MAY/JUNE 2013

REGISTERED NURSE JOURNAL

10 YEARS AFTER SARS

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

EDITORIAL STAFF
Marion Zych, Publisher
Kimberley Kearsey, Managing Editor
Melissa Di Costanzo, Writer
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EDITOR'S NOTE KIMBERLEY KEARSEY

A picture is worth a thousand…thanks

THE SPRING EDITION OF *REGISTERED NURSE JOURNAL* is always equally overwhelming and exciting. This is the issue that includes coverage of two of our biggest events of the year: the annual general meeting (AGM) and Nursing Week. Unlike any other installment of the magazine, this one is bursting with photos taken by you and of you – our members – where you live and work. Given the success of Nursing Week events like *Take Your MPP to Work* (this year 65 MPPs from across Ontario participated), and the exceptional turnout at some of your regional events, the task of narrowing down the images for publication was particularly challenging. We hope you like the photos we've selected (pages 21 to 31), and take the time to visit our Facebook page to find many others online. Thank you to every member who shared memories. Without your contributions, the magazine just wouldn't be the same.

In addition to the visual treasures you will find on these pages, there is also exciting news from Ontario Premier Kathleen Wynne (page 21). Her promise to expand scope of practice for some nurses and nurse practitioners was just one of the highlights of RNAO's 2013 AGM. Another was the minute of silence hundreds of nurses, nursing students, guests and politicians used to reflect on the 10th anniversary of SARS. There's nothing more powerful than a quiet room filled with hundreds of people, heads bowed remembering those lost to the disease.

Our cover feature reflects on the outbreak (page 12), telling the stories of RNs who were directly involved. When you see nurses then vs. now, it's comforting to know that progress and promise can emerge from tragedy and despair.

If you have a story to shareabout your life or work post-SARS, please write to editor@RNAO.ca for a possible follow-up feature or for publication on our mailbag page. As always, we look to you to bring the pages of this magazine to life. And we're never disappointed. **RN**

Did you know RNJ is digital too?

As you flip through this issue of *Registered Nurse Journal*, we hope it's not your first time seeing its contents. As a member, you receive a sneak-peek of each and every issue delivered by email as the printing press hums, but before the ink dries.

RNAO began offering its digital version of the magazine in the fall of 2011. Every member who has a valid email address in RNAO's database receives a message with links to all that *Registered Nurse Journal* has to offer.

If you haven't received the magazine electronically, please let us know by contacting editor@RNAO.ca

Making CNA membership a choice

Your RNAO board of directors (BOD) is comprised of women and men from across the province, working in all sectors and all roles within nursing. As elected officials, the BOD is committed to RNAO's success and to a thriving nursing profession. The BOD makes decisions on behalf of members, and sometimes these decisions are difficult.

Over this past year, your BOD has focused on a key element of its fiduciary responsibility: that RNAO remain a fiscally sustainable organization. This has meant a thorough review of budgets, expenses and liabilities. RNAO CEO Doris Grinspun has acted to control expenses through cost-cutting, negotiating, and other means of resource allocation. The BOD examined liabilities around pensions, the Legal Assistance Program (LAP), real estate holdings, RNAO contracts with the Ministry of Health, and other services the association provides. Each has been reviewed to ensure financial risk and costs are managed confidently, and you can rest assured RNAO has a stable and sound financial base for the foreseeable future.

As part of this review, the BOD proposed an increase to membership fees – the first time in 14 years – as we could no longer absorb the rising cost of inflation (about 30 per cent). The proposed eight per cent fee increase was approved by members who voted for it prior to this year's Annual General Meeting (AGM). It will come into play when you renew your membership on November 1, 2013.

It is in this context that the BOD also examined the risks associated with CNA membership fees being embedded in RNAO fees, as they are now, and without choice for members. The BOD had lengthy and open debates and decided to unbundle the fees and make CNA membership optional for RNAO members.

> "THE BOD HAD LENGTHY AND OPEN DEBATES AND DECIDED TO UNBUNDLE THE FEES AND MAKE CNA MEMBERSHIP OPTIONAL FOR RNAO MEMBERS."

You may ask: Why? What's the risk? First, under the old arrangement, any CNA fee increase would either reduce RNAO's revenues (if the RNAO fee remained unchanged) or it would bring about an increase in RNAO fees (if RNAO passed on the added fee to members). In either case, RNAO's financial sustainability becomes vulnerable to changes made externally for which it has no control. Under the new arrangement, the CNA membership fee will become optional and will be a "pass-through" cost for RNAO, thus reducing the financial risk for RNAO.

Second, a driving consideration was the BOD's knowledge of the financial uncertainty facing CNA in the years ahead. There will be an important loss of revenues in 2015 resulting from a decision by regulatory bodies to drop CNA as the provider of the RN entry examination. Legislative changes in some jurisdictions are also forcing provincial organizations to separate their regulatory and advocacy functions, and their relationship and financial arrangements with CNA are being affected as a result.

It is important to emphasize that professional liability protection (PLP) through RNAO membership, provided by Canadian Nurses Protective Society (CNPS), is not affected by the changes. CNPS and CNA are two separate organizations, and CNPS coverage will continue as a benefit for all members.

The notion of individual choice has always been a basic tenet of RNAO membership. You can choose to join RNAO, you can choose to join an interest group(s), and you can choose to join LAP. But until now, you could not choose CNA membership. By making CNA membership optional, we are providing you with that choice.

When this change becomes operational in November 2014, RNAO membership will not include CNA membership, and the RNAO fee will be reduced accordingly. RNAO members who opt in for CNA membership will need to pay both fees: RNAO and CNA. This means their total fee will remain unchanged from November 2013. RNAO members who opt out of CNA will pay a reduced RNAO fee, and will not receive the benefits of CNA membership, such as its journal, *Canadian Nurse*. The reduction in fee will go to ratification by members prior to RNAO's May 2014 AGM.

Some members will express concern about how these changes affect CNA. Your BOD, in making its financial decision, reiterated its commitment to CNA. Our intention and desire is for RNAO to remain a proud jurisdictional member of CNA, while ensuring RNAO protects its financial stability.

Optional membership provides an opportunity for CNA, as it means its members can choose to opt in to CNA because they view the positive impact it has on nursing and health issues nationally. Nurses will remain members of CNA because they believe, as RNAO's BOD does, that a national professional voice for nursing is vital. We will promote belonging to both RNAO and CNA as a valuable choice for each and every RNAO member. **RN**

RHONDA SEIDMAN-CARLSON, RN, MN, IS PRESIDENT OF RNAO.

SARS: A transformative event for all

It is hard to believe that 10 years have passed since Severe Acute Respiratory Syndrome (SARS) took the lives of 44 Ontarians, including two of our own nursing colleagues. Yet, when I try to remember all that happened during those intense months in 2003, I, like many others, find myself drawing a blank. It's as if my mind prefers to leave painful memories in the past.

SARS was without a doubt the toughest time in my RNAO journey as your CEO. The disease was virtually unknown, and health professionals had no map or compass to help guide us through. But despite all the uncertainty, I knew I had the backing of everyone at the association to do whatever was necessary to help nurses in the eye of the storm. That "togetherness" gave us all strength.

As an association, RNAO stood at the front lines with nurses, supporting all who were risking their lives to save others. We consistently embraced the needs of our colleagues, whether their call for help came at 6 a.m. or 1 a.m. Whether nurses were phoning us from their hospital beds feeling lonely and abandoned in isolation, or frustrated that their face was too small to accommodate the bulky N95. We also fed reporters' insatiable appetite for stories, and they helped us reach the public.

Nurses needed us, the media sought us, and the public relied on us.

RNAO became an important point of access for nurses. We had an 18-hour response team to provide advice and support to nurses and nursing students across all roles and sectors. We fielded hundreds of calls. We quickly set up the SARS Nursing Advisory Committee to connect with and support all nursing leaders in the affected organizations, and to fill in the policy vacuum. We launched the Voluntary Immediately Available Nurse (VIANurse) program to help Ontario cope with future health crises. We placed newspaper ads thanking nurses. And, we spoke truth to power by calling for a full public inquiry.

During SARS, nurses' clinical expertise and knowledge did not guarantee them respect or voice. In fact, it was the lack of respect, coupled with sheer exhaustion and fear of the unknown that made many point-of-care nurses angry during this stressful time. When the Ontario government announced on May 18, 2003 that SARS was over, anxious, frightened and frustrated nurses began sharing with RNAO that they were still seeing new cases of the disease. When nurses shared that concern with management, the head of infection control at their hospital responded: "When I need an expert opinion, I ask the experts."

Tragically, nurses' expertise was not valued, and a so-called 'second wave' of SARS was declared. In reality, it was one continuous wave.

SARS was a trying time, and it required strong leadership. RNAO's board of directors made the challenging decision to call for a full public inquiry into the outbreak. Then-President Adeline Falk-Rafael and I stood tall when we delivered a written request to then-Premier Ernie Eves, asking his government to order the inquiry. We organized a media conference with nurses who were trying to blow the whistle on their workplaces and the disregard shown to nurses' concerns. This was the largest media event ever organized by RNAO. The next morning, every major newspaper across the nation published the images of nurses at RNAO's press conference wearing masks that read: "muzzled," "silenced" and "ignored."

Thanks to the media, the public began to understand that nurses were working in the eye of the SARS storm, but that their knowledge had been consistently dismissed.

> "AS AN ASSOCIATION, RNAO STOOD AT THE FRONT LINES WITH NURSES, SUPPORTING ALL WHO WERE RISKING THEIR LIVES TO SAVE OTHERS."

