JULY/AUGUST 2017

REGISTERED NURSE JOURNAL

Celebrating 10 YEARS of member stories

We take a look back at the best of our summer story collection.

Notice of 2018 AGM • **One-on-one care for seniors** • **Nursing in Ontario's north**

HILTON TORONTO

NOTICE OF 2018 AGM

APRIL 19–21

Take notice that an annual general meeting (AGM) of the Registered Nurses' Association of Ontario (hereinafter referred to as 'association') will be held at the Hilton Toronto hotel commencing the evening of April 19 for the following purposes:

- To hold elections of directors as provided for in the bylaws of the association (for process of elections, see below*)
- To appoint auditors
- To consider other business as may properly come before annual and general meetings, or any adjournment or adjournments thereof

By order of the RNAO Board of Directors
Carol Timmings
RN, BNSc, MEd (Admin)
President

** Voting for the AGM shall be by electronic means, during April 2018. Results will be reported at the AGM.*

CALL FOR NOMINATIONS

2018-2020 RNAO Board of Directors
DEADLINE: Dec. 18, 2017 at 5:00 p.m. EST
As your professional association, RNAO is committed to speaking out for nursing, speaking out for health. Your talent, expertise and activism are vital to our success. For the term 2018-2020, RNAO is seeking nominees for:

- **One representative of the interest group chairs (two-year term)**
- **One representative of the interest group chairs (one-year term)**

Being a member of RNAO provides you with opportunities to influence provincial, national and international nursing, health-care and health policy; to discuss and share common challenges related to nursing, nurses, health care, and social and environmental determinants of health; and to network with numerous health professionals dedicated to improving the health and well-being of all Ontarians. Becoming a member of RNAO's board of directors will provide you with an extremely rewarding and energizing experience. Over the course of two years, you will contribute to shaping the present and future of RNAO. You will also act as a professional resource for your constituency. Please access the nomination form at RNAO.ca

If you require further information, contact Sarah Pendlebury, RNAO board affairs co-ordinator, at spendlebury@RNAO.ca

CALL FOR RESOLUTIONS

DEADLINE: Dec. 18, 2017 at 5:00 p.m. EST
RNAO encourages individual members, chapters, regions without chapters, and interest groups to submit resolutions for review and discussion at the 2018 AGM. Please send enquiries or materials to Sarah Pendlebury, RNAO board affairs co-ordinator, at spendlebury@RNAO.ca

IMPORTANT TO NOTE:

- Resolutions must bear the signature(s) of RNAO member(s) in good standing for 2018.
- Resolutions submitted on behalf of a chapter or interest group must have been provided to the members of that chapter or interest group for consultation and a formal vote. RNAO home office can assist with the voting process.
- A backgrounder (one-page maximum) must accompany each resolution. This single page must also include any references. The font used must be no smaller than Arial 10 or Times New Roman 11. Margins must also be reasonable (an absolute minimum of 0.7 all around).
- All resolutions will be reviewed by the provincial resolutions committee.
- For clarity of purpose and precision in the wording of a resolution, we recommend it include no more than three 'Whereas'; and preferably only one, but never more than two, 'Therefore be it resolved that…'

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

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REGISTERED NURSE JOURNAL

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RNAO
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EDITOR'S NOTE KIMBERLEY KEARSEY

Revisiting summers past

As you read this issue of the *Journal*, the summer of 2017 is coming to a close. Shorter, cooler days lie ahead as we welcome a new season. It's always bittersweet to say goodbye to summer, which symbolizes fun and freedom and sunshine, and hello to fall, which, despite the return to routine and structure, has always been my favourite season for the comfy sweaters and amazing colours.

Saying goodbye to summer also symbolizes the stories of members that have been appearing on the pages of our summer issue for 10 years now. We have been privileged to publish some amazing anecdotes about your experiences on the front lines, your touching tales of patients or mentors who have made a difference in your life, and your funny moments that help to add some levity to the important and often stressful work you do every day.

In this issue, we bring you a collection of our favourite stories (page 12). We've selected one from each of the last nine years.

Also in this issue, you'll meet three members making a difference caring for seniors (page 22). We talk so much at RNAO about broad transformational change that will help us to build a stronger health system, but these nurses remind us that the one-on-one, personalized and profound interactions RNs and NPs have with their patients are just as important.

I hope you have enjoyed the summer of 2017, and that you're reading this issue of the *Journal* by a lake, in your backyard, on a balcony, or wherever you can relax and soak in the last of the summer rays.

RN

As a member, you are eligible to receive a digital copy of *Registered Nurse Journal*. You can choose to receive only an electronic version of the magazine by emailing info@RNAO.ca and stating your preference for a paperless version. If you haven't received the magazine electronically, please let us know by contacting editor@RNAO.ca

Inspiration at ICN

I RECENTLY HAD THE PRIVILEGE OF attending the International Council of Nurses' (ICN) annual congress meeting in Barcelona, Spain. RNAO and other nursing colleagues from our country were proudly visible, with Canadian flags held high. Watching the official opening ceremony was a spectacle as nurses representing their associations from around the world paraded in wearing their beautiful and colourful cultural dress.

It was truly exhilarating to meet and learn from each other and gain insight into some of the common challenges we all face in health care, including ensuring sustainable public access to care, and fully utilizing nursing resources.

Taking part in the ICN congress felt like getting an "injection" of passion and energy. My own sense of professional pride was buoyed while among a community of nurses numbering in the thousands.

The knowledge-sharing opportunities were incredible, and the conference program offered topics ranging from social determinants of health and health promotion to end-of-life care.

There was an impressive list of keynote speakers, three of whom resonated with me because they touched on the values of our association and on the critical importance and impact of nursing knowledge and leadership in a global health environment.

Sir Michael Marmot, an international leader in social determinants of health and health equity, continues to inspire me with his overarching message to always advocate for the larger forces that keep people healthy in the first place. Income, education and a healthy environment, for example, are important areas of focus. Health care can't just be about treatment. We must place greater emphasis on how these factors affect the health of populations everywhere.

Another powerful speaker was Julia Duncan-Cassell, who is the minister in charge of gender, child care and social protection for the Republic of Liberia. She spoke powerfully about how issues of gender inequality persist in her country, and in many other parts of the developing world. She talked about how discrimination and abuse against women and children must stop, and how women must be empowered to move from vulnerability to action. She hopes her government can achieve this with new initiatives they have funded to help the vulnerable.

Linda Aiken, a well-known nursing scholar and researcher from the U.S., spoke about her influential findings related to RN effectiveness and the critical role RNs play in the health system, particularly when it comes to achieving excellence in health outcomes for our patients. Her research is featured prominently in RNAO's public database that highlights 70 years of RN effectiveness.

One of the other highlights of ICN was witnessing the international recognition of the impact of RNAO's policy and best practice guidelines (BPG) programs.

"ONE OF THE HIGHLIGHTS...WAS WITNESSING THE INTERNATIONAL RECOGNITION OF THE IMPACT OF RNAO'S POLICY AND BEST PRACTICE GUIDELINES PROGRAMS."

During a visit to Vall d'Hebron University Hospital in Barcelona, I saw firsthand the positive organizational and patient outcomes it achieved because of BPG implementation. It was apparent from the hospital CEO, across the board to the nursing staff, that our guidelines and RNAO's policy work are making a tremendous difference in patient care, in improving safety, and in building confidence, competence and expertise.

I also had the privilege of taking part in a panel discussion, sharing my own organization's (Toronto Public Health) experience as a Best Practice Spotlight Organization (BPSO) and the success we have had implementing evidence-based practice through RNAO's robust BPGs.

At these kinds of events, it's not unusual for nursing organizations to have exhibits that allow visiting delegates to learn more about each other's work. The crowds around RNAO's booth were three rows deep and very enthusiastic. Delegates were clamouring for information about our BPGs and to speak with RNAO staff, obtain access to resources in their respective languages, and learn more about the program's impact.

When RNAO CEO Doris Grinspun gave a presentation in Spanish on the success of the BPG program, and talked about how it is sweeping the world, the conference room was filled with people spilling into the hallway. If you are not already aware, Doris enjoys icon or rock-star status among nursing and other health professionals in Latin American and other Spanish-speaking countries. Her belief in the program she founded – and her ongoing commitment to ensuring evidence-based nursing knowledge is shared for the benefit of patients and families everywhere – endures.

I have always been in awe of RNAO's stellar work on evidence-based practice. And yet witnessing how our association's offerings are sought after by so many nursing and health leaders was truly remarkable to see. ICN was yet another reminder that we should all be proud of the power of our strong association. **RN**

CAROL TIMMINGS, RN, BScN, MEd (ADMIN), IS PRESIDENT OF RNAO.

Public inquiry will lead to better care

It was a tragic day for the nursing profession when news broke last October that former RN Elizabeth Wettlaufer would be charged with the murders of eight elderly Ontarians using a lethal dose of insulin in each case. She was also charged with four counts of attempted murder and two counts of aggravated assault. As details emerged about this serial killer, RNAO and its members were outraged that a colleague could commit such a gross violation of the most sacred principle of our profession – the unwavering commitment to ensure the well-being of patients and their families.

