing care.

On the other hand, seeing the person receiving nursing care as an inmate is inherently custody-centric. Rather than

focusing our intentions on seeking health and well-being, an inmate perspective can leave us in a defensive position or in an exchange relationship that can be both dehumanizing and depersonalizing. An inmate perspective does take into consideration the social status and lifestyle choices of our patients; becoming factors in our care decisions.

The Nurse-Patient Relationship

The basis of every nurse-patient relationship is therapeutic. Our patient's interests are primary in this relationship. In a correctional setting, a patient's interests can be abrogated by the security system. Nurses must engage in collaborative dialog to advocate for a patient's health and well-being when the correctional culture is unnecessarily abridging health interests. While a patient perspective is likely to lead to necessary patient advocacy, an inmate perspective blurs this focus and can unnaturally align nurses with a punitive or merely disinterested perspective toward an individual patient and the patient population, as a whole. In addition, mutual respect within the nurse-patient relationship is threatened when the patient is viewed as having less societal value, human rights, or inherent dignity.

Response to the Inmate-Patient Dichotomy

Do we care for patients or inmates in the criminal justice system? Our professional ethic calls for us to care for patients and to view our patients from a perspective of human dignity and intrinsic value.....even when they may have shown themselves to be untrustworthy, selfish, or even evil.

The correctional nurse dealing with pressure to call her patients inmates has an opportunity to inform and educate the officers in her facility about professional nursing practice. The correctional setting is a unique environment with a unique patient population but the principles of nursing practice and the values that undergird that practice remain unchanged in the criminal justice system.

RNAO AGM 2016

OCNIG members joined more than 700 RNs, NPs and nursing students and guests from all over Ontario in early May to celebrate 91 years of success and achievements in health care and nursing at RNAO's Annual General Meeting.

Guests at the three-day event included notable figures such as Health Minister Eric Hoskins, Leader of the official Opposition Patrick Brown, Leader of Ontario's New Democratic Party Andrea Horwath, President of the International Council of Nurses Judith Shamian, and Ministry of Health and Long Term Care Provincial Chief Nursing Officer Kaiyan Fu.



Above: Provincial Chief Nursing Officer Kaiyan Fu (left) with RNAO President Vanessa Burkoski (middle) and Ministry of Community Safety and Correctional Services Corporate Health Manager Linda Ogilvie (right).

This year's AGM also heard from RNAO members and their resolutions, which included a call for specific legislation in Ontario to address violence towards nurses and other healthcare workers as well as a request to explore the endorsement of a basic income guarantee (BIG) as a means to alleviate poverty. Shirley Kennedy, OCNIG President, spoke to the group about RNAO's recent submission to the Ministry of Community Safety and Correctional Services titled "Transforming Ontario's Correctional Services; Starting, but not stopping with Segregation" and shared a few of the challenges being faced by correctional nurses including wage disparity and the need for additional nursing resources.

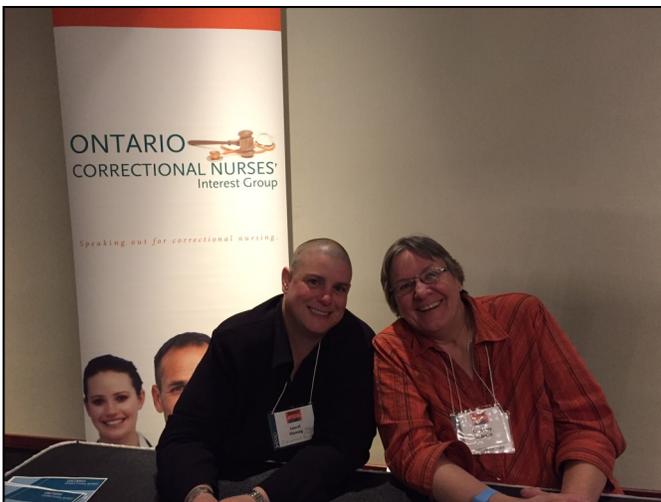
Throughout the AGM, outstanding RNAO members and other health-care providers were honoured with *Recognition Awards* while top health-care journalists were recognized during our annual *Media Awards* ceremony. A moving recognition was also delivered to CEO Dr. Doris Grinspun by President Vanessa Burkoski and RNAO staff to honour our CEO's 20 year anniversary at RNAO's helm.



Right: Shirley Kennedy OCNIG President speaks to the attendees at the RNAO AGM.

Below Left: Federal Correctional Nursing Member at Large Laurel Fleming (left) and Policy and Political Action Executive Network Officer Rose Galbraith (right) manning the OCNIG information booth!