As trying as SARS may have been, there have been many positive changes in its wake. The province now has a full-fledged action and communication plan for communicable disease, and RNAO is one of the key stakeholders called upon on a regular basis to assess emergency preparedness. Although there is still work to do, nurses today are consulted and respected for their knowledge and skill. Nurses are now active in decision making. RNAO was contacted for input during the H1N1 outbreak in 2009, and recently participated in consultations on the threat presented by H7N9 and the latest coronavirus that has captured the attention of the World Health Organization.

This painful chapter in nursing's history provides many lessons. But, by far the most important one is that nurses' expertise, courage and voice must always be respected. **RN**

Doris Grinspun, RN, MSN, PhD, LLD(hon), O.Ont, is chief executive officer of RNAO.

From lifeguarding to leadership

HOW ONE RN DISCOVERS NURSING'S BOUNDLESS OPPORTUNITIES.

After spending a portion of his teenage years as a lifeguard and swim instructor, David Mastrangelo decided he wanted to become a paramedic. He yearned to play a daily role in a profession that saves lives.

He was turned down by the competitive program of his choice, and Mastrangelo found himself meeting with a guidance counselor who suggested a different path: nursing. He admits it was a route he never considered. He did some research and discovered RNs can administer CPR. He also learned that nurses work in a multitude of settings – not just hospitals – and that they can pursue careers in management. Curious to uncover what else the occupation had to offer, he enrolled in Humber College's three-year program.

Over a decade later, Mastrangelo is thankful his inquisitiveness paid off. With close to 10 job titles in various health sectors, and a nursing degree from Ryerson University under his belt, this Leisureworld Senior Care Corporation clinical consultant says he wants to continue to explore and promote nursing's many avenues, including the one he's chosen in long-term care. "Every day is a new experience, and the opportunities for growth and development are endless," he says.

He acquired this thirst for discovery early in his career, which began in 2003 at the height of Ontario's SARS outbreak. Having signed on for a summer stint at Easter Seals Ontario as a camp nurse in London, Mastrangelo was 200 kilometres from the epicentre of the epidemic, though he says it helped kindle his passion for nursing. "Nurses were working in high-risk environments...and they were still going into work every day," he explains. He remembers thinking RNs required a stronger collective voice during the emergency, and says he found a role model in RNAO CEO Doris Grinspun, whose advocacy for nurses' needs made him feel empowered.

Although he would have liked to have helped his colleagues on the front line, Mastrangelo had a fulfilling experience at Camp Woodeden, tending to youngsters living with physical disabilities such as cerebral palsy and spina bifida by helping to change dressings, administer medications and monitor feeding tubes. He returned for the summers of 2004 and 2006. "Kids are innocent, and full of life," he says. "I felt like I could feed off their energy."

When he wasn't at camp, from 2003 to 2006, Mastrangelo worked at Toronto General Hospital as a multi-organ transplant RN, which came about as a result of his consolidation. Always looking for change to help him grow, this self-described quick learner then took up a public health nurse post with York Region's injury prevention team after finishing a placement for his degree. He enjoyed working with different advocacy groups such as Ontario Students Against Impaired Driving, and expanded his teaching skills by providing safety tips at schools. "It's (satisfying) seeing people obtaining knowledge that builds confidence," he says.

That's exactly what led him to the next chapter in his career. Thanks to the mentorship and encouragement of David Keselman, a director at a Toronto hospital at the time, Mastrangelo began chasing leadership opportunities, first as a clinical practice leader and then as a manager at the same facility. Keselman also introduced Mastrangelo to RNAO's Men in Nursing Interest Group (Keselman is immediate past-president), which Mastrangelo currently helms.

Keselman's guidance fuelled Mastrangelo's desire to help build the confidence of nurses new to the profession. Five years ago, when he began working in the long-term care sector, Mastrangelo began helping new grads to feel more at ease by meeting with them and drafting learning plans.

He's providing similar support for nurse leaders across the province in his current position: he identifies areas of risk related to nursing care and clinical services, provides recommendations regarding training and education, and helps to write clinical policies and procedures for the organization.

Now, Mastrangelo is contemplating heading back to school for a master's degree in business administration, saying he's not quite finished unearthing all that nursing has to offer. "Change enables us to become more dedicated to the profession we've chosen (because) change is how we grow, and through growth, we make a difference to others." **RN**

Three things you don't know about David Mastrangelo:

1. He enjoys Muay Thai kickboxing and plays beach volleyball.
2. He has five nieces and nephews.
3. He has a pet chameleon.

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

NURSING IN TH

Expanded scope of practice on the horizon

Ontario's premier, and the promise of an announcement, attracted news media – English and Chinese – to RNAO's Annual General Meeting on April 12.

Daniel Lau, RNAO's director of membership, responded to Ontario Premier Kathleen Wynne's April announcement that her government will further enhance the scope of practice for nurses to include the dispensing of medication in specific circumstances. Lau told *Sing Tao Daily* newspaper "the expanded scope will help the people of Ontario to receive faster, more efficient health care" and will be a more effective use of nursing human resources. "The UK has had RNs prescribing for a number of years already," and Ontarians need to catch up, added Lau. *The Ottawa Citizen* published a prepared statement from RNAO Chief Executive Officer **Doris Grinspun**, who said the announcement "…recognizes the central role Ontario's nurses play in our health system." She also noted that "…expanding the scope of practice of RNs and RPNs is in keeping with RNAO's *Primary Solutions for Primary Care* report, released last June." For more on Wynne's announcement, see our AGM coverage on page 21. (*Sing Tao Daily,* April 13; *The Ottawa Citizen,* April 12)

Budget addresses cycle of poverty

RNAO President **Rhonda Seidman-Carlson** said she is thrilled that steps are being taken to lift people out of poverty. These steps were outlined in the provincial budget, released in early May. "Nurses know that income affects your health and your ability to provide for you and your loved ones," she said in a prepared statement released to media. The budget calls for a one per cent increase in social assistance rates. The government has also promised to raise the asset limit a person can keep before qualifying for social assistance, and not to claw back money earned by those who work part-time while on social assistance. "We are pleased that the government understands that you can't escape a life of poverty if you are going to be penalized for finding part-time work," Seidman-Carlson also said in the statement. Ontario currently has the second worst RN-to-population ratio in the country, but Ontario's spending over the coming year will not include hiring more RNs. (*TheRecord.ca,* Waterloo, May 2)

Using evidence to eliminate the risk of falls

Carolyn Freitag, acting chief nursing executive at Thunder Bay Regional Health Sciences Centre (TBRHSC), knows the "importance" of being named a Best Practice Spotlight Organization (BPSO) by RNAO. Following a four-year approval process (a one-year extension was granted to

E NEWS

BY CLAIRE O'KEEFFE

TBRHSC), the centre was recognized for acting to improve patient outcomes through the successful implementation of a series of best practice guidelines (BPG). Freitag explained the BPSO process to the *Chronicle Journal,* noting the centre implemented a BPG on falls prevention. "We have an orange band to identify our patients who are at risk (of falling) and we have an assessment coding system," she said, adding they test for mild, moderate or high risk. "We do those assessments routinely each day with our patients. The nurses incorporate this into their care," she explained. The designation means "...we're moving evidence-based practice for nursing across the organization... (It means) we're impacting patient outcomes...and we provide efficient and effective care," she added. (May 9)

Planning your care starts now

Chatham-Kent Health Alliance (CKHA) hosted an education session in April, focusing on health-care consent and advance care planning. RN **Michelle O'Rourke** spoke about giving patients quality end-of-life care. CKHA is a pilot organization for the Erie-St. Clair Local Health Integration Network's end-of-life network advance care planning initiative.

Michelle O'Rourke

The initiative aims to create dialogue within the community about future health-care needs and the value of informed consent before treatment begins. "It's the people (patients and families) with symptoms, not the diseases, that we come face-to-face with every day in our work," O'Rourke said. With 30 years experience in nursing, she warned that because people are living longer, there are more chronic diseases to contend with, and more treatment decisions to be made. (*The Chatham Daily News,* April 26)

Explaining the role of NPs

Bonnie Showers, a member of the Tilbury District Family Health Team and a nurse for 35 years, was asked by the *Tilbury Times* to explain the wide-ranging skills and settings in which nurse practitioners (NP) find themselves. She said NPs first emerged in Ontario communities in the early 70s, when there was limited access to health care. By the mid-90s, NP teaching programs were created in universities, and there were more ways for nurses to pursue advanced education. "NPs are advanced practice nurses who specialize in acute care, primary care, pediatrics or anesthesia," she explained. "NPs can diagnose and treat disease within (their) scope of knowledge." Showers went on to explain that over the past four years, the provincial government has expanded their scope. In a related story, **Sharon Partridge**, chief nursing officer at Barrie's Royal Victoria Hospital (RVH), told *The Barrie Examiner* she is delighted to see recent enhancements to the role. "This is a pivotal time for nursing," she said. "Nurses are highly skilled and educated, and more than prepared to help meet the ever-changing needs of our communities." **Cathy Miske**, one of 10 NPs at RVH, knows the added benefits of a supportive partnership between NPs and their employer. She says "(RVH) is developing an environment to sustain NPs in their full scope of practice, and that translates into greater patient satisfaction and a better patient experience." (*Tilbury Times,* April 30; *The Barrie Examiner,* May 4)

LETTER TO THE EDITOR

NP **Maria Casas** *wrote a letter to the* Sudbury Star *in response to a suggestion that physician assistants (PA) are part of the solution to primary care shortfalls in underserviced areas of northern and rural Ontario.* (April 30)

There are fundamental concerns regarding the use of physician assistants. PAs are unregulated workers who, under the supervision and delegation of a physician, perform tasks such as taking histories, treating conditions, and assisting during surgery. Unlike nurse practitioners, who need to have completed a four-year baccalaureate of science degree in nursing and a minimum of two years in clinical practice prior to applying to the NP program, the limited prerequisite requirements for application to a PA program in Ontario do not build on a health-care or scientific background. Given the growing acuity and complexity of the health-care needs of Ontarians, RNAO believes the current Ontario PA education to be inadequate. Physician assistants in Ontario are not accountable to a regulatory body, as pharmacists, nurses and other health-care professionals are. These bodies ensure regulated health professionals practise to acceptable and safe standards, an expectation not in place in Ontario for PAs. We recommend the creation of more nurse practitioner-led clinics to improve primary health-care access. PAs are not the answer to the need for high-quality, client-centred, cost-effective health care.