RNAO began advocating for a full public inquiry when the former RN pleaded guilty to the murders in early June. As the only nursing organization to issue this call, we spoke to the media, sent letters to political leaders, and circulated two action alerts urging members to voice their outrage. More than a thousand people joined us in demanding answers to what happened, how it happened, and what can be learned from an organizational, regulatory and system perspective to ensure nothing like this ever happens again.

On June 26, the same day Elizabeth Wettlaufer was sentenced to life in prison with no chance of parole for 25 years, the government announced it would launch a public inquiry. The details of that inquiry were revealed on Aug. 1, and nurses across the province are applauding the government for having the courage to put this tragedy under the microscope.

We are especially pleased that Premier Kathleen Wynne, Attorney General Yasir Naqvi and Health Minister Eric Hoskins have heeded our calls for an inquiry with a broad mandate. We are now urging Justice Eileen Gillese, a sitting judge with the Ontario Court of Appeal since 2002, to make full use of this broad mandate as the inquiry's commissioner. She must look at anything and everything that might have contributed to this horrific tragedy. RNAO is also urging Justice Gillese to look beyond this particular case and make recommendations to address the failings of our long-term care system, including examining legislation and regulations, funding models and staffing, and any other aspects required to create a safer environment for seniors living in nursing homes.

> "NURSES ACROSS THE PROVINCE ARE APPLAUDING THE GOVERNMENT FOR HAVING THE COURAGE TO PUT THIS TRAGEDY UNDER THE MICROSCOPE."

RNAO has received numerous calls from nurses who have revealed to us that things are just not right in their nursing homes. They have told us patients are not turned as often as necessary, and some sleep all night in the same soiled diapers. We have thanked each caller for their courage to disclose the truth. And we are urging others to continue to share their concerns with us. We know the vast majority of nurses – RNs, RPNs and NPs – go to work wanting to do good and wanting to deliver safe, quality care. The staffing circumstances, however, are deficient, if not deplorable.

Older persons deserve the best evidence-based care we can provide. Their vulnerability is greater than ever as they arrive in long-term care older and frailer, and with more cognitive deterioration. And yet, the funding and staffing models in the sector are archaic.

By legislation, only one RN is required per nursing home in Ontario. Some nursing homes have as many as 300 residents. This is outrageous and unacceptable.

Funding models in long-term care penalize nursing homes for improving patient outcomes. RNAO has been going into long-term care homes across this province for many years with best practice guidelines (BPG) that teach regulated and unregulated staff about preventing pressure injuries, preventing falls, managing incontinence, reducing the use of restraints, and so much more. These homes are funded on the basis of complexity of care. This means that when our BPG recommendations are implemented and patient outcomes improve, care becomes less complex and funding is decreased. This too is outrageous and unacceptable.

We need to bring funding and staffing models into the 21st century, and a public inquiry will help us do that. We also need to delve more deeply into when and how regulatory colleges tackle disciplinary issues. We now know that Wettlaufer was fired in 2014 for making a number of medication errors, but was not investigated by CNO at that time. A disciplinary hearing this July also revealed the former nurse was investigated for stealing medication in 1995. How was she able to continue to practise despite these red flags? We need to muster the courage to look in the mirror and learn.

The tragic murders of eight Ontario seniors will forever remind us that health professionals are in a very privileged position. Nurses enjoy higher public trust than any other profession (see page 11). We must cherish that trust by leaving no stone unturned. This public inquiry is our collective opportunity to do just that. **RN**

DORIS GRINSPUN, RN, MSN, PhD, LLD (HON), O.ONT, IS CHIEF EXECUTIVE OFFICER OF RNAO.

Follow me on Twitter @ DorisGrinspun

RN PROFILE BY DANIEL PUNCH

The road less travelled

MOBILE RN FINDS LATE-CAREER NICHE IN NORTHERN COMMUNITIES.

The trip from Thunder Bay to the tiny northwestern Ontario community of Upsala typically takes about 90 minutes on the Trans-Canada Highway. The route passes through towns like Sunshine and Shabaqua Corners, and a vast expanse of boreal forest.

But for Donna Nutikka, that journey took nearly four decades. On the road from 19-year-old registered nursing assistant (RNA) in Thunder Bay to veteran RN at the Upsala nursing station, she stopped in three provinces, one territory, the U.S., and even a small fishing village in Nicaragua.

It all began in Port Arthur (now called Thunder Bay) in the 1950s. Young Nutikka watched her mother, an RNA, and her friend's mother, an RN, take great pride in caring for others. "They were both very proud of their jobs, and good at (them)," she recalls.

Inspired, she earned her RNA certificate in 1972 and became the youngest health professional on the medical floor at Thunder Bay's St. Joseph's Hospital. Her early career also included stints at a local nursing home and psychiatric hospital, and in non-nursing roles bartending, driving a gravel truck, and at a youth hostel.

Looking to do more for her patients, she completed Confederation College's RN program in 1988 while juggling two young kids and a part-time job. She spent most of the next 10 years happily working in obstetrics in acute care settings, until a change in government policy sent her career in a different direction. It was the late 1990s, and deep cuts to health-care funding made nursing jobs scarce in Ontario. So she uprooted her life and moved to Calgary in 1998, where she switched to emergency nursing.

Three things you didn't know about Donna Nutikka:

1. She owns 24 James Bond films on VHS and DVD.
2. She used to make her own goat cheese.
3. While in Nicaragua, she briefly taught English to the staff of a local hotel.

A few years later, Nutikka was on the move again. Her kids had grown up and moved away, and she was looking for something new. Armed with a diverse nursing background and a thirst for knowledge, she put everything she owned in storage and applied to travel nursing agencies. After a brief stop in San Juan del Sur, Nicaragua to learn Spanish, she began working as a travel nurse in Hayward, Calif. and Tacoma, Wash.

She continued travel nursing throughout the 2000s, venturing into remote communities in northern B.C. and Nunavut. There, she was often the only nurse on staff and the only health-care provider in town. It takes a special kind of nurse to handle the professional and personal challenges that entails, but Nutikka says it suit her just fine. "You have to be confident in who you are, be confident in your practice...and be okay with being alone," she says.

Eventually, Nutikka met the love of her life and was looking to settle down once again. Her partner was also from Thunder Bay, so the couple moved back to Ontario in 2010 and bought a 160-acre farm in Sunshine. Shortly after moving, she was hired at the Upsala nursing station.

Just as she did in so many other small communities, she began to ingratiate herself to Upsala's 190 residents by attending local events and making herself visible. "You show your face and show them you're a part of their community," she explains.

In the seven years since, she became an essential part of life in Upsala. In addition to her nursing duties, she helped the underserviced and aging community by co-ordinating care between different agencies to ensure people's needs were met.

Though she officially retired this past spring, Nutikka still works part-time at the nursing station. Looking back, she cherishes the unique experiences she gained nursing in remote communities. Where else would she have cared for a man who cut himself while skinning a polar bear, or removed so many errant fish hooks?

She says nursing was the perfect career choice because it provided her the flexibility to move around and learn new things. It also didn't hurt to have an adventurous spirit. "Jump in first, think later," she says, laughing. "You've just got to do it. Tomorrow may never come." **RN**

Daniel Punch is staff writer for RNAO.

NURSING IN TH

As part of a Mobile Crisis Intervention Team, RN Shelagh Scanga joins Toronto police on calls involving people in crisis.

PHOTO: CRAIG CHIVERS / CBC NEWS

Nurses and police team up to save lives

RN **Shelagh Scanga** is on a mission. It's early May, and alongside police constable and partner Rob Koops, Scanga responds to a call for a person with a history of mental health issues. Frontline police officers, a sergeant, and paramedics are already at the scene when Scanga arrives. "This person has a history of requiring many officers to apprehend," she says. The woman invites them into her apartment, but her thoughts are disorganized and hard to follow. Scanga immediately introduces herself as a registered nurse and sits beside the woman on the couch. "When someone hears...there's a nurse involved, it can help with decreasing their anxiety and fears," she says. Scanga learns that the woman has schizophrenia and receives medication by injection once a month. She is almost due for her next shot and agrees to leave for the hospital. Since 2013, Toronto's Mobile Crisis Intervention Teams (MCIT), a joint effort between the Toronto Police Service and mental health nurses from six area hospitals, have been responding to calls involving people who are in crisis. As a result, the police apprehension rate dropped from 66 to 25 per cent between 2013 and 2016. (*CBC News*, July 4)