Below Right: OCNIG Member Amanda Lynn Ward Mahoney (left) with Rose Galbraith (right).



OCNIG AGM 2016

The Ontario Correctional Nurses' Interest Group held its Annual General Meeting (AGM) on May 7, 2016 at the Toronto Hilton Hotel. Attendees described the meeting as informative, enjoyable and very relevant. Members from as far away as Ottawa and Sudbury joined others for breakfast, the presentations and a wonderful opportunity to network with peers.

Shirley Kennedy presented an overview of OCNIG's past achievements and plans for the current year. Linda Ogilvie spoke to the group about the role and current activities of the Ministry of Community Safety and Correctional Services, Corporate Health Care. Dr. Fiona Kouyoumdjian and Dr. Peg Robertson shared the work of the College of Family Physicians of Canada's Prison Health Committee and Romney Pierog, a compassion fatigue educator from Kingston, shared her work on Compassion Fatigue, teaching all of us what we all can do to safeguard ourselves against it.

It was wonderful to see our members in person, enjoying each other's company and benefitting from the collegial atmosphere!

Visit our webpage to view the presentations at <http://rnao.ca/connect/interest-groups/ocnig>

Laurel Fleming (left), OCNIG Federal Correctional Nursing Member at Large and Shirley Kennedy, OCNIG President



OCDC Task Force Action Plan

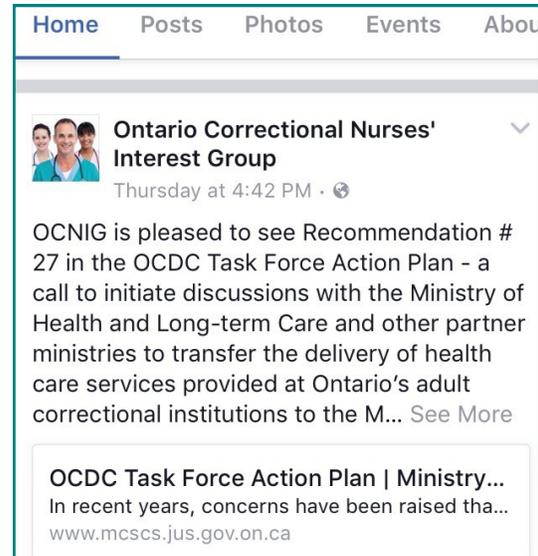
In March 2016, then Minister of Community Safety and Correctional Services, Yasir Naqvi, established an OCDC Task Force to develop an action plan to address overcrowding and capacity issues at Ottawa Carleton Detention Centre (OCDC).

The final report was released in June and OCNIG was pleased to see six important recommendations related to health care put forward, especially Recommendation #27: “The Ministry should initiate discussion with the Ministry of Health and Long Term Care (MOHLTC) and other partner ministries to transfer the delivery of health care services provided at Ontario’s adult correction institutions to the MOHLTC”.

Links to the full report were posted on

June 16, 2016 to OCNIG’s Facebook page.

Check it out at: www.facebook.com/ocnig



LOPERAMIDE ABUSE

Loperamide, often used in correctional settings to manage symptoms of opioid withdrawal, is fast becoming a new drug of abuse. Loperamide works in your body in the same way that an opioid does. Affordable and accessible, an increasing number of individuals are taking Loperamide in high doses to self-treat opioid addiction or to benefit from its euphoric properties. While safe at therapeutic levels, at higher doses, it is very cardio-toxic. The same dose needed to get high is often the dose that causes cardiac arrhythmia and death.

Further suggested reading:

“Loperamide abuse associated with cardiac dysrhythmia and death” Eggleston, W., Clark, K., Marraffa, J. M., Annals of Emergency Medicine 2016

“The Highs and Lows of Loperamide Abuse” – Medscape Emergency Medicine May 23, 2016 (<http://medscape.com>)

BALANCING ACT

There's good reason to draw a line between work and home

By Valerie Neff Newitt

Healthcare workers - from those in training to experienced practitioners - are professional multi-taskers. They end up taking endless orders - and some pretty judgmental criticism - from their own internal voices, which are busy, distracting and frenetic, said Kate Sheppard, PhD, RN, FNP, PMHNP-BP, FAANP, a clinical associate professor at the University of Arizona College of Nursing.

Making the situation even more difficult is the fact that work is not always performed in an office. Electronic mobility has given rise to telemedicine, remote consultations, Skype patient visits, digital test results, records and reports available on laptops, tablets, cell phones... Work is everywhere.