Maria Casas, RNAO Sudbury chapter

Organ donation not in the cards for some

Cameron Gray, a nursing student at the University of Windsor, has something in common with Rocky Campana,

NURSING IN THE NEWS

OUT AND ABOUT

TEAM OF RUNNERS/WALKERS RAISE MONEY TO HONOUR RN'S MEMORY

On April 20, Cheryl Yost, immediate-past Region 2 representative to RNAO's board of directors (kneeling, second row, far left), Jane Foster, Perth chapter president (to Yost's left), and Penny Lamanna, RNAO board affairs co-ordinator (second from right, behind RNAO flag), represented the association at a five kilometre walk\run in London in support of the Brain Tumour Foundation of Canada, London Spring Sprint. They joined Janet's Patients, a team that formed to raise money on behalf of Woodstock General Hospital RN Janet Wilson (right), past-president of RNAO's Oxford chapter for the past six years. Wilson was diagnosed with brain cancer, and passed away peacefully at home on May 1 this year. The team, which also included Wilson's children (behind the white banner), raised over $40,000. The London Spring Sprint brought in more than $230,000 on that day.

Janet Wilson

a Windsor man who took his own life last summer. Both men are gay. And as such, both could be categorized as high risk and rejected from donating their organs. Before ending his life, Campana asked that his organs be donated to people who need them. His final request could not be fulfilled, and his family and friends are reeling from the decision. "We're all equal citizens here and I think that our body is just as good as anybody else's body," Gray told *The Windsor Star*. The nursing student has now joined the Campana family in its bid to have Health Canada's policy on sexually active gay men changed. Gray's own brother was an organ donor. When he died, five people's lives were saved with his donated organs, and Gray's wish is to have the same choice. "If something were to happen to me," he said, "I would want to be able to do that for somebody else as well." (April 15)

Cancer patients need more support in Winchester

Linda Johnson is a cancer care facilitator at Winchester District Memorial Hospital (WDMH), a one-stop shop for cancer patients in eastern Ontario. Various types of treatment are accessible at this rural hospital, including mammograms, radiology, biopsies, surgery and chemotherapy. Fully trained chemotherapy nurses are on hand when needed, and family doctor appointments have been greatly reduced because hospital staff has taken over that role, Johnson told Cornwall's *Standard-Freeholder*. WDMH's efficiency in cancer care attracts patients from across the region, so it's no surprise that approximately 120 patients are treated each month. Nevertheless, Johnson said cancer support programs are a scarce resource for patients. "What's lacking in our community... is support programs," she said, noting some patients struggle after treatment. The hospital runs a *Look Good, Feel Better* program to help female patients adjust to their new image after chemo. "Life changes when you go through cancer," Johnson added. "We as caregivers have to realize that, but patients need to recognize that (too)." (April 30) **RN**

Linda Johnson

NURSING NOTES

Former RNAO president to lead ICN

This spring, Judith Shamian was elected the 27th president of the International Council of Nurses (ICN). The former RNAO president (1998-99) will lead more than 130 national nursing associations and over 13 million nurses globally for a four-year term. "ICN has an important role to play in extending the reach of the nursing profession in setting policy agendas at the national and international level," she said in a statement. "Our ultimate goal as nurses should be to maximize our contributions to achieve optimal health for the greatest number of people." Shamian served as former president and CEO of the Victorian Order of Nurses and as vice-president of nursing at Toronto's Mount Sinai Hospital. She is also past-president of the Canadian Nurses Association.

In this YouTube video announcing her candidacy, Judith Shamian tells colleagues why she's the best person for the job.

Yukon welcomes first NP

Hazel Booth is the first nurse practitioner to register in the Yukon. She works in continuing care, health and social services, with the territory's government. The Yukon Registered Nurses Association (YRNA) announced this milestone at its 19th annual general meeting. This news "…demonstrates the government's commitment to increasing timely access to quality care for the public," said Joy Peacock, executive director of the YRNA, "and recognizes the importance that collaborative care plays in the health-care system."

New book addresses workplace bullying

A new book published by the Honor Society of Nursing, Sigma Theta Tau International (STTI), offers strategies for nurse supervisors managing common employee challenges. *Toxic Nursing: Managing Bullying, Bad Attitudes, and Total Turmoil* aims to help nurse managers and administrators create a positive work environment. A recent study in the *Journal of Nursing Management,* a U.S. publication, found that among 612 staff nurses, 68 per cent had experienced bullying from their supervisors. Over 75 per cent had been bullied by their co-workers. This is in stark contrast to 35 per cent of Americans working outside health care who reported workplace incivility, a statistic cited by U.S.-based Workplace Bullying Institute.

RNAO staffer picks up prominent award

RNAO's Heather McConnell received the prestigious 2013 Sigma Theta Tau International Lambda-Pi-At-Large chapter's *Gail J. Donner Award for Excellence in Nursing Education*. "I am very honoured to have been nominated, and feel privileged to have been selected as this year's recipient," she said. Since 2007, McConnell has been associate director of the International Affairs and Best Practice Guidelines Centre.

And the 2013 *Lois A. Fairley* honour goes to…

Windsor chapter member Shauna Carter, an NP at Hôtel-Dieu Grace Hospital (HDGH), is the latest recipient of RNAO's *Lois A. Fairley Nurse of the Year Community Service Award*. The award is handed out by the Windsor-Essex chapter, recognizing an RN who has advocated for patients and the profession, demonstrated commitment to the service of patients, and supported co-workers. In her role at HDGH's NP-led outreach program, Carter facilitates NPs working with long-term care homes to assess sick residents and determine how best to care for them. Fairley, the award's namesake, worked at HDGH for almost four decades as head nurse and student mentor. She was also a board member for RNAO. She passed away in 2007.

Contract nurses 'urgently required' on remote First Nations reserves

Health Canada has warned that if "urgently required" contract nurses are not hired in the nursing stations and federal hospitals on First Nations reserves in northern Manitoba, northern Ontario, and northern Quebec, those nursing stations and hospitals could be closed. The federal government is "having difficulty recruiting and retaining nurses," and needs three contractors to provide relief nursing services at various isolated locations. "The contracted services will include primary health care and hospital nursing service requirements," Health Canada said. To find out more, visit www.hc-sc.gc.ca and search 'nursing station'. **RN**

Do you have nursing news to share? Email us at editor@RNAO.ca

SA

This image of Yvonne Warner (left) and Niala Kalliecharan appeared in *Chatelaine* magazine in 2003. (Opposite page) Today, the pair, like so many others, have mixed emotions about marking 10 years since SARS.

A DECADE LATER

BY MELISSA DI COSTANZO

PHOTO: (LEFT) NADIA MOLINARI; (RIGHT) JEFF KIRK

This spring marks the 10-year anniversary of Severe Acute Respiratory Syndrome (SARS) in Ontario, a disease that took the lives of two nurses, one doctor and 41 members of the public in the province. These lives were cut short by an illness many health professionals knew little about. In Ontario, and across Canada, health-care workers fiercely attempted to curtail the contagious infection, but the disease's persistent symptoms and relative obscurity proved challenging. The virus, which arrived from Hong Kong in the spring of 2003, turned the health-care system on its head and exposed a number of vulnerabilities. Nurses feared the uncertainty of the disease. They fought to be heard during the outbreak, and felt betrayed by a system that didn't take their concerns seriously. Are nurses' voices heard and heeded today? What lessons have we learned? And just how prepared are we for the next big outbreak?

Ten years ago, Niala Kalliecharan learned the Markham Stouffville Hospital (MSH) 18-bed day surgery/short-stay ward where she worked would be converted into a SARS unit. That decision was made after elective procedures at the hospital were cancelled due to a developing outbreak, freeing up space and staff to care for clients battling a deadly and mysterious disease. Some nurses felt unlucky: this was sudden news in the midst of uncertainty about SARS and its impact. Kalliecharan didn't think twice about her role. "First and foremost, I am a nurse. I care for patients," she says.

A flurry of activity followed in preparation for incoming patients suffering telltale SARS symptoms (fatigue, a fever, muscle pain, a dry cough and breathing problems). Rooms were cleaned, plastic drop curtains were suspended from the ceiling, and negative pressure rooms were created to allow air to flow into – but not escape – isolated areas. Hours after the unit opened, MSH admitted its first SARS patient. It was March 27, 2003, the same day health officials ordered Greater Toronto Area and other hospitals closed to most visitors, and one day after the province declared a public health emergency. Twenty-seven probable cases of SARS were reported.