RNAO welcomes broad-based public inquiry

Following the sentencing of former RN Elizabeth Wettlaufer for the murders of eight elderly nursing home residents, RNAO is welcoming the broad-based public inquiry launched by Ontario's health minister and attorney general. **Carol Timmings**, RNAO president, says the inquiry must look at how the overall long-term care sector is operating, find the gaps, and see what needs to be done to ensure the safety of seniors in nursing homes across the province. "We have to look at how the ministry of health...provides legislation and regulatory oversight. What are the accountability measures? What's the inspection process? And how does the chief coroner's office report deaths in nursing homes?" she says. In addition, the inquiry must look at the funding models and staffing levels in nursing homes. "We believe this independent inquiry is going to strengthen... funding in nursing homes and ensure there is a level of staffing and oversight to provide the best quality of evidence-based care to residents." The inquiry will be led by Justice Eileen Gillese. Her final report is due on July 31, 2019. (*AM980*, Aug. 2)

Advances in stroke treatment

Brian Peterson knew he was suffering a stroke last fall when he lost all feeling in the left side of his body. He was sent to The Ottawa Hospital for treatment for three weeks before being transported to Pembroke Regional Hospital for rehabilitation. During his recovery, Peterson was given an exercise program tailored to his specific needs, which included receiving at least one hour of exercise at home, assisted regularly by specialists (physiotherapists, occupational therapists and PSWs). Today, Peterson uses a walker and has regained approximately 70 per cent of his mobility. He is one of many stroke patients admitted to the hospital's District Stroke Centre. RN **Beth Brownlee**, clinical director of the rehabilitation program, says the department has worked hard to increase the amount of time stroke patients are engaged in active face-to-face rehabilitation therapy during their stay. "Best practice research shows that increasing a stroke patient's amount of therapy time per day results in better outcomes in their functional abilities," Brownlee says. Since September 2016, the average amount of therapy per patient has increased by 52 per cent. (*Pembroke Daily Observer*, July 25)

Knitted hats offer comfort, warmth

Babies in red and white hats celebrated Canada Day in style this summer, thanks to a group of retired teachers from the Stratford chapter of the Retired Women Teachers of Ontario. The group donated more than 200

E NEWS

BY VICTORIA ALARCON

RN Kerri Hannon (back left) says more than 200 knitted hats donated to the maternal and child unit at Stratford General Hospital will help keep newborn babies warm.

MPP Jeff Leal (left), a former Trent University student, joins a tour of the school's new health clinic with RN Ruth Walker (second from left).

PHOTO: TRENT UNIVERSITY AND MEGAN STACEY / THE BEACON HERALD

red and white baby hats to the maternal and child unit at Stratford General Hospital as part of a Canada 150 project. RN **Kerri Hannon**, manager of the unit, says 1,100 babies are born at the hospital each year and the hats are a welcome gift to parents. "Babies tend to lose the majority of their heat through the top of their head," she says, adding that keeping their heads warm "...will keep their body temperature regulated...whether they're out of the blanket or in the blanket." The hospital also receives knitted hats of different themes: orange for Halloween, and purple in November to raise awareness of shaken baby syndrome. All hats and blankets donated to the hospital are made by community groups and local knitters. (*London Free Press*, July 17)

Teddy bear check-ups

July 9 marked the second-annual Teddy Bear Picnic in St. Catharines, and children with teddy bears in need of repair lined up to learn from nurses about how to treat their stuffed animals. With a stethoscope, bandages and medicines available at the nurses' station, school nurse **Christine Philbrick** taught kids how to apply bandages and give oxygen to their beloved stuffies. "The purpose of the teddy bear hospital is to familiarize kids with health-care providers and clinics through a play setting," Philbrick says, adding that the activities help decrease some of the fear kids might have when visiting a health-care provider. Participating in the event also gave Philbrick an opportunity to teach kids about the importance of nutrition, physical activity, safety, vaccination, and first aid to bears who have sustained injuries. (*St. Catharines Standard*, July 9)

Newly renovated health clinic open to students

Peterborough's Trent University is hoping to make students feel more at ease with a newly renovated student health clinic. Two new features include: an accessible, barrier-free exam table that allows providers to better support the dignity of students unable to access a standard exam table; and therapeutic artwork to help alleviate any anxiety while visiting the centre. In June, university staff and students, along with Liberal MPP and

Letter to the editor

In a letter to the Ottawa Citizen (July 5)*, RN* ***Donna McFaul*** *responds to the shocking elder-abuse case of Georges Karam, an immobile and non-verbal dementia patient who was punched in the face by a PSW in March.*

Respect key to stopping elder abuse

There is no other word but horrifying to describe what happened to Georges Karam. I have no doubt that it has happened to others and will happen again until there is a total overhaul of the long-term care "industry" throughout this country, and a wide-reaching inquiry into the education and accountability of all who care for the most frail.

Coming in the aftermath of the nurse (Elizabeth Wettlaufer) convicted of killing eight of her patients, families and their loved ones must be terrified. However, statistics can be used to support or detract from any debate.

I do not believe for one moment that 70 per cent of nurses self-identify as having abused or neglected their patients. Nor do I believe that most personal service workers would intentionally harm those they care for. The majority of nurses and support workers I've worked with will always have my utmost respect.

Yes, the system is broken. Are we truly willing to fix it? Elder care has never been a priority for any group other than those who can profit from it. How can we teach students in nursing or support workers to respect the elderly when society...doesn't?

alumnus Jeff Leal, participated in a tour. "We are fulfilling our goals for an inclusive space that meets students' clinical needs, but also helps them feel welcome," says RN **Ruth Walker**, manager of the university's health services. "When students arrive to Trent, many are accessing health care for the first time on their own. We want this to be a place where they feel comfortable asking for help." (*The Peterborough Examiner*, June 20)

Making patients feel at home

Patients are playing a larger role in who is involved in their care at Sarnia's Bluewater Health, which announced recently that it would allow patients to have greater say in who they identify as 'family.' "Patients, their families, and other partners in care are respected as essential members of the health-care team, helping to ensure quality and safety," says chief nursing executive **Shannon Landry**. "A person's family includes all those who the patient identifies as significant in his or her life." At the beginning of a hospital experience or emergency room visit at Bluewater Health, patients are asked to define their 'family' and how they will be involved in care and decision-making. Patients identify who may be present during rounds, change of shift report, exams and procedures. That 'family' is welcome 24-hours-a-day, seven-days-a-week. In the event of an emergency requiring visitor restrictions, staff will work with patients to ensure select family members are still welcome to provide support. (*Sarnia Observer*, June 20) **RN**

OUT AND ABOUT

PRIDE FESTIVITIES STRETCH ACROSS ONTARIO

PHOTO: TODD HODGSON

Members of RNAO's Kingston chapter were out in full force on June 17, celebrating diversity by participating in their city's Pride Parade. (L to R) Susan Potvin, RNAO board member Allison Kern, Jean Clipsham, and Cadence Gillis carry an RNAO and Rainbow Nursing Interest Group (RNIG) banner through town with fellow revelers. "As experts in population health, nurses are among the best advocates for LGBTQ individuals," said Johnathon Martin, co-chair of RNIG. "When nurses come together and send their support, it comes with a passion that is truly inspiring." RNAO urged nurses from across Ontario to continue its long tradition and participate in Pride events around the province.

LEADERSHIP ACADEMY MARKS SIX YEARS OF GREAT LEARNING

Nursing leaders from across the province attended RNAO's 6th Annual Nurse Executive Leadership Academy (NELA) in Niagara-on-the-Lake this past June. (L to R) Peel Public Health CNO Isabelle Mogck, RNAO CEO Doris Grinspun, RNAO Policy Director Lisa Levin, Sudbury RN Aileen Restoule, and RNAO Nursing Policy Analyst Cheryl LaRonde-Ogilvie, were among 60 participants who took the opportunity to engage with fellow health system leaders, senior government officials, and other leading edge thinkers about health system transformation, expanded scope of RNs and NPs, medical assistance in dying, mental health and addiction, and much more.

NURSING NOTES

Street nurse invested into Order of Canada

Long-time RNAO member Cathy Crowe, a street nurse and social justice advocate for almost three decades, was invested as a member of the Order of Canada in June. "I think this is an honour for nursing," she says of receiving one of the country's highest civilian honours. "It speaks to the work so many nurses do to achieve housing – one of the most important determinants of health." Crowe has been an RN for 45 years, and began focusing her attention on the homeless in the 1980s. She co-founded the Toronto Disaster Relief Committee, a group that declared homelessness a national disaster in 1998. Crowe has also been involved in several documentary films as executive producer, giving voice to homeless families and children in Toronto and Calgary. She is now a distinguished visiting practitioner in the department of politics and public administration at Ryerson University. In 2004, Crowe received the Atkinson Charitable Foundation's Economic Justice Award, working both locally and nationally on issues related to homelessness, and writing her first book, *Dying for a Home: Homeless Activists Speak Out*. Members of the Order "…have all enriched the lives of others and have taken to heart the motto of the Order: 'They desire a better country,'" according to the governor general's media release announcing the latest list of recipients. Crowe says "I believe this honour gives weight to the right to a home that all Canadians deserve."