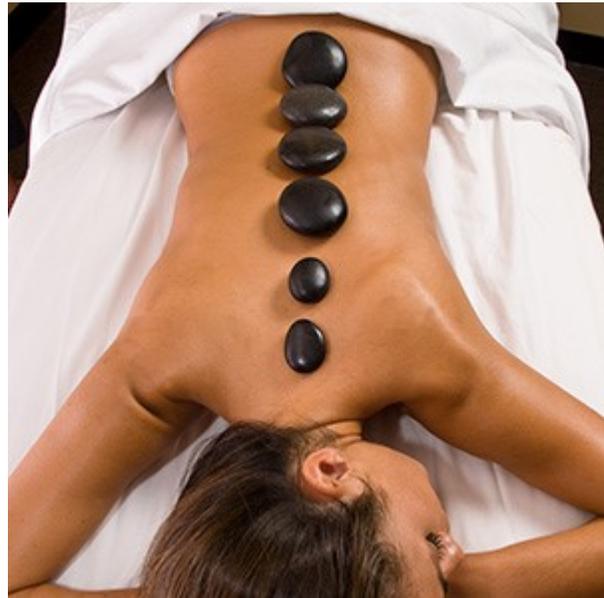
Work can even include a phone call during your child's soccer game, or emails at the beach or a text during a holiday dinner, warned Nancy Brook, NP, RN, who practices at Stanford Hospital and Clinics in Redwood City, Calif. She said it's imperative to pull the cord - even when it's wireless - to keep the boundaries between work and home life from being blurred.

So how can you guard against work creeping into your personal life?

Good advice comes from Patricia Cunningham, DNSc, APRN-BC, an associate professor of nursing at the University of Memphis. She said healthcare workers must simply take

the choices of action off the table. When it's time to stop working, the correct choice is to stop, she said.

Accept that everything does not have to be done now, now, now. Corner



yourself to the behavior you are after. If you are scheduled to stop working at 5 p.m., stop thinking about it and stop working. Period. Who fuels your tank? You do. If you take work home, you are going to be running on empty.

Brook said one boundary-setting trick she advises healthcare students and workers to try is utilizing symbolism with intentions around them to define the parameters of work. It can be something as simple as taking off your lab coat and hanging it up at the end of the day, or changing out of your scrubs. This is your signal that work is finished, she explained. I know others who simply wash their hands at the

end of the day as a symbolic gesture to rinse away the demands of the job. Such simple actions can create a division between work and home. And it must be a sacred, non-negotiable division.

Much has been written on the value of keeping a balance and a division between work and home. Here are some universal tips to help preserve the distinction:

Leave work at work. At the end of the work day, allow reflective time - even 15 minutes - to jot down the must-do list for tomorrow. Then leave it in your desk or locker. Give yourself permission to forget about it until the next work shift.

Disconnect. Adopt a no work-related calls or emails policy after hours, when possible. Give your mind time to concentrate on other things.

Don't be a martyr. Do not agree to cover extra shifts simply to be the good guy. It's fine to take a turn now and then, but keep in mind that you do need recreation and relaxation to feel your best, and keep personal relationships strong. On the flip side, you also need to be well-rested and refreshed to provide optimum care when on the job.

Build downtime into your schedule. Make experiences for yourself and your loved ones as important as on-the-job duties. Commit to family time, exercise time, a relaxing massage; life cannot be all work and no play. Take vacations. Workers who avail themselves of vacation benefits are more productive on the job than those who stockpile unused days.

Skip the Guilt. You may not feel as productive as a particular co-worker. Or, you may feel you have failed your kids because every meal is not homemade and from scratch. Accept that imperfection is normal. Replace time feeling guilty with time enjoying those around you. Tomorrow is another day, full of potential.

Eliminate people who sap you of energy. Do you find yourself listening to the constant whining of a disgruntled colleague? It may be time to find a new companion.

Pursue your passions. It is important to build and define the you who exists outside work, to maintain contacts outside of healthcare, and to pursue activities beyond those of a professional nature.

Remember: No one ever utters on the deathbed, If only I had spent more time at the office... When you are at work, give it 100% of your attention. But when you are off duty, be just as mindful to those other parts of your life that are truly irreplaceable.

Published with the permission of ADVANCE Health Care Network. Original article can be viewed at: <http://www.advancweb.com/jobs/healthcare-news/career-development-articles/balancing-act.html>

Valerie Neff Newitt is a staff writer at ADVANCE.