Kalliecharan, who is now a nurse practitioner in cardiovascular surgery at Southlake Regional Health Centre, says concern for her own safety didn't enter her thoughts back then. That's partly because her knowledge of SARS was limited. In fact, many health professionals were unsure of what they were dealing with. Frequent faxes, telephone calls and emails circulated with emerging information, and often conflicting directions, about symptoms and safety measures.

During the early days of the outbreak, Kalliecharan cared for a woman and her daughter who would later learn of the death of a family member to SARS at another hospital. Kalliecharan wasn't allowed to hug these women after she and other members of the health-care team told them of their loved ones' passing. Nurses were only allowed in patients' rooms for a certain period of time. Much of their contact with clients was done by calling their bedside telephones from the nursing station. It was a "different kind of nursing," she says, adding the lack of contact was the most difficult aspect of the outbreak. Despite this, the experience helped Kalliecharan learn the value of constant communication when it comes to caring for patients. "If you continually talk with (them), provide them with relevant, straightforward information about their illness, they're much more at ease...Communication is everything," she says.

Health professionals working on the front lines during the SARS outbreak needed the same thing, but communication proved a challenge as the government of the day and individual facilities across the province scrambled to understand and communicate correct information. Many practitioners, patients and members of the public felt they were left in the dark as a result. Adding to health providers' practice obstacles were daily and, sometimes, hourly updates to regulations concerning garb. In the beginning, nurses wore a mask and gloves. Days passed, and hats, goggles, shoe covers, face shields and gowns were added to the mix. Doubling up on most items was also common practice. It wouldn't be long before nurses and doctors were advised to don Stryker suits. The "spacesuits" offered total droplet protection, but were cumbersome and claustrophobic.

It was around this time, eight days after she began caring for SARS patients, Kalliecharan began to feel exhausted and was suffering from a severe headache. By now, 144 cases of the disease had been reported in Ontario; 51 per cent of the patients were health-care workers. "I thought: 'I can't have SARS,'" Kalliecharan recalls.

She called in sick and went to a clinic, where she was diagnosed with a nose and ear infection she thought was thanks to the thick,

TIMELINE

March 2003 5 – The first person in Ontario, a woman who recently returned from Hong Kong, dies of SARS at her Toronto home after developing a fever, sore throat, cough, muscle pain and shortness of breath. Eight days later, her son dies after developing the same symptoms.

March 2003 26 – Ontario declares a public health emergency after 27 probable cases of SARS are reported. Toronto hospitals are closed to most visitors beginning the following day.

March 2003 31 – RNAO launches the SARS Nursing Advisory Committee, which brings together senior representatives from major nursing organizations, affected health-care organizations and the Nursing Secretariat to discuss ways of streamlining communication and co-ordinating timely support. The group meets every other day during the height of the outbreak.

April 2003 1 – RNAO cancels its 2003 Annual General Meeting due to the outbreak.

close-fitting N95 mask she was required to wear. When she developed a fever the following day, fear set in. Only two days later, she was admitted to the very floor she had been working on. Kalliecharan wouldn't leave for seven days.

When fellow RN Yvonne Warner learned her co-worker was now a patient, she admits she and other staffers were "scared to death."

"It's always at the back of your mind that one of you could get sick," she says. "You're very fearful of it, and, when it does happen, it's total disbelief."

Ten years after the outbreak, Warner, who now works in day surgery at MSH, is still haunted by the experience. "Every day, we were scared that we were going to become ill and die, or pass it on to our family members and (our) family members were going to die," she says. Indeed, Warner sent her two daughters 150 kilometers away to Burnt River to live with their grandmother during the worst of the emergency. "I remember coming into work, standing outside the closed doors and just leaning against the wall and crying and thinking 'I don't want to go in there. But I have to.'"

Now, when Warner enters MSH's new, four-storey, 385,000 square-foot wing, she thinks "we are more equipped and knowledgeable now, and I think if there was another outbreak, we would probably fare pretty well." The facility boasts a day surgery unit with beds contained within three walls, as opposed to one large room with curtains separating patients, which makes for improved privacy and infection control, Warner says. "I think we would be able to handle (a situation such as SARS) with greater ease and probably a bit more peace of mind if it were to happen again today."

Still, Warner and many other health-care providers will never forget the impact of SARS. It was a troubling reminder that clinical work can be risky, dangerous and sometimes deadly.

Like Warner, many nurses still struggle to come to terms with the emotional toll of the outbreak, which came in two waves: the beginning of March and mid-May. They watched colleagues, friends, and family members fall ill or die from the disease, and provided care in the midst of fear and doubt. They spoke out about the dangers of complacency – only to be silenced – towards what is deemed the end of the first wave, and endured public shunning from people who feared contracting the highly contagious virus from nurses.

The profound imprint the epidemic left can also be seen in the way nurses have changed their practice post-SARS. Many say the experience helped them to become more vocal advocates for health promotion and/or illness prevention. They can also attest to playing a big part in ramped up infection control efforts over the last decade.

Yvonne Warner (centre) suits up with fellow Markham Stouffville Hospital RNs Sandi Collard (left) and Anita Villote during the SARS outbreak in 2003.

"SARS was a tragedy, and we should never forget any tragedy," says RNAO Chief Executive Officer Doris Grinspun. "Yes, we learned a lot, but it was a catastrophic time. We were unprepared, we lost patients and health-care professionals, and the outbreak polarized politicians, the media, and the public, which, during a crisis, is disastrous because everyone needs to stick together."

In Grinspun's view, RNAO was instrumental in providing the glue that would hold the profession together. The association stepped up to the plate when nurses and members of the public began calling home office for help. Anxious and exhausted nurses called with concerns about everything from the fit of their masks to their treatment as SARS patients. Some wanted to quit their jobs; most wanted advice, support or to simply vent their frustrations about being discounted.

On June 1, 2003, RNAO called for a full public inquiry. The association would also renew its call for whistle-blower legislation that would ensure nurses and other health-care workers could express their concerns without fear of reprisal from employers. Eight days later, RNAO delivered its formal request for an inquiry by hosting a press conference at Queen's Park. Nurses attended wearing masks with the words "ignored," "silenced" and "muzzled" printed in heavy ink.

June 2003 9

RNAO delivers a written request to then-Premier Ernie Eves, asking his government to order a full public inquiry into the epidemic. The association's then-President Adeline Falk-Rafael and Executive Director (now CEO) Doris Grinspun host a press conference at Queen's Park, joined by RNs and RPNs who are wearing masks conveying three powerful statements: muzzled, silenced and ignored.

June 2003 10

Eves announces an independent investigation into SARS. RNAO says this falls short of a full public inquiry.

August 2003 11

RNAO announces the launch of a voluntary electronic registry of nurses willing to be redeployed in the event of health emergencies. The *Voluntary Immediately Available Nurse* program (VIANurse) is expected to help Ontario cope with future health crises.

August 2003 12

Health Canada releases statistics on the total number of reported SARS cases in Ontario: 375. This number represents about 86 per cent of all Canadian cases of SARS.

RNAO CEO Doris Grinspun is surrounded by media and asked to respond to the SARS Commission report, *Spring of Fear*, in 2007.

Within the following 24 hours, then-Premier Ernie Eves announced an independent investigation, leading to the creation of the SARS commission, chaired by the late Justice Archie Campbell. The commission's report was released in three installments, and completed by 2007. It examined how the virus came to Ontario, its spread, and how the issues were handled. RNAO provided expertise and insight that helped to fuel some of the report's findings, including its call to address staffing issues in health care.

SARS drew attention to low staffing levels in the nursing workforce, demanding workloads and an overreliance on part-time, casual and agency staff – issues that still plague the profession. Though improvements have been made over the years when it comes to full-time employment (the measured share of full-time employment for RNs rose from 59.3 per cent to 68.6 per cent between 2004 and 2012), workload and staffing still remain troublesome. Ontario has the second lowest RN-to-population ratio in Canada. Many RNs resort to working more than one job, or picking up extra shifts, both of which aren't sustainable in the long term.

The strongest message *Spring of Fear,* the commission's final report, delivered was that of the precautionary principle: "...Reasonable efforts to reduce risk need not await scientific proof. Ontario needs to enshrine this principle and to enforce it throughout our entire health system." This was also one of RNAO's key recommendations during the public hearings, and in the association's *SARS Unmasked* report, the final revision released in June 2004.

"If you are not absolutely certain that an epidemic or any other public health risk doesn't exist anymore, you need to continue to act as if it exists to protect people – not only health professionals," says Grinspun. "RNAO insisted on that during SARS and still does today." In the wake of public health scares such as H1N1 and the ongoing H7N9 bird flu outbreak in China, RNAO and other key health stakeholders are now called on to participate in routine conference calls with Ontario's Ministry of Health. The association is also asked to distribute updates to members. The ministry launched a 24/7 telephone hotline to field stakeholders' questions and concerns, and provides briefings – sometimes daily – about any important developments.

In light of the commission's report, pandemic planning has become top-of-mind post-SARS, with the province updating the *Ontario Health Plan for an Influenza Pandemic* (RNAO is a member of the steering committee) that delineates the roles and responsibilities of various organizations, such as Local Health Integration Networks (LHIN) and Public Health Ontario, and communication principles such as timeliness, transparency and credibility.