Nurses "most respected" for second year in a row

A Canada-wide poll has found nurses – for the second year in a row – are the most respected professionals in the country. Ninety-two per cent of the 1,257 Canadian adults who completed an online survey this past spring said they have a positive opinion of nurses. This is exactly the same proportion who felt this way when the same poll was conducted in 2016. Following in at a close second were doctors and scientists (both at 89 per cent and up slightly from 2016), and farmers and veterinarians (both at 88 per cent). Rounding out the list at the bottom were lawyers (50 per cent), building contractors (54 per cent), and priests/ministers (59 per cent). The research company that conducted the poll, Insights West, has established a panel of 30,000 Canadians who volunteer to share their opinions on a variety of political, economic, social and other issues.

National dementia strategy

Canadians with Alzheimer's disease and other dementias will soon have a standardized and strategic approach to their care thanks to the passage (on June 22) of Bill C-233, *An Act respecting a national strategy for Alzheimer's disease and other dementias*. The passing of the legislation now means politicians, health providers, researchers and patients will come together to address the overwhelming scale, impact and cost of dementia. Conservative MP Rob Nicholson and Liberal MP Rob Oliphant are behind the private member's bill, originally introduced in February 2016. The MPs worked together on the bill because of personal experiences. Oliphant spent 25 years as a United Church minister, and his church raised money to help build housing for Alzheimer's and dementia patients. Nicholson's father died from Alzheimer's disease. According to the Alzheimer's Society of Canada, there are 564,000 Canadians currently living with dementia. That number is expected to jump to 937,000 in 15 years. "A comprehensive dementia strategy is essential to support a person and their family throughout the course of the disease," says Susan McNeill, guideline development lead for RNAO's delirium, dementia and depression best practice guideline (BPG). "A concerted effort across sectors can help people with dementia to live as fully as possible." Ontario's 2017 budget includes $100 million over three years for the implementation of a provincial dementia strategy, and RNAO was involved with other stakeholders in bringing forward recommendations on what that strategy should look like.

Third edition tobacco intervention BPG released

In June, RNAO released *Integrating Tobacco Interventions into Daily Practice (Third Edition)*, which replaces the 2007 BPG, *Integrating Smoking Cessation into Daily Nursing Practice*. The updated BPG is for nurses and other members of the interprofessional team to enhance the quality of their practice with clients who use commercial tobacco, ultimately improving clinical outcomes through the use of evidence-based care. To find out more, visit tobaccofreeRNAO.ca **RN**

CELEBRATING 10 YEARS OF MEMBER STORIES

As we mark a decade since the creation of our summer story collection, we look back at some of your most memorable submissions.

COMPILED BY KIMBERLEY KEARSEY

We hear time and time again how much you – our readers – love reading the personal stories of colleagues. Whether the stories are a reflection of what's happened to you in your career, or they are a complete departure from what you know and understand nursing to be, they are stories that resonate and keep you coming back for more.

For 10 years, we have asked you to take a look at your work lives and to tell us about: the rewards of nursing; the special skills required to be a great nurse; the experiences that have influenced your outlook on nursing; the memorable mentors; the real-life lessons; the funniest moments; the value of collaboration; the perks of membership in RNAO; and what it is like to be on the receiving end of care as a patient.

Your stories have made us laugh, ponder and pause to reflect on so many different aspects of nursing. We are grateful to all of our nurse writers who have shared a piece of themselves over the years.

2008

NURSING IN GOD'S COUNTRY

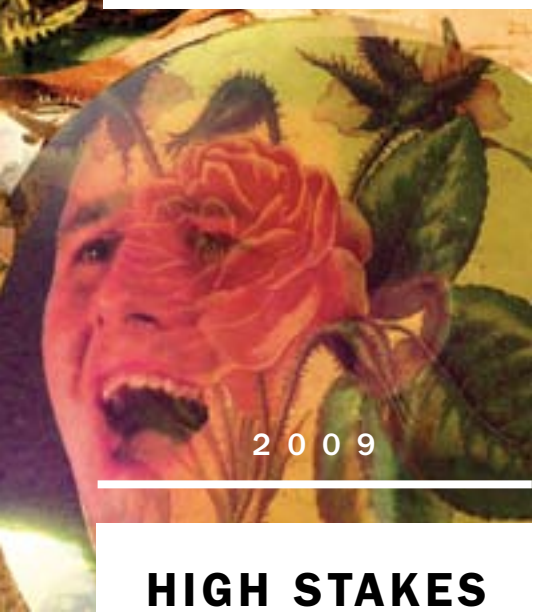
By Connie Wood

Haliburton Highlands is a rugged stretch of forest and rock. Famous for glittering lakes, winter sports and fall colours, it attracts tourists year round. Some call it God's country. I call it home.

When I started my career here more than 30 years ago, the hospital was a small Red Cross outpost with eight beds. Now, our community has a new facility that has been praised by Ontario's Minister of Health as a model for integrated health care.

Years ago, when I drove down forgotten back roads delivering nursing care, I sometimes felt as if I was travelling back in time. I remember pulling up to one run-down farmhouse with a sagging porch. I was afraid of the dismal conditions I might see inside. Instead, I found a woman, bedridden with multiple sclerosis, who transformed punishing poverty into a loving family home by the sheer strength of her cheerfulness. Paralyzed and in constant pain, she glowed with good will and kindness Although her home was isolated, it was the centre of her universe and it became a school of wisdom for me. She taught me that nursing is about building relationships. I learned that, when nurses empower patients and families to be partners in health care, strength of spirit and greater independence is the result. This woman showed tremendous courage in raising her family, and I consider it a privilege to be part of a profession that helps people like her live full and productive lives, despite their health challenges.

Today, I am part of a dynamic team of professionals in a Family Health Team. I know the stories behind the faces I see in the waiting room. I remember their parents and their grandparents. We care for patients as if they are friends and family. In most cases, they are.



2009

HIGH STAKES NURSING

By Kate Langrish

It's 4 a.m. and the triage line has finally dwindled to a halt. For the first time tonight, I have a moment to wonder if I was too swift in rushing the pale infant to the resuscitation room, or too harsh with the parent who interrupted me for the third time to ask about the wait. My mind wanders to a radio program I heard recently that called triage "high stakes nursing." It's a glamorous label for the endless stream of assessments and interventions that make up each shift. It's the subtleties that make all the difference here. The seemingly small detail that makes one patient stand out against the hundreds who have presented with the same complaint. It's the fine balance between knowing when to react – and not reacting every time.

I glance up from my thoughts and mechanically push my password into the keyboard as I see a new family approach. The woman greets me like an old friend, and I'm too embarrassed to admit I have no idea who she is. Finally, I vaguely recall starting her daughter's IV the previous week. I make light-hearted small talk while sussing out the reason for their visit. After checking the girl's vital signs and listening to her chest, I pull together enough information to come to a triage decision.

"You know," her mother says as I plug the new details into our electronic tracking board, "the last time we were here I watched you run around, and I thought you must be nuts to do this job."

I don't bother to explain the rush of coming across a vital bit of information that pulls the puzzle together, or the softness of an infant wrapping her finger around mine. I don't describe the great laughs I have with my colleagues in the middle of the night, or the pride I take in achieving a difficult skill. I don't discuss the time I literally watched a child come back to life, or the many other moments when I have witnessed the deepest sorrows. There's little time for conversation. A line up is growing again. I send my patient and her mother off to the crowded waiting room, knowing it's bound to be a long night. "Next, please," I call out.

ILLUSTRATIONS: (TOP) JOHN WEBSTER, (BOTTOM) JANICE KUN

AWAKENING

By Nicole Walton

I joined the RNAO while I was a nursing student at Centennial College after hearing one of my professors speak about the benefits of membership. I have attended several RNAO events and workshops over the years, but the most memorable was the 2009 Annual General Meeting (AGM), in which I was privileged to be a voting delegate. The opportunity came at a good time in my career.

After nearly six years as a visiting nurse, I was looking for something more, and even questioning whether I still wanted to be a nurse. I chose to be a visiting nurse right out of school because I felt it would enable me to give better quality, dedicated care to patients and their families, and it had. But I wasn't excited or motivated about my work anymore, and I think it was because I wasn't being challenged overall. (In hindsight, I realize I'd just had my fill of bedside care.)

I went to the 2009 AGM full of curiosity, but without any expectations. I was immediately moved by the energy and passion – there was literally "something in the air." I talked to so many other nurses in a wide variety of fields, who shared their perspectives, successes and failures with me. It opened my eyes. Here were nurses who are still fired up about their work after 25 years on the job, and I was losing my passion after just six. It was a major reality check…an awakening. I still wanted to be a nurse! And I wanted to be the best nurse I could be. Being responsible for making really important decisions about the future of nursing in Ontario as a voting delegate was also incredibly motivating. To top it off, I was a change agent.