Educational Opportunities

ADDRESSING SUBSTANCE USE - CHAMPION WORKSHOP

Thursday, July 14, 2016 (Oshawa)

Tuesday, July 19, 2016 (Hagersville)

This free one-day workshop is for nurses and health professionals who want a fundamental understanding of how to work with clients who use substances. Workshop objectives are:

- Review and identify the recommendations as outlined in RNAO's Engaging Clients who use Substances best practice guideline;
- State the major components of the Toolkit: Implementation of Clinical Best Practice Guidelines and learn effective guideline implementation strategies;
- Develop knowledge and skills in the area of substance use;
- Identify SBIRT resources to support clients who use substances;
- Discover the role of the champion, and engage in networking opportunities; and
- Increase awareness of available addiction and mental health resources.

Cost to Members: FREE!

To register for the Oshawa session, go to: <https://myrnao.ca/cmhadurham2016>

To register for the Hagersville session, go to: <http://rnao.ca/events/addressing-substance-use-level-1-champion-workshop-10>

PHYSICAL ASSESSMENT PEARLS

October 3, 2016 (Toronto)

October 24, 2016 (Ottawa)

October 25, 2016 (London)

Master physical assessment of your patient! Learn to characterize the chief complaint by asking the right questions, review assessment basics: where to "listen", where to "look", and where to "feel" with correlation of anatomy, physiology, and pathophysiology for each major system discussed. Refresh your knowledge on all the info you can glean from a basic vital signs evaluation and learn about various drug classes and the side effects that can confound a physical exam.

\$177.45 (\$169 + GST) - Early Rate - On or before August 15, 2016

\$187.95 (\$179 + GST) - Middle Rate - On or before September 12, 2016

\$198.45 (\$189 + GST) - Regular Rate - After September 12, 2016

To register go to: https://www.nursinglinks.ca/frameset_main.html

Conferences and Webinars

EVALUATION BEFORE IMPLEMENTATION

Radisson Hotel Admiral, 249 Queen's Quay West, Toronto

Wednesday, July 27, 2016

When making practice change, nurses often focus on the new practice, rather than considering the importance of evaluation. This workshop will inspire nurses involved in clinical projects and practice change activities to integrate principles of evaluation throughout the change process.

This event is designed for nursing clinicians and practice leaders to gain an ability to conceptualise evaluation in relation to practice change. This course focuses on the selection, creating and utilization of relevant performance measures, and will provide you with the skills to be able to interpret analyze and leverage our evaluation data.

Objectives

- Gain a foundational understanding of performance measures and how they are relevant to best practice at the bedside;
- Determine approaches to monitor and evaluate evidence-based practice changes;
- Learn data collection considerations;
- Make the link between data and practice;
- Identify the link between guideline recommendations and performance measures;
- Discuss the importance of data quality;
- Describe opportunities and challenges associated with the scale and spread of evaluation; and
- Determine how to interpret, utilize and leverage your evaluation data.

Cost for Members: \$226.00 CAD Cost for Non-Members—\$299.45 CAD

To register go to: <http://rnao.ca/events/evaluation-implementation-workshop>

BEST PRACTICE CHAMPIONS WORKSHOP

105 Moatfield Drive, TORONTO

Wednesday, July 13, 2016 08:30 - 16:00

This workshop introduces participants to RNAO's Best Practice Guidelines and evidence-based practice, along with a model to implement practice change. Throughout the workshop, participants utilize RNAO's Toolkit: Implementation of Clinical Practice Guidelines, learning how to conduct a needs assessment and gap analysis in order to identify the practice change to be implemented, engage stakeholders, assess their organization's readiness and develop a plan for implementing best practice recommendations in their work setting.

COST: FREE!

To Register, go to: <http://rnao.ca/events/best-practice-champions-workshop-level-1-toronto-8>

Ontario Correctional Nurses' Interest Group

Our mission is to foster knowledge-based correctional nursing practice, promote quality work environments, support professional development of correctional nurses and to advance healthy public policy to improve health.

We promote the full participation of current and future registered nurses in improving health, and shaping and delivering correctional health care.

Contact us at:

Email: ontariocorrectionalnurses@gmail.com

Facebook: www.facebook.com/ocnig

Webpage: <http://rnao.ca/connect/interest-groups/ocnig>

We encourage you to invite all your colleagues who are not RNAO members to join for a great price. For the rest of this membership year, RNs and NPs can enjoy all the benefits of RNAO for just \$50. OCNIG membership is an additional \$30 annually.

Call 1-800-268-7199 to speak with a membership associate.