Ten years after SARS, many agree other crucial changes have been made. Hospitals have added more negative pressure rooms, and a fever/respiratory illness tool that tracks symptoms is completed upon patients' trips to the emergency department. The latter helps to monitor dips and peaks in influenza cases.

All hospital staffers are required, every two years, to undergo mask fit testing, and if participants don't do so within a certain amount of time, they are not permitted back at work. If a staff member is sick, they will receive a call from an occupational health representative who ensures anyone off for more than three consecutive days in a row is clear to return to work. Many hospitals have also beefed up infection prevention and disease control programs. It's clear that good hand hygiene is more prominent than it used to be. Many facilities have introduced multiple stations where staff and patients can either wash their hands or pump out sanitizer.

August 2003 14 – One patient remains hospitalized due to SARS.

September 2003 29 – RNAO presents to the independent *Commission to Investigate the Introduction and Spread of SARS*, providing recommendations for the government, health-care organizations, and the nursing profession that would allow nurses to provide quality patient care at all times.

November 2003 17 – RNAO again appears before the independent *Commission to Investigate the Introduction and Spread of SARS*, this time on occupational health and safety.

June 2004 29 – RNAO releases *SARS Unmasked: Celebrating Resilience, Exposing Vulnerability*, a final report on nurses' experiences during the outbreak. The association honours the commitment and dedication of front-line nurses during the epidemic, and marks the one-year anniversary of the loss of RNs Nelia Laroza and Tecla Lin to SARS, hosting a private gathering for the nursing community.

But when it comes to hand washing, Mary Ferguson-Paré, former RNAO president and retired vice-president of professional affairs and chief nurse executive at Toronto's University Health Network, says health-care professionals just aren't doing it enough. As of 2010, Ontario hospitals have had to report publicly on nine patient safety indicators, including hand hygiene compliance. Data from April 2012 to March 2013 indicate the provincial average is 86 per cent compliance before patient contact, and 91 per cent after.

A less-than-perfect compliance rate is one of the reasons Ferguson-Paré thinks the health-care system will struggle when a crisis like SARS surfaces again. She was one of two nursing voices on the expert panel behind *Learning from SARS – Renewal of Public Health in Canada*. Led by David Naylor, then Dean of Medicine at the University of Toronto, the panel's report, released in 2003, contained a number of key recommendations, many centred on making more investments in public health spending and resources. Public health has "suffered tremendously over the years. The investment in health promotion and disease prevention is what we need to get in order for us to try to have a strong system of preparedness for (something) like another SARS," says Ferguson-Paré.

She also calls for stronger monitoring of antibiotic prescriptions. "(Over-prescribing) is creating tremendous difficulties in the entire system, because people are now dealing with antibiotic resistant superbugs," she says. "The danger is not over. We're dealing with C. difficile, CPE and, to a lesser degree, MRSA – all of these are very concerning infections. We need to be sure (to this day) that there are strong infection prevention and control programs in every area of health care."

For Anne-Marie Malek, SARS was a tough teacher that highlighted yet another vital factor to consider during emergencies. "I couldn't emphasize enough the importance of keeping staff informed and engaging them in responding to the issues at hand," says the president and chief executive officer of West Park Healthcare Centre, a Toronto hospital that opened the first SARS unit in the province. "It was through suggestions and observations of staff we were able to respond more effectively to the outbreak," she says, adding the same would hold true today.

In 2003, Malek was VP of programs and chief nursing executive at West Park, where Tecla Lin, a 58-year-old respiratory services RN, would die from SARS. "For an organization to lose a staff member in this way was emotional, tragic and quite devastating in regards to bringing home the risk associated with health-care delivery in circumstances like this," Malek says. She believes SARS left Ontario better prepared to face a future pandemic, saying greater attention across the health-care system has been given to listening to those closest to the patient: nurses.

Unlike the management structure in hospitals in 2003, legislation now mandates chief nurse executives have a seat on hospital boards and chief nurse officers have a place in all public health units. Both of these changes were spearheaded by RNAO, and announced by then-Premier Dalton McGuinty at RNAO's 2011 annual general meeting. Nurses also have a seat on infection control committees. Toronto Public Health RNs and inspectors meet monthly with these committees, forming an initiative called the *Communicable Disease Liaison Unit* that was born directly out of SARS. All health-care professionals meet to trade information and monitor communicable diseases in Toronto. This allows for a smoother flow of information, and helps to establish and maintain relationships with facilities so that when the next outbreak occurs,

SARS turns once fearful RN into forceful advocate

Ten years ago, Saverina Sanchez (left) was ready to quit nursing for good. Today, she's a clinical manager and has her baccalaureate as well as her master's degree in nursing, all thanks to the strength she was able to build during the deadly SARS outbreak in Ontario in 2003.

SARS pushed many nurses and health-care providers to the brink of their personal and professional capacities. And Sanchez was no exception. "We lost the ability to act on our own volition," she recalls. "(SARS) was probably my darkest moment in nursing."

She looks back with a mix of anger and distress at how nurses at the Toronto facility where she worked during the outbreak were forbidden from speaking to one another. Security guards would measure the distance between nurses snacking in the cafeteria to ensure they were sitting at least a metre apart to prevent the spread of rumours. She and her colleagues were warned that if they didn't report for duty, they would be terminated. Health professionals at her organization were also urged to restrict contact with family and friends.

Each constraint left Sanchez feeling less and less in control. It wouldn't take long for her to begin thinking: "I can't do this anymore. I'm quitting nursing." But before she could leave the profession for good, Sanchez felt compelled to tell someone what nurses had to endure. This mysterious disease was still in its early days, and the public wasn't aware of the turmoil health-care facilities were undergoing as it spread. "I knew in my heart that…I couldn't continue in the state that we were in. Somebody needed to know that something was wrong," she says.

Crying, she dialed RNAO and was connected to then-Executive Director (now CEO) Doris Grinspun, who assured the distraught RN that the situation would improve. Grinspun called the hospital's chief nurse executive and CEO to demand nurses not only receive the respect they deserve, but also the basic necessities they were being denied. According to Sanchez, health-care providers were discouraged from making trips to the grocery store for water or food, or to the bank.

The strength she drew from RNAO was invaluable, Sanchez recalls. The association "supported (nurses) without judgment, and actually listened…and helped solve the problem(s)." This gratitude soon led to her involvement as a media spokesperson.

The experience helped her to see the power of speaking out. Sanchez became one of only a handful of front-line RNs who would share their experiences publicly at the height of the outbreak, helping to expose the tumult at the time.

SARS also "taught me that even in my darkest moment, I was born to be a nurse, and I couldn't give it up," she says. That's why she persevered and went on to pursue her degree and then her master's. "I realized I could make a difference as a manager, respecting the people that I report to, but always with the safety of patients and staff at the forefront."

Despite the traumatizing effects of the outbreak, Sanchez recognizes how the experience shaped her. "If it wasn't for SARS, I wouldn't…have had the conviction and the drive that I needed to get me where I am today."

For more stories about SARS, including magazine features from 2003, visit www.RNAO.ca/SARS

the channels of communication are already open and active.

Former emergency department RN Karen Ellacott wishes nurses' voices were heard louder throughout SARS. During the outbreak, she cared for SARS patients at North York General Hospital (NYGH), the facility at the heart of the second cluster of cases. She says precautions were lifted too soon after the first wave of illness, and felt ignored when she shared her concerns at the time.

Sixty-two days after the first SARS case was reported in Ontario in 2003, the World Health Organization rescinded its controversial travel advisory for Toronto. Almost three weeks later, the provincial emergency was lifted. Ontario began to announce the epidemic was over. Preventive measures at health facilities across the province relaxed, and some nurses were told they didn't have to wear masks anymore. Yet, nurses were still seeing and reporting new cases of the disease. RNs frantically tried to meet with administrators, attempting to get the message across: SARS has not disappeared. Instead, they were ignored and, in some cases, outright dismissed.

When pre-emptive protective measures began to loosen before the second wave became apparent, Ellacott recalls how, on the orthopedic floor at NYGH, nurses were told they no longer required protective gear, even though patients with SARS symptoms were still being admitted. That is how Ellacott thinks Nelia Laroza, a 51-year-old orthopedic nurse at NYGH, fell ill – and later died – from SARS. "In and of itself, it was a devastating reality to see, but, at the same time, it was a frightening mirror," Ellacott says. "There was a nurse, just like me, a mother of a 17-year-old, just like me, who...was now critically ill...it was just tragic and...possibly unnecessary."

By August of that year, the number of SARS cases finally started to dwindle. So, too, did Ellacott's passion for nursing. SARS "knocked the professional wind out of me," she says, adding "nurses went through hell." Her hairdresser refused to cut her hair. Friends kept their distance. And given the level of exhaustion at work, "everything was done in silence," adding to the eeriness of the situation. Ellacott remembers passing a sobbing physician in one of the hospital's corridors. Numbness prevented the RN from comforting her distraught colleague. "It was surreal," she says.

She began having nightmares, developed an ulcer, felt anxious and depressed, and lost all of her hair – all signs she chalks up to post traumatic stress disorder, something many nurses, post-SARS, can relate to. "Counseling and supports were provided, but a lot of us did not avail ourselves of (them). There was that sense that you are in the middle of something incredibly intense that no counselor is going to understand...I realize now that's not a helpful mindset."

Ellacott thought of leaving the profession, but having already nursed for 20 years, she wasn't sure she wanted to embark on a new career. Instead, she signed up for travel placements. After a handful of stints in ERs and ICUs throughout B.C., she took a job in a remote First Nation community in that province. This past April, Ellacott finally returned to her Ontario home for good. "The fact that I've reached (the 10-year anniversary of SARS) feels like the end of...that era, and the beginning of a new one," she says.