Back at work, I was determined to pursue a nursing role that would build on my accumulated experience (I would miss visiting nursing, which I truly enjoyed for years) and afford me new challenges. Now I'm a clinical resource nurse, providing education and support to a great team of visiting, shift, and mental health nurses. I just love being their go-to when they need clinical assistance, a different perspective, or just a sounding board, and they in turn, inspire me every day as I observe their skills, dedication and energy at work. I hate to think where I might be today had I not attended that AGM.

A FAMILY AFFAIR

By Kathy Holdsworth

Perhaps it seems strange, but by the time I was four years old I knew I would be a nurse when I grew up. My experience with nurses was limited. At three, I had my tonsils out and remember distinctly the brusque nurse with a wart on her nose who made me roll over for the needle in my behind. I wasn't going to be a mean nurse like her. The student nurse who cuddled and played with me when I was sad and missing my mom; I wanted to be like her. But more than either of these two nurses was my Aunty Pat who, in my mind, was fun and fearless and the best nurse ever.

My mother tells me of the day I put a bead up my nose. Fortunately, Aunty Pat came to the rescue and held me still for the doctor in the emergency department. She had just graduated the Christmas I was four and used her student uniform to cut me out a 'uniform' of my own with a red cross stitched across the front of the bib. Wearing my new nursing dress, and armed with an equally new miniature nursing bag complete with plastic stethoscope and thermometer, I dutifully opened my hospital filled with dolls and stuffed animals and went to work bandaging and stitching their various wounds.

As the years went by, I heard the stories of outpost nursing in St. Anthony, Newfoundland where Aunty Pat had relocated. She found her niche working with outpatients, and became enmeshed in the community of hearty souls who lived on that far northeast corner of 'the rock.' When specialist treatments and surgeries were required, she often accompanied patients back to Montreal, where services were more readily available. On these working visits, I'd meet her patients and see her nursing and supporting them in often life threatening situations. I learned first-hand that death cannot always be avoided even with the best of care.

I will always remember Aunty Pat telling the story of the young lad who came into the clinic one day with his one and only fish hook lodged in his forehead from an unlucky cast. The doctor wanted to simply cut the barbed end off the hook and slide the rest back out. But the hook was his livelihood, and he begged that they keep it intact. With the gentlest of hands, Aunty Pat spent over an hour easing the hook out. The boy was delighted while the doctor shook his head. This great lesson of respecting a patient's choice while providing compassionate care will ever remain with me. How fortunate I was to learn from such an excellent teacher.

In memory of Margaret Patricia (Aunty Pat) Dunk

ILLUSTRATION: KELLY SCHYKULSKI

TEXTBOOKS AND TUTORIALS DIDN'T TEACH ME...

THAT I HAVE AS MUCH TO LEARN FROM PATIENTS AS THEY HAVE TO LEARN FROM ME

By Bev Chambers

In 1981, with four years of nursing experience under my belt, I applied to study midwifery in Scotland, a post-RN program that was not available in Ontario. In order to practise as a registered nurse in the UK, I had to work two months as a student on the surgical floor at Victoria Hospital in Kirkcaldy. I was not looking forward to this as I had already worked as an RN in Canada, but I did it because I was determined to go to midwifery school.

Scotland's health-care system was very different from what I was used to in Canada. In particular, Victoria Hospital's procedures were outdated; students were not allowed to read patient charts, and the head nurse (or Sister) would delegate tasks during the day. Although the nursing practices were unusual to me, I learned about the value of community among patients.

One day, I was assigned to care for eight older men in one room. They conversed with each other, and were a friendly lot. I could not always understand their Fife accent, and they teased me about my Canadian twang. I had to give one of the gentlemen a suppository. There was one large bathroom on the whole unit for all to share. It was quite a distance away, so I decided to put a commode by the bed and pull the curtains. The appropriate interval of time passed, and I returned. "Mr. D," I said. "Did the suppository work?" Another voice called out from the other side of the room. "Och aye," Mr. D's roommate shouted. "It's been heavy gunning over there, like the Battle of Waterloo!" Everyone doubled over with laughter, including Mr. D.

Each ward at Victoria Hospital had a small dining room, and patients who were ambulatory would walk to it, sit at its tables, eat together and have a grand chat. Often, the most mobile patients would sit with bedridden patients to keep them company, and sometimes help set up the tray.

After witnessing the degree to which patients were socializing, I realized the importance of laughter and a sense of community among patients. At school, I learned about therapeutic conversations with my patients, and how most of those conversations should have a serious purpose. Humour was not something I was encouraged to use. My experience in Scotland challenged that premise. We now know that laughter is beneficial, releases endorphins and helps reduce stress.

I never learned to encourage patients to mingle. Infection control was always foremost in my mind. But these patients demonstrated the value of peer support long before it was popular. The people of Scotland humbled me with their generosity and warmth. And they made me realize patients have far more to teach us than we can teach them.

ILLUSTRATION: JOHN WEBSTER

HUMAN REPRODUCTION AND 10-YEAR-OLDS

By Jan Slywchuk

The year was 1991. I had returned to university to get my BScN. I was interested in public health, and jumped into my practicum with the enthusiasm of a 20-year-old. I was actually almost twice that age, but let's not get too caught up in minor details. I had been a mental health nurse for more than a decade, so I was pretty sure I could handle just about anything. My challenge was to teach sex education to Grade 5 students. My preceptor assured me that 10 was an exciting age, and I would have a great time. I questioned her wisdom when I walked into the classroom for the first time and the teacher promptly left the room after introducing me.

I was face-to-face with a group of young people who looked at me silently for 30 seconds, then engaged in rowdy conversations with their friends while I tried to get my overheads out of my bag (it was before PowerPoint and smart boards). I managed to get their attention with bad diagrams of the naked body. Much to my surprise, they did pay attention. After a detailed, age appropriate description of human reproduction, I noticed a group of boys in the back corner of the room completely ignoring my brilliant presentation, and clearly involved in something else. When I wandered over, there was a sudden flurry of activity. But before they could cover it up, I managed to get my hands on the magazine they were engrossed in: the recently released swimsuit edition of Sports Illustrated. Their reactions ranged from beet-red faces of embarrassment to challenging glares.

I decided to use this as a teaching moment, even though it was a bit of a salvage operation from my perspective. I asked what they were looking at. "Women in bikinis," they said. "What's that like?" I asked, with as much casual indifference as I could muster. For the first time in the 30 minutes I had been there, it was dead silent. Finally, one brave soul piped up: "I get an ejection." I suppressed my smile and casually suggested that "an erection is a normal reaction, and happens as a result of what hormone?" Again, the terminal silence of 10-year-olds. Finally, a second brave soul offered reluctantly: "Testarossa?" He was corrected by one of his peers. "She's talking about hormones, not cars... it's testosterone!"

I was so thrilled that a prepubescent boy had heard and retained something I had shared during my presentation, despite the distraction of bikini-clad women. His response left the children – and me – grinning from ear-to-ear.

ILLUSTRATION: GRAHAM ROUMIEU

RNs TACKLE TRAUMA IN THE NORTH

By Jannine Bowen

In the late 60s, psychiatrist Leonard Stein published his now famous essay about the "doctor/nurse game." He wrote: "…the nurse is to be bold, have initiative, and be responsible for making significant recommendations, while at the same time she must appear passive. This must be done in such a manner so as to make her recommendations appear to be initiated by the physician." Revisiting that theory in the 90s, Stein admitted the "game" is no longer played. Any nurse working in an isolated, northern community is likely to agree with him. I do.

In the frozen, isolated tundra, above the Arctic Circle, our health centre serves about 900 Inuit people. There are three full-time nurses – supported by wonderful local staff – who are responsible for taking initiative and making recommendations for patient care, and often making life and death decisions on the spot.

One such instance was at 11 p.m. on a July night in 2012. The call came in that two young boys who had been drinking and smoking marijuana got on their all-terrain vehicles (ATV) to race up and down a gravel hill, and crashed. At the health centre that night: three community health nurses with combined expertise in emergency and ICU nursing. What follows is a testament to nurses' ability to come together to provide the best possible care, with the least amount of support. There were no "games" on this night.

A male teenager arrived on a piece of plywood and was taken to the only trauma room we had. As we started the primary survey and interventions, the crowd got bigger, the room got smaller and the nervousness grew. Above the crying, someone was screaming as they carried in the second teenager. "Where do you want him?"

"Right here on the floor in front of me," I said, glancing at the distracting deformity on his left leg. A local teenager did the primary survey: unconscious and not breathing. "Do you know CPR?" I asked him. He nodded. "Then start compressions."

We took the defibrillator leads from the first teenager and applied them to the second. No shockable rhythm. Two nurses continued on life-saving measures while the third connected with the on-call doctor by phone. After three rounds of lifesaving measures, the code was stopped and we had to turn our attention back to the surviving teenager on the stretcher. The crowd continued to multiply. The crying escalated. With one boy clinging to life, the Medivac team was called, but our hearts were sinking in our chests as a mother bent over her lifeless son on the floor.