SARS patient and Newmarket RN Kalliecharan's personal journey post-SARS was also trying. She spent a week in hospital when she had the disease, followed by two weeks of quarantine at home. After her month-long confinement was over, she felt hesitant to leave her home because she had a residual, non-contagious dry cough. She was off work for five months, and returned to a modified schedule with reduced hours on different units. She often felt anxious as she reached for masks and isolation gowns, saying it took a while to overcome this unease. Nevertheless, returning to work was "awesome. I felt really lucky to go back because some nurses still struggle," she says. "This was my way of saying I had won. I can do this."

Kalliecharan says she is forever grateful to her health-care colleagues who helped to restore her health and confidence when returning to work. "When I was wheeled up to the SARS unit, and the doors opened and I entered as a patient, it was a low moment," she says. "When I started seeing (my colleagues), it gave me strength... and comfort...Because I knew the eyes and the smile behind the mask, I didn't feel as afraid. When someone smiles behind a mask, you know they're smiling because you see that crinkle in the eyes. I can never forget that." **RN**

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.

LEGAL COLUMN

BY MARA HAASE

Access to legal counsel is critical

WHEN YOU CONSIDER HOURLY RATES FOR MOST LAWYERS, THE $65 LAP FEE IS MONEY WELL SPENT.

It is with great pleasure that I introduce myself as the new administrator of RNAO's Legal Assistance Program (LAP). I have held this position since October 2012, and have learned so much over the last seven months about the extent of legal risk inherent to nursing practice, and specific legal issues facing nurses. I am a licensed paralegal who brings a wealth of legal knowledge and understanding gained through education and more than 10 years experience in different legal environments, including private practice and the public sector.

Legal risk is an inevitable part of nursing practice, which is why the security and assistance provided to RNAO members through LAP – at such an incredibly low cost – is so valuable. In fact, it is more likely than not that at some point in your career you will find yourself in circumstances where access to legal counsel is critical in order to adequately protect you, your professional reputation and your licence with the College of Nurses of Ontario (CNO). Being the subject of a complaint to the CNO about your practice and/or conduct is one such circumstance that nurses commonly face.

In the first quarter of 2013, almost two-dozen RNAO members who subscribe to LAP sought and received funding assistance for access to legal counsel in order to respond to a complaint. The CNO deals with complaints about registered nurses through a number of processes, including mediation, investigations and formal hearings before the discipline committee. It is unquestionably not in any nurse's best interests to participate in any proceeding without legal representation, as the final decision of the CNO may have very detrimental and long-lasting implications. For example, when a complaint results in referral to the discipline committee, the hearing panel has the authority to take a number of actions after considering the evidence of the parties, including: placing conditions on a nurse's practice; suspending a nurse from working for a set period of time; and/or in the most serious cases, revoking a nurse's ability to practise nursing. After all, the CNO is mandated to protect the public.

> "In early 2013, almost two dozen LAP members received funding for legal counsel to respond to a CNO complaint."

If you are not already a LAP participant, ask yourself: Who will protect me and my professional reputation in the case of a complaint being made against me? Can I afford to risk losing my job because I did not have legal counsel advocating against restrictive conditions being placed on my licence?

LAP also regularly provides assistance to participating RNAO members in certain employment-related circumstances, the most common being termination. We are currently living in very uncertain economic times and an increasing number of nurses are finding themselves losing their jobs, even after many years of service. Employers can hire and fire employees as they see fit. However, this right is subject to employment laws and other considerations. Through LAP, participating members may be provided with funding assistance for access to legal counsel who will ensure any terms of dismissal are in accordance with the law, and that you receive any compensation you are owed.

The circumstances for which LAP provides support are not limited to those described above. LAP may also assist participants who are dealing with human rights matters or WSIB claims. The program also supports participants who need contract/legal documents reviewed in certain employment-related circumstances, or are being called to testify at a court or tribunal proceeding or other circumstances related to your professional nursing practice. Most lawyers charge between $250 and $500 per hour for legal advice and representation. For only $64.57 in addition to your annual RNAO membership, you can rest assured you have the broad protection that every nurse needs, and LAP offers*. **RN**

MARA HAASE IS LAP ADMINISTRATOR FOR RNAO. PRIOR TO JOINING THE ASSOCIATION, SHE WORKED IN PRIVATE PRACTICE AS WELL AS WITH THE TORONTO POLICE SERVICE IN ITS LEGAL DEPARTMENT. SHE DOES PRO BONO, LEADERSHIP AND ADVOCACY WORK IN THE COMMUNITY IN THE AREA OF HOUSING AND HOMELESSNESS.

RNAO has launched a new program of webinars to educate members on legal issues and topics relevant to nursing practice, and to provide participants with an opportunity to ask questions of our legal experts. The first webinar took place on May 7 and provided an overview of the purpose and scope of LAP, as well as program policies and procedures. The next webinar will take place on June 18, and will focus on workplace violence and harassment. Both resources, and any related materials, will be posted at www.RNAO.ca/LAP for members to access at their leisure.

** Subject to program policies*

POLICY AT WORK

Housing Opens Doors

Nurses were among those at a creative campaign launch that kicked off in Toronto on May 7 called *Housing Opens Doors*. Organized by the Ontario Non-Profit Housing Association, the purpose of the campaign is to draw attention to the 156,358 Ontario households that are on a waiting list for affordable housing. RNAO agreed to sign on as a campaign partner because of the obvious link between health and poverty. The association also believes Canada needs a national housing policy and argues more affordable housing would decrease the burden on mental health services, emergency rooms and walk-in clinics. Like the Toronto event, stops in Ottawa, Windsor and North Bay will include art installations with doors decorated with messages such as "This Door Feeds Families" and "This Door Fights Illness."

Funding cuts to Health Council of Canada prompt RNs to respond

Almost 1,000 RNAO members signed letters condemning an April decision by Prime Minister Stephen Harper to cut funding to the Health Council of Canada (HCC). The organization was set up a decade ago, after former Saskatchewan Premier Roy Romanow recommended it in a report he prepared on the sustainability of Canada's health-care system. Part of the council's mandate is to monitor a 10-year funding agreement between the provinces and Ottawa. The federal government argues the HCC's mandate is connected to the existing *Health Accord*, which is set to expire in 2014. Ottawa says its decision makes sense in a time of fiscal restraint. RNAO maintains the council plays an important role because it looks at issues such as wait times, Aboriginal health, and examples of best practices and innovation that provinces can act on. In a media release and an *Action Alert* to members, RNAO said the Harper government's decision to end HCC's funding reduces federal oversight of the health-care file and opens the door for provinces that want to experiment with for-profit care delivery.

Health policy resolutions for CNA to consider

When RNAO President Rhonda Seidman-Carlson and CEO Doris Grinspun head to Ottawa in June, they will be armed with three health policy resolutions to be tabled during the Canadian Nurses Association's annual general meeting (AGM). One resolution requests that the CNA join community and mental health groups, health-care providers and legal experts in urging the federal government to amend legislation (Bill C-54) that would add conditions before allowing the release of mentally ill offenders deemed to be "high risk." Under the proposed legislation, such offenders would not be able to have their case reviewed by a provincial review panel unless a court revokes their designation as a "high risk" offender. They would also not be eligible for unescorted visits in the community. RNAO, along with other groups such as the Centre for Addiction and Mental Health and the Canadian Psychiatric Association, is urging the federal government to reconsider this change. The groups argue the change would keep mentally ill people in jails and correctional facilities and without access to the services and support they need to get well. RNAO believes the federal government's action also reinforces stereotypes about people with mental illness.

Another resolution requests that CNA urge the prime minister to engage with premiers and territorial leaders to renew the *Health Accord* that is set to expire in 2014. The resolution calls on the federal government to remember its central role in leading national programs such as pharmacare, and its obligation to uphold the principles and spirit of the *Canada Health Act*, and monitor jurisdictions' adherence to it. The federal government decided in December 2011 that it would continue to increase health transfers to jurisdictions by six per cent until 2017. After that, health funding would be pegged to a province or territory's gross domestic product. RNAO is concerned that Finance Minister Jim Flaherty's new funding arrangement comes without strings attached; meaning provinces would be able to experiment with for-profit delivery models.

A third resolution asks CNA to advocate against any initiatives that would market Canada as a destination for medical tourism. In recent years, a number of health-care organizations have entered into lucrative partnerships with other countries, exchanging access to care for money. The resolution argues these deals threaten the sustainability of the country's publicly funded, not-for-profit system. **RN**

88TH Annual General Meeting

BY KIMBERLEY KEARSEY

Thursday, April 11 – Saturday, April 13, 2013

On April 12, about 650 RNs and nursing students attended RNAO's annual general meeting (AGM). There was praise and celebration for another year of accomplishments, including those of individual members who received recognition awards, as well as the association's Best Practice Spotlight Organizations, celebrating a decade of partnership with RNAO. Ontario Premier Kathleen Wynne paid a visit mid-day, offering a warm, 20-minute address and ongoing support for the nursing profession (her daughter will study nursing this fall). She also made a much-anticipated announcement of changes that will expand the role of nurses, and ultimately benefit the people of Ontario.

Wynne said she recognizes that nurses want their scope of practice to match their expertise, and promised to work with the College of Nurses of Ontario (CNO) to expand that scope to include dispensing medication in specific circumstances (for example, when patients do not have quick access to a pharmacy). She also promised to identify other opportunities to expand nurses' scope, including allowing RNs to prescribe certain medications and NPs to prescribe controlled substances.