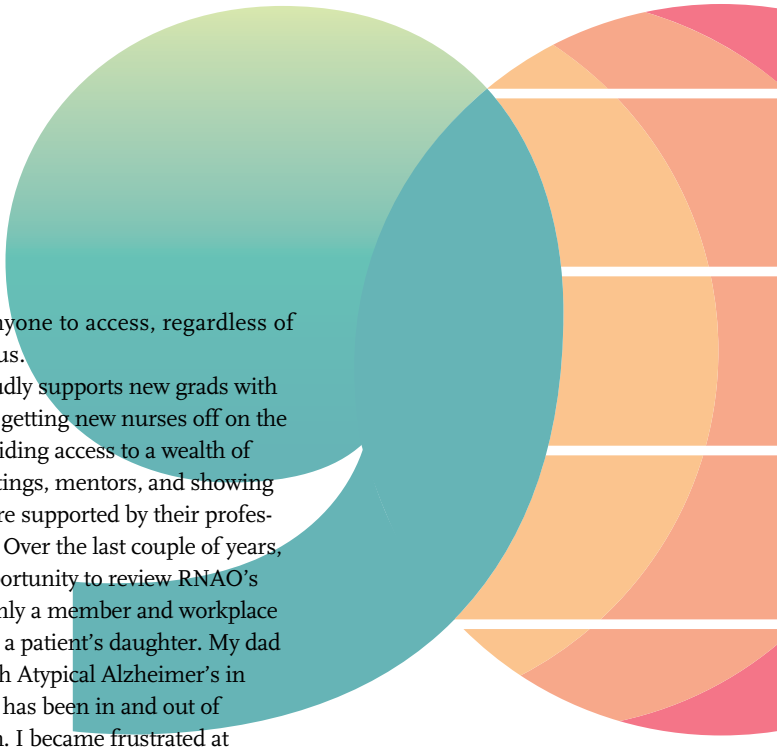
This shows the "doctor/nurse game" no longer applies. In the north, it is the nurse, the community, and the grace of God and his spirit that guide you to do the best you can as a team.

ILLUSTRATION: JULIA BRECKENREID

WHAT MEMBERSHIP MEANS TO ME

(90TH ANNIVERSARY)

By Kerrianne Thompson



I have been a nurse for 11 years. It was a long road to my diploma as a young single mother, attending nursing school and caring for a little one at the same time. I began my journey to my BScN part-time, working full-time while caring for my daughter. During my studies, I learned a lot about RNAO. I learned about its interest groups, its advocacy for our profession in the political arena, its best practice guidelines, and its support for nursing education. I utilized RNAO's easily accessible website, applying for an education grant. I could not believe the warm welcome I received from RNAO. Everyone is professional and pleasant to interact with.

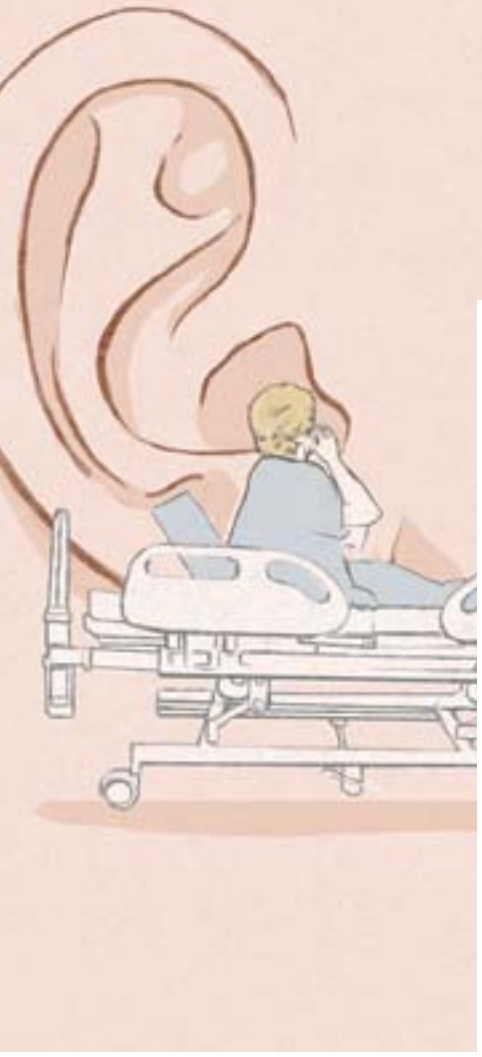
RNAO is consistently on the frontlines, speaking out on behalf of our profession and supporting nurses in a variety of different ways. I admire that RNAO uses different forms of communication to reach out to nurses and the community, including: the website, automated phone messages, interest groups, print, webinars, emails, meetings, and more. RNAO also supports nurses who are not members, which I think is just as important as supporting members. Its evidence-based research and education funding information is proudly displayed on the website for anyone to access, regardless of membership status.

RNAO also proudly supports new grads with free membership; getting new nurses off on the right track by providing access to a wealth of resources, job postings, mentors, and showing new nurses they are supported by their professional association. Over the last couple of years, I have had the opportunity to review RNAO's resources as not only a member and workplace liaison, but also as a patient's daughter. My dad was diagnosed with Atypical Alzheimer's in October 2013, and has been in and out of hospital since then. I became frustrated at points, but organizations like RNAO provide encouragement and remind me that I have other nurses on my side to speak out on issues that I see while accessing our health-care system. RNAO is vocal on issues like nursing shortages, client-centred care, nursing models, enhancing medicare, and more. RNAO is an organization that puts nurses and patients first. It is an association that I am so proud to be a member of, and a workplace liaison for.

Thank you RNAO for being an association that I can rely on as a patient's family member, as a nurse, and as a member of the community. You are truly one-of-a-kind.

MINDFUL LISTENING HELPS PATIENTS MAKE SENSE OF CIRCUMSTANCES

By Alexandra Curkovic



My transformation from a nurse to a patient was abrupt. I had just wrapped up a shift, doing assessments for the delirium prevention program, when I was given the results of my own CT scan done earlier that same day. The scan was ordered because, for some time, I felt pressure in my head each time I engaged in strenuous activity. The MRI showed a large mass on my brain, and I was admitted for further evaluation. It was a very trying time for me, especially for the first two days as the diagnosis was being established. I experienced two very different approaches taken by nurses that demonstrate the power of mindful listening.

While still unsure of my diagnosis, I was contemplating all kinds of rather alarming scenarios when a nurse came to do an assessment. After introducing herself, she reassured me that she would monitor me very closely because at any time my brain could herniate and I could die. I appreciated her critical thinking skills, and her preparedness to deal with a potential situation. However, I felt so much more worried and isolated in my concerns after she told me this. I felt as though she viewed me as a machine that might stop working at any time.

Once my diagnosis was confirmed, I was informed of possible neurological deficits that might follow surgery. It was such a terrifying experience to hear that I – a highly athletic and independent woman – may no longer walk independently, may have facial droop or, perhaps even worse, may not be able to swallow. As I was getting increasingly sad and worried, a different nurse came and asked me about my concerns. For each neurological deficit I mentioned, he had a compelling explanation of how I can overcome it with additional therapy. There was something special in his approach that made me feel like I was not alone. I think he was able to be so compassionate and empathetic because he paid close attention to my concerns.

This experience taught me that mindful listening enables nurses to support patients holistically. It requires self-knowledge, which is important for many reasons. It prevents us from interacting with patients based on our own fears, which I suspect was the case with the first nurse. It also allows us to listen to the patient's story with an open mind so we can address their needs.

As nurses, we need to develop a sense of curiosity, asking relevant personal and open-ended questions of patients, not only to learn what is important to them, but also for the patient to start making sense of their circumstances. **RN**

ILLUSTRATION: AARON MCCONOMY

POLICY AT WORK

At a meeting with MPP Sophie Kiwala (centre), RNAO's director of nursing and health policy Lisa Levin (left) and Waterloo public health nurse Mary Mueller (right) discussed the best way to use new funding for people with Fetal Alcohol Spectrum Disorder.

More support for FASD programs

Ontario's spring budget included $26 million in funding to expand support for children, youth and families affected by Fetal Alcohol Spectrum Disorder (FASD). On July 20, RNAO's director of nursing and health policy Lisa Levin (left), RNAO members Mary Mueller (right) and Kathy Moreland, and RNAO CEO Doris Grinspun, met with Liberal MPP Sophie Kiwala (centre), parliamentary assistant to the minister of children and youth services, to consult on the best use for this money. The group discussed next steps for the roll-out of the funding. RNAO's advocacy on this issue dates back to 2013, when Mueller and Moreland Layte brought forward a resolution to the annual general meeting (AGM) regarding improving FASD services. The two members were later featured in *Registered Nurse Journal* for their work to raise awareness of FASD. Visit RNAO.ca/RNJ-Nov-Dec2013 to read the feature article.

Creating better, fairer workplaces

RNAO was among dozens of groups that offered feedback on *Bill 148: Fair Workplaces, Better Jobs Act, 2017*. The new legislation passed first reading in July and is expected to go to second reading in the fall. The proposed legislative changes will increase the minimum wage from $11.40 per hour to $14 per hour in 2018, and $15 per hour in 2019, a move long urged by RNAO. It also makes it illegal for employers to pay part-time and temporary workers less for doing the same work as full-time employees, and increases paid vacation from two weeks to three.

In a written submission to the standing committee examining the bill, the association praises the government for boosting the minimum wage. It also says wage differentials for student employees and people who serve alcohol should be removed. RNAO argues the minimum wage should apply equally without creating exemptions by age or sector. Ontario is the only jurisdiction in Canada that allows employers to pay younger workers a lower minimum wage. The province, along with British Columbia and Quebec, also permits those who serve alcohol to be paid less.

RNAO is pleased the bill includes an amendment to allow all Ontario workers unpaid personal emergency leave. Currently, this leave is just available to those who work for companies with 50 or more employees. The association also recommends the province go even further by increasing the number of paid emergency days to seven instead of two. Such a move would support individuals dealing with personal issues, including health concerns and urgent family matters.

Given the evidence that lower income levels are associated with higher rates of disease and mortality, RNAO says the government should heed the advice it is getting from health and social justice groups, and make the necessary changes to better protect vulnerable and precarious workers.

Visit RNAO.ca/newsroom/changingworkplaces to read more.

Protecting Canada's health and environmental interests

In July, RNAO issued an action alert about the renegotiation of the North American Free Trade Agreement (NAFTA). Negotiators for Canada, the U.S. and Mexico began talks in August.

While trade deals set the ground rules on how countries import and export goods and services, RNAO wants to make sure any new deal does not undermine existing commitments to tackle climate change and to reduce harmful levels of chemicals such as lead. There are also fears that a new agreement could lead to challenges to existing government programs and policies, including measures to protect health and social programs.

The action alert demands nine changes to NAFTA, including enforcing the Paris climate agreement. To read all nine demands, and to sign the action alert, visit RNAO.ca/NAFTAactionalert **RN**

Making a DIFFERE

NP **DEBORAH BROWN** calls it a 'trajectory of decline.'

A frail, older person is admitted into hospital dealing with an acute illness like pneumonia, and ends up leaving worse off than they came in.

Falls, pressure injuries, and hospital-acquired delirium are serious concerns for a patient who is already fragile. If they don't sleep well, eat well, and stay active during their time in hospital, their risk of cognitive or functional decline is compounded.

By the time the patient recovers from their pneumonia, Brown says these complications "can have a more devastating and lifelong impact than the acute illness." Sadly, she says at least one-third of older patients who are admitted into acute care hospitals cannot return to their baseline functioning once they are discharged.

"That has huge implications not just for patients, but also the health-care system," Brown says.

These days, it is impossible to discuss the future of Canadian health care without mentioning seniors. Baby boomers are turning 65, and for the first time ever, the country's seniors outnumber its children. These changing demographics are expected to push the system to its limits. A Conference Board of Canada report projected the number of seniors needing continuing care supports will increase 71 per cent between 2011 and 2026, and spending on those supports will more than double over that time.

Clearly, health care will need to adapt to accommodate for the country's graying population. Home care is expected to be part of the solution, and the federal government promised an additional $6 billion to bolster that sector earlier this year. RNAO has also called on government to build a larger workforce of RNs and NPs working to their full scope of practice, and to anchor the health system in primary care to keep people healthier for longer.

> "System change is obviously crucial (to helping seniors), but there's a huge amount of good that can be done on a one-to-one basis."
>
> – DEBORAH BROWN

As policymakers at the highest levels grapple with major system transformation, individual nurses are making a difference for seniors every day in their practice. "System change is obviously crucial (to helping seniors)," Brown says. "But there's a huge amount of good that can be done on a one-to-one level."

Respectful care for seniors has been a trademark of Brown's career from her early days in an acute care hospital in Halifax, to her time with the Victorian Order of Nurses (VON), and now at Toronto's Sunnybrook Hospital for the last 23 years. "I just love being around older patients because they can teach me a lot about life," she explains. "So if I am able to help them out, I feel like I'm giving back."

Brown is in a unique position to give back as part of Sunnybrook's Senior Friendly strategy, an initiative she helped launch in 2009. Back then, she led a group of health professionals who proposed a different approach to seniors care at Sunnybrook, looking to end some of the issues associated with the trajectory of decline.

Nine years later, Brown works full-time on a Senior Friendly team that also includes project leader Beth O'Leary, physiotherapist Jocelyn Denomme, and geriatrician Barbara Liu. The team is supported by more than 100 Senior Friendly champions employed throughout the hospital, and hundreds of volunteers.

As part of her role, Brown provides education to staff, patients, and families to help get Senior Friendly projects off the ground. One of the team's earliest initiatives focused on keeping seniors mobile, which is crucial to their long-term health. Thanks to those efforts, seniors in 31 inpatient units throughout the hospital are now mobilized at least three times a day.

Cutting down on unnecessary medications is another project priority. Brown leads a project which seeks to find alternatives to prescribing antipsychotic drugs to older patients – because they are

PHOTO: KEVIN VAN PAASSEN/SUNNYBROOK

NCE] for seniors

BY DANIEL PUNCH

As policy-makers grapple with major system transformation targeted to our graying population, individual nurses are supporting seniors every day in their practice.

"wrought with potential negative side effects" – and she is working to reduce prescriptions for pharmacological sleep aids. Other ongoing projects aim to prevent delirium and manage responsive behaviours among seniors with cognitive impairments.

Brown says the key to providing excellent acute care to seniors is to appreciate the life they lived before they came into hospital. "(They) were a person before they were a patient. And you need to understand and respect that," she says. □

NURSING PROFESSOR **PING ZOU** was inspired to work with elderly Chinese immigrants because she understands the challenges they face.

Zou emigrated from China in 2001, and had difficulty adjusting to life in Canada at first. But she was young and well-educated when she arrived in Toronto, so it didn't take long for her long to settle in. Unfortunately, she saw many Chinese seniors struggle to make that same adjustment.

She says many older Chinese people come to Canada to be full-time caregivers for their grandchildren while their children work long hours. They often can't speak English, can't drive, and rarely have the chance to leave their home. This isolation can have serious implications for their physical and mental health. "Think about if you stayed home and did all this work (with) no one to talk to," she says. "It's easy to develop depression."

Looking to ease their burden, Zou volunteered at her local church, translating and teaching beginner English classes. As she progressed through her nursing career – starting as an RPN in long-term care, earning her BScN, then her master's degree in nursing – she took a keen interest in the health of the older people in her community. She was often asked to give seminars about diet, exercise and chronic illness prevention at a collection of Toronto Chinese Canadian community centres.

"If you stayed home and did all this work (with) no one to talk to... it's easy to develop depression."

– PING ZOU

When Zou pursued her PhD in nursing at the University of Toronto, studying the health of Chinese Canadian seniors was a natural fit. She focused specifically on hypertension, because more than half of Chinese Canadian seniors have high blood pressure, and they are more likely than Canadians of other cultural backgrounds to suffer lethal strokes.

She knew her community was passionate about healthy food. And since diet is the most significant modifiable risk factor for hypertension, she created a dietary intervention tailored specifically to Chinese seniors. It was derived from the internationally recognized Dietary Approach to Stop Hypertension (DASH) diet

plan. To make it culturally specific, she added a sodium-reduction component, because many Chinese Canadians eat high-sodium foods, and added elements of traditional Chinese medicine food therapy, which carries a lot of weight among the older Chinese population.

From 2014 to 2015, she and her research assistants screened blood pressure for 618 Chinese seniors in the Greater Toronto Area (GTA), and recruited 60 people to participate in a dietary intervention pilot randomized controlled trial. The results were encouraging. After eight weeks using the dietary intervention, participants' blood pressure went down. Perhaps most importantly, the majority of them stuck with the diet throughout the entire study, and said they found the intervention beneficial.

Zou's work to keep Chinese Canadian seniors healthy has established her as a leader in the community. Her health seminars became so popular she recruited a volunteer team of health professionals to deliver them across the GTA. She credits the success of the seminars and the dietary intervention to her culturally competent approach, which considers the cultural values she shares with the participants. □

RN **CAROL CAMELETTI** shares a proud Finnish heritage with many of the residents at Finlandia Village, a Sudbury retirement community and long-term care home where she is on the board of directors. And a major part of that shared culture is *sisu*.