RNAO CEO Doris Grinspun spoke on behalf of members about how thrilled nurses are to have Wynne in the position of premier, and to hear the announcement. "The expansion of scope of practice will revolutionize Ontario, premier, and it's urgently needed," she said, adding that one more piece is desperately needed. "As much as our Premier Dalton McGuinty was fantastic in the first two terms, in the third, we lost ground on RN-to-population ratios. We are now the second-worst in the country, and we can't afford it. We are asking for 9,000 additional RNs...we (and the pubic) need that, and we need that desperately," she said.

RNAO President Rhonda Seidman-Carlson was equally pleased with the premier's announcement, and pointed out it's about time Ontario catch up with other jurisdictions that are already ahead in this regard. "If RNs can diagnose common ailments such as an ear infection or a sore throat, and prescribe medications in the U.K., why not in Ontario?" she asked.

To view the premier's speech online, and to watch other presentations, including those from Health Minister Deb Matthews, PC and NDP leaders Tim Hudak and Andrea Horwath (respectively), and others, visit www.RNAO.ca/2013AGMvideos

Ontario Premier Kathleen Wynne (right) greets members as she makes her way to the podium April 12. In addition to announcing her government will enhance nurses' scope of practice, she shared news that her daughter is pursuing her nursing degree, with a focus on gerontology.

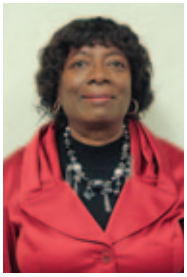
Wynne acknowledged the relationship RNAO has already established with the government. "I'm proud to embrace that close relationship," she said. "I want our new government to continue to work with the RNAO to build on the great legacy of what we've achieved together."

"We've been striving for innovation, and to enshrine your best practices, creating a system that serves patients and rewards the professionals who care for our loved ones. I want to keep up this important work, and to do that, I'm going to need your help," Wynne said.

Recognition for

Congratulations to members of RNAO who were recognized

Picking up 2013 RNAO Recognition Awards are (above L to R): **Sanaz Riahi**, *Leadership Award in Nursing Education (Staff Development)*, who is known as an exemplary leader for having made professional practice inclusive of all disciplines; **Jean Clipsham**, **Dianne Roedding** and **Judith MacDonnell** on behalf of Rainbow Nursing Interest Group, *Interest Group of the Year*, for its tireless advocacy of lesbian, gay, bisexual, and transgender inclusivity; **Charles Anyinam**, *Leadership Award in Nursing Education (Academic)*, who is also known for his background in diversity and his sensitivity to the varying needs of students; **Ella Ferris**, *Leadership Award in Nursing Administration*, for her open door policy that allows her to mentor staff at all levels; and **Kelly Lawrenson**, **Jennifer Johnston**, **Crystal Hepburn**, **Liz Haugh**, **Veronika Pulley** and **Dana Boyd**, representing Windsor-Essex, *Chapter of the Year*, for its collaborative and dedicated team of volunteers who "truly live and breathe speaking out for nursing, speaking out for health."



Angela Cooper Brathwaite (left) received the *Leadership Award in Political Action* for her advocacy on topics ranging from sports injuries, to cycling and pedestrian safety, to the use of hand-held devices by drivers.

(Opposite page, bottom right) Vikky Leung (left) picked up RNAO's *Student of Distinction Award* at the student leadership luncheon on April 12. She is described by her nominator as an exceptional ambassador for Ryerson University and its School of Nursing. Joining her at the luncheon, and representing the University of Ontario Institute of Technology-Durham College, was Sue Coffey (centre), director of that school's nursing program. Accepting the award for *RNAO Promotion in a Nursing Program*, Coffey said: "One hundred per cent of faculty belongs to RNAO because they are enthusiastic about their association." Also on hand at the luncheon was Poonam Sharma (right), winner of the *Leadership Award in Student Mentorship*. "Having had so many mentors in my past inspires me to support others so they can give back to the profession in the way I hope I am," she said.

exceptional RNs

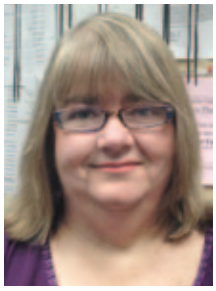
for excellence during this year's AGM.

Winners recognized during the President's Banquet on April 12 included (above L to R): **Nancy Watters**, *Award of Merit*, an enthusiastic and helpful mentor who consistently recruits and supports undergraduate students to join RNAO; **Carol Yandreski**, *President's Award for Leadership in Clinical Nursing Practice*, a public health nurse with a keen interest in mental health promotion, healthy schools, and child and youth development; **Helen Tindale**, *Lifetime Achievement Award*, who has committed 40 years of her life to nursing; **Jean Clipsham**, *Lifetime Achievement Award*, a member of RNAO for 31 years and a nurse for 35; **Heather Campbell**, *President's Award for Leadership in Clinical Nursing Practice*, who is described by her nominators as carrying out her work with an understated elegance; **Janice Waddell**, *Award of Merit*, whose special research interest is career planning and development; and **Sue Grafe**, *Hub Fellowship*, who spearheaded an initiative in Hamilton to build a sustainable model for refugee health care.

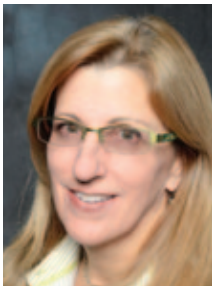
To read biographies for each winner, visit www.RNAO.ca/recognitionawards

Board of Directors 2013–2014

Maureen Cava, MAL Socio-Political Affairs



Melanie Phelps, Region 11 Representative



Deborah Kane, Region 1 Representative

Front row (L to R): Patricia Sevean, Region 12 Representative, Mary McAllister, MAL Nursing Practice, Tammy O'Rourke, MAL Nursing Research, Vanessa Burkoski, President-Elect, Rhonda Seidman-Carlson, President, Doris Grinspun, Chief Executive Officer, Paula Manuel, Region 6 Representative, Claudette Holloway, Region 7 Representative, Jackie Graham, Region 8 Representative

Back row (L to R): Una Ferguson, Region 10 Representative, Denise Wood, Region 9 Representative, Janet Hunt, Region 2 Representative, Veronique Boscart, Region 4 Representative, G. Jody Macdonald, MAL Nursing Education, Marianne Cochrane, Interest Groups Representative, Rebecca Harbridge, Region 5 Representative

Members exercise important right to vote on governance issues

Prior to this year's AGM, RNAO members were asked to vote on important governance issues that affect the current and future direction of the association. In particular, online ballots were cast on a resolution of the board of directors to implement a membership fee increase of eight per cent.

The resolution was passed, and the fee increase will take effect in November 2013. To find out more about the rationale behind the increase, what it means in dollars and cents, and to read about the legislative changes governing the operations of not-for-profit organizations in Ontario, visit www.RNAO.ca/vote2013

In addition to voting on the fee increase, members also selected the 2013/2014 RNAO board of directors. Five candidates in this year's election were acclaimed, including:
Vanessa Burkoski, President-Elect
Janet Hunt, Region 2
Rebecca Harbridge, Region 5
Denise Wood, Region 9
Una Ferguson, Region 10

Seven candidates were elected, including:
Deborah Kane, Region 1
Veronique Boscart, Region 4
Paula Manual, Region 6
Claudette Holloway, Region 7
Jacqueline Graham, Region 8
Melanie Phelps, Region 11
Patricia Sevean, Region 12

The position of Region 3 representative is currently vacant.

During this year's vote, members also approved the appointment of KPMG as RNAO auditor for 2013.

President-Elect Vanessa Burkoski takes to the podium to thank voters for electing the newest members of the board of directors, and to share her excitement at what lies ahead in her new role. She will officially take on the presidency at the 2014 AGM.

Nursing students participating in this year's AGM placement were given a snapshot of the association through departmental presentations that offered a taste of the activities of home office staff. They also attended the opening ceremonies as escorts to RNAO board members during the procession of VIPs. Among the students involved (L to R): Jiusi Lu, Michael Anciado, Donna Consolacion, Michelle Eckstein, Angela Apresto, Kristen Cunningham, Philis Atta, Mark Ilgner, Nicole How Pak Hing, Lauren Pekalski, Alisha Gebhardt and Zaib Jamil.