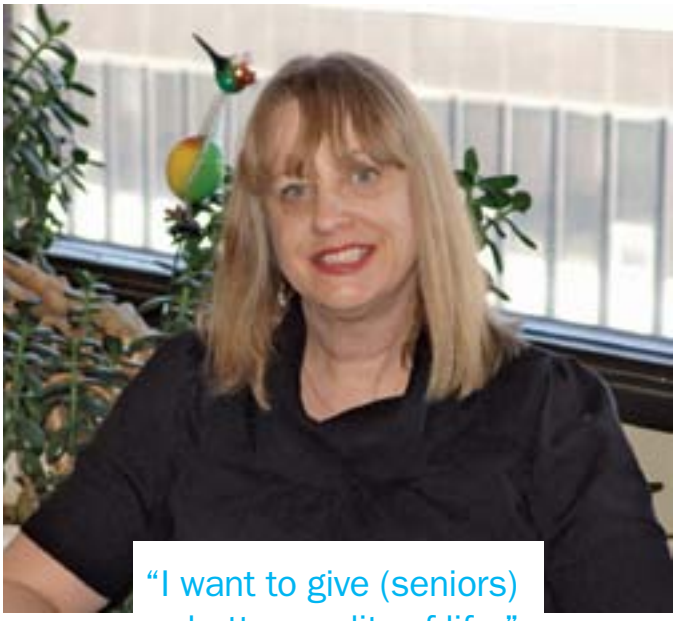
There is no English word for it, but *sisu* roughly translates to 'resilience' or 'grit.' It is seen as a national character in Finland, where people pride themselves in their *sisu*.

But despite their deeply rooted stoicism, Cameletti says loneliness can take a toll on the mental health of the community's Finnish residents, just as it does for too many Sudbury seniors. Cameletti has a graduate specialization in gerontology and years of experience in seniors mental health. She says many seniors spend nearly all their time alone, get minimal exercise and struggle with depression. Some even turn to substance abuse to combat their loneliness.

After researching loneliness, she knew that meaningful, one-on-one contact could make a world of difference in seniors' lives. She created a 'friendly visiting program' for residents living independently at Finlandia. As part of the pilot project which ran between July 2015 and March 2016, a group of 15 volunteers – mostly retired health professionals – regularly visited 16 seniors to chat over coffee, play games, go on outings, or whatever the client wanted. Volunteers also encouraged seniors to eat healthy meals and stay active.

By the end of the pilot, Cameletti says participants were happier, more alert, and more engaged with other people. In a questionnaire, nearly all seniors rated the program "excellent," and one of them told her it "really improved my *sisu*."

In Sept. 2016, Cameletti organized the first-annual Finlandia Village SISU Health, Wellness and Research Conference, which brought together seniors, health professionals and reseachers to discuss the changing needs of Northern Ontario's elderly population. Though the pilot project ended, she hopes her friendly visiting project will one day serve as a model for similar programs in Sudbury, and across the province. "I would really like something like this to take off," she says. "I want to give (seniors) a better quality of life."**RN**



"I want to give (seniors) a better quality of life."

– CAROL CAMELETTI

DANIEL PUNCH IS STAFF WRITER FOR RNAO.

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IN THE END

BY SANDRA TRUBYK

What nursing means to me…

I've been nursing since 1988. For almost 30 years, I have cared for patients in acute care and long-term care, and provided education to colleagues and the public in health settings, universities and colleges, and in the community. I have loved it all because each role has been important in creating the nurse I am today.

One of the reasons I went into the profession was to help people and to support them while they go through a challenging time in their life. It is such a great feeling when you know you have made a difference in someone's life.

One of my fondest memories dates back to when I was a staff nurse at Seven Oaks General Hospital in Winnipeg in 2000. It was a Friday night, and I was on the night shift on a geriatric medical unit on the third floor. I had started my rounds and walked into a semi-private room where a female patient (let's call her Margaret*) was in bed, but was still awake.

I introduced myself and asked her if she needed anything. She spoke softly, telling me she was worried about what was going to happen to her tomorrow, when she would have a number of gastrointestinal tests.

I told Margaret what she could expect to happen during and after the tests. I gave her all the information she needed. I held her hand when she shared her fears. I made sure she was comfortable, and told her I would be back after checking on some of the other patients on the unit.

I came back about an hour later, and found her sleeping soundly. She rested well until the next morning, when we talked some more. I held her hand again, reassuring her she was in good hands. Before I finished my shift, I popped into her room one more time to wish her the best. I told her I would not see her later that night, since I would be off-duty for the weekend.

A few days later, my youngest daughter Brittny, who was 16 at the time, came home after being out with friends for the afternoon. She was smiling as she quickly came over to me and gave me a big hug. "I love you," she said. Though we often show affection in our family of four, for my daughter to suddenly hug me without an apparent reason was a bit unusual.

"Did you look after a Mrs. Smith* on Friday night?" she asked.

"What is this all about?" I replied.

She went on to tell me that her friend's grandmother was in the hospital on the third floor. She said she was very impressed with the caring nurse who looked after her, saying the nurse made her feel important and supported by taking the time to be with her.

"So, mom, you work on the third floor, I know it was you," my daughter said to me. "Did you look after Mrs. Smith?" I told her I could not say for confidentiality reasons, but I knew it was me, and I felt so good inside. **RN**

SANDRA TRUBYK IS A CLINICAL INSTRUCTOR IN THE COLLABORATIVE NURSING PROGRAM AT THE UNIVERSITY OF WINDSOR.

**Pseudonyms have been used to protect privacy.*

ILLUSTRATION: SUHARU OGAWA

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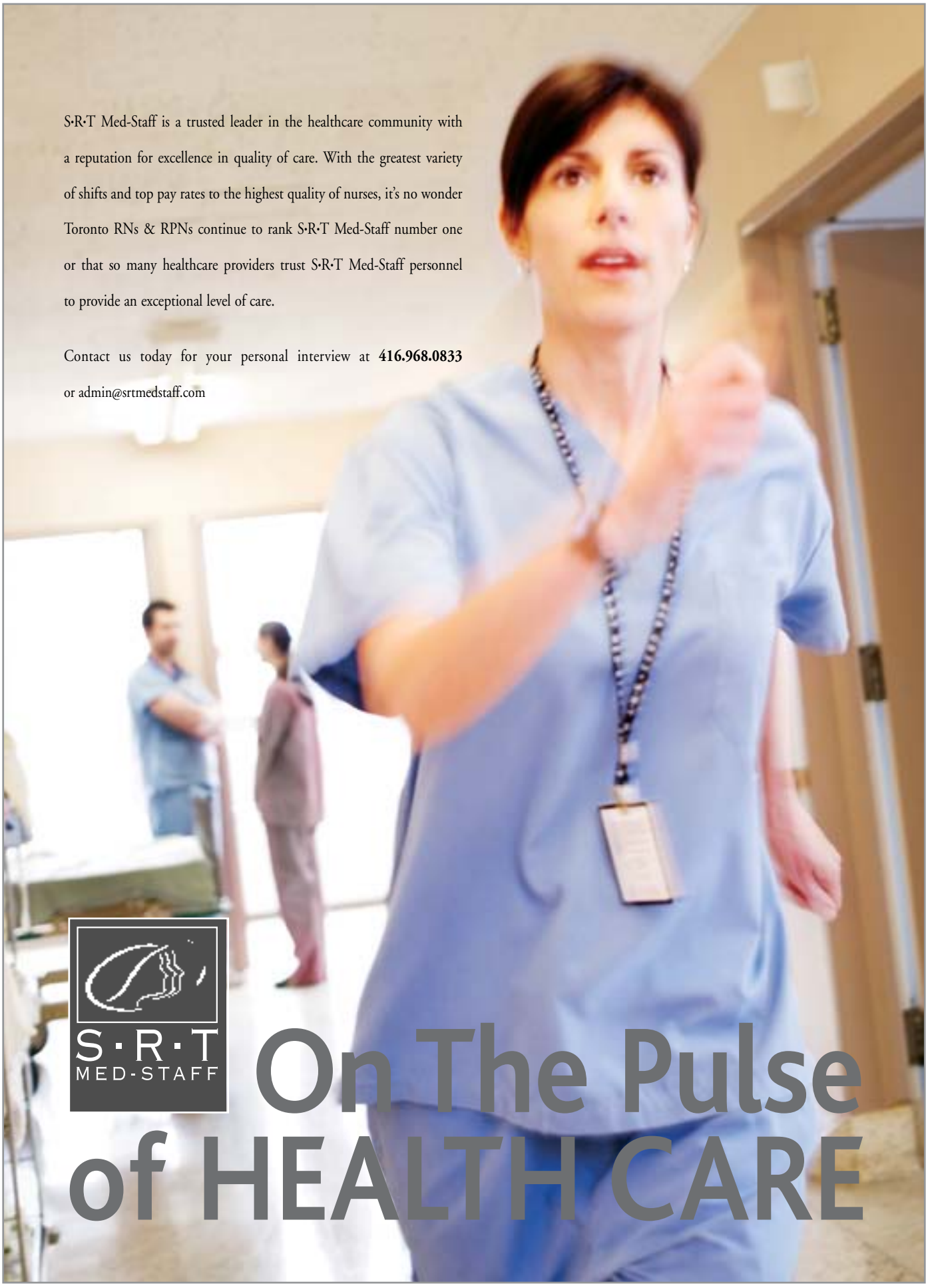

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