Resolutions

Individual RNAO members, chapters, regions without chapters and interest groups can submit resolutions for consideration at the AGM. These resolutions give the association a mandate to speak on behalf of all members. They touch on pressing nursing, health and social issues that affect not only members' practice, but the public as well. RNAO members represent many facets of nursing within the health-care system, and play an important role in ensuring the voices of nurses are not only heard but also reflected in government health policy. Here is a recap of the resolutions discussed at the 2013 AGM

RESOLUTION 1

THEREFORE BE IT RESOLVED that RNAO request the Ministry of Health to ask the hospitals and other sectors (home health-care and public health, etc. to follow) be encouraged through various incentives to share their tools as they are developed and have them hosted on the RNAO's central database, that can be risk-adjusted and benchmarked for performance management and evaluation using centralized provincial funding to create a portal, i.e. a toolkit to allow all organizations to use tools as they become available.
CARRIED

RESOLUTION 2

THEREFORE BE IT RESOLVED that RNAO advocate for the inclusion of males into the Ontario Grade 8 HPV publicly-funded immunization program with the Ministry of Health and Long-Term Care.
CARRIED

RESOLUTION 3

THEREFORE BE IT RESOLVED that RNAO develop strategic partnerships with locally relevant and collaborative partners across sectors to call for an integrated strategy to address adolescent suicide that includes: prevention, recognition/diagnosis, evidence-based interventions, and appropriate support services for youth and families, and is inclusive of those at highest risk who are often marginalized.
CARRIED

RESOLUTION 4

THEREFORE BE IT RESOLVED that RNAO develop guidelines to improve visibility, identification and professional appearance of nurses; and
BE IT FURTHER RESOLVED that RNAO work with the Ontario Nurses' Association (ONA) and other nursing unions to entice nurses to wear a standardized uniform in order to help our patients better distinguish who is providing their care.
DEFEATED

RESOLUTION 5

THEREFORE BE IT RESOLVED that RNAO advocate for the sustainability of nursing stations as a viable model of care in Ontario, through increased funding for nurse practitioner and registered nurse positions and to include employment incentives.
CARRIED

Members interested in drafting a resolution for the 2014 AGM should contact RNAO board affairs co-ordinator Penny Lamanna, plamanna@RNAO.ca

Opening ceremonies

Nurses, nursing students, special guests and politicians gather to mark the official start of the AGM.

(Above) RNAO President Rhonda Seidman-Carlson places a corsage on one of several RNAO Lifetime Achievement Award recipients on hand for the festivities.

(Top right) Ontario's Provincial Chief Nursing Officer Debra Bournes (left) attended the opening ceremonies and spent some time chatting with former Provincial Chief Nursing Officer and now RNAO President-Elect Vanessa Burkoski (right) and former Nursing Students of Ontario vice-president Jennifer Yoon.

(Middle) On hand for a little socializing are (L to R): Sonia Canzian, Valerie Audette, Joyce Rankin, Joan Henry and Carmen James-Henry.

(Bottom right) RNs Yvonne Rowe Samadhin (left) and Mercy Ntwiga take in the atmosphere at the opening ceremonies on April 11.

(Top) (R to L) NDP Leader Andrea Horwath, Conservative Leader Tim Hudak and Health Minister Deb Matthews join RNAO CEO Doris Grinspun (far left) as VIPs at the official opening of the 88th Annual General Meeting.

(Left) Grey Bruce chapter members Maria Lozado (left) and LeAnn White join their colleagues and other special guests to officially "open" the AGM with greetings from dignitaries and politicians.

(Right) Conservative MPP Christine Elliott (right) dropped in for a quick hello and chat with RNAO President Rhonda Seidman-Carlson.

Visit www.facebook.com/RNAOHomeOffice to see more AGM photos.

May 6–12, 2013

NURSING WEEK

NURSING: A LEADING FORCE FOR CHANGE

(Top) NDP MPP Teresa Armstrong (centre, in red) participated in RNAO's *Take Your MPP to Work* initiative on May 3. She visited with nurses at London's St. Joseph's Health Care alongside RNAO CEO Doris Grinspun (second from right).

(Left) Liberal MPP Reza Moridi gets wrapped into a sling by emergency RN Alan Lee during his Nursing Week visit to MacKenzie Health in Richmond Hill on May 7.

(Right) On May 10, Liberal MPP Laura Albanese (right) joined NP Maurice Michelin on a home care visit with Raffaele Papa and his wife Antonia.

(Top left) Liberal MPP Tracy MacCharles (second from left) was one of five politicians visiting Whitby's Ontario Shores Centre for Mental Health Sciences on May 10 for a chat with RNs during Nursing Week.

(Top right) Conservative MPP Rod Jackson toured the newly opened Cardiac Care Unit at Barrie's Royal Victoria Regional Health Centre with the organization's chief nurse and RNAO South Simcoe chapter president Sharon Partridge (centre) and nurse manager Tracy Houghton.

(Left) (L to R) Cornwall Community Hospital RNs Margaret Wheeler, Kelly Casselman and Colleen MacDonald lead Conservative MPP Jim McDonell on a tour of the hospital's obstetrical unit on May 10.

(Bottom right) NDP MPP John Vanthof (centre) spent Nursing Week at Temiskaming Hospital, touring the emergency department with RNs (L to R) Joan Brazeau, Emily Bos, Courtney Black, Kirsten Bildfell, Charlotte Martin and Sylvie Lavictoire.

COMPILED BY KIMBERLEY KEARSEY

May 6–12, 2013

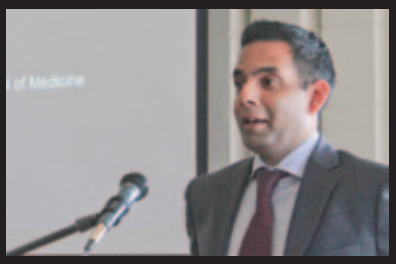
NURSING WEEK

NURSING: A LEADING FORCE FOR CHANGE

(Top left) RN Joan Belanger (right) was one of two RNAO members recognized at Health Canada's 11th Annual First Nations and Inuit Health Branch Awards of Excellence in Nursing. Presented in Ottawa by Canada's Deputy Minister of Health Glenda Yeates (left), the award also went to RN Gail Nahmabin.

(Top right) RNAO President Rhonda Seidman-Carlson (second from left) visited Sarnia's Bluewater Health on May 7 to host a media conference celebrating its designation as a Best Practice Spotlight Organization. Joining her are (L to R) Barb O'Neil, Lori Jennings, Jennifer Black and Diana Tremblay.

(Bottom) Up to 30 members of RNAO's Halton chapter attended a Nursing Week dinner on May 9, where CEO Doris Grinspun (centre, in red and black) provided an overview of the ECCO model for health-system transformation, and discussed changes to the RNAO/CNA membership fee structure.



(Top left) The Lakehead chapter of RNAO, the Provincial Nurse Educators Interest Group, and the Gerontological Nursing Association of Ontario, invited Toronto physician Samir Sinha to a *Nursing Week Wine and Cheese* gathering on May 9 to discuss Ontario's Seniors' Care Strategy.

(Top right) RNAO's Porcupine chapter hosted its annual Nursing Week dinner on May 7 in Timmins. As many as 85 members attended to hear guest speaker and Provincial Chief Nursing Officer Debra Bournes. (L to R) Ina Casey, Carolyn Prepp, Gail Smerek, Annette Sharatti, Elaine Cox, Mary Monahan and Helen Forrest.

(Middle) RN Tessa Shelvey (left) enjoyed her Nursing Week dinner alongside Mississauga Mayor Hazel McCallion, who joined members of the Peel chapter on May 6 to celebrate another year of successes.

(Bottom) On May 10, RNAO hosted its annual Career Expo in Toronto, presenting the *Toronto Star Nightingale Award*. The 2013 winner, Charis Kelly (centre, in pink) and honourable mentions Michael Carlin (third from left) and Jennifer D'Andrade (centre, in gray), receive congratulations from (L to R) Provincial Chief Nursing Officer Debra Bournes, the *Toronto Star*'s Catherine King, RNAO CEO Doris Grinspun, RPNAO Executive Director Dianne Martin, and RNAO Director, IABPG Centre, Irmajean Bajnok.

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Photo: VCH ICU Richmond Hospital Employees.

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IN THE END

BY MARIE LOUGHNANE

What nursing means to me…

Working in intensive care makes you realize there are people in this world who experience more than their fair share of hardship. I recall one such patient who reinvigorated the way I feel about nursing, and what it means to me.

Pete* was admitted to the hospital initially with complications due to a knee replacement. He had several admissions to intensive care during his stay for breathing problems. When we were unable to wean him from the ventilator, he was sent to another facility and while there, was diagnosed with ALS (Amyotrophic Lateral Sclerosis). He returned to us ventilator dependant with movement only in his left index finger and his head. His care was complex and there were few facilities that could accommodate his needs. In the three years he was with us, he became a part of our family and we became a part of his. We celebrated holidays and birthdays, and grieved with him when he lost his mother. Pete was only 55 and felt for his family and the burden he must have been placing on them. There were good days and bad days, and we respected his need to feel angry and cry over the losses he was experiencing.

DROP US A LINE OR TWO
Tell us what nursing means to you. Email editor@RNAO.ca

When I was assigned to care for Pete, I would try to just sit and talk, or watch TV for a few minutes. I felt his hand one day and noted how cold it was from the lack of movement. From then on, I did hand and foot massages to get the blood flowing. I tried my best to treat Pete as a person, not a condition. His vulnerability was obvious. His embarrassment over his dependence was immense. When he cried, I wiped away his tears. No words could change what was happening or make it better. Sometimes it was just a presence that was needed.

Then came the day when Pete decided with his family that he had had enough. He wanted to be removed from the ventilator two days after his birthday. In the time leading up to this, he said goodbye to everyone. There were many tears as we tried to support and respect his decision. He said something to me that has stayed with me ever since: "Some people go to work, to work, and then there are those who go to work to change lives. You are one of those people."

I realized then that he had changed the way I feel about nursing.

In our busy, task-filled days, we often forget how important the little things can be to someone who is scared and unsure. We have the ability to change people's lives not just by what we do, but how we do it. That is an incredible gift and an enormous responsibility that we should never take for granted. Pete reminded me that as a nurse I cannot forget that inside broken bodies are people who need our comfort, our care and our empathy. It is what makes nursing rewarding. **RN**

Marie Loughnane is a clinical practice leader at Rouge Valley Health System in Scarborough. Although Pete was a patient she met while working in the ICU of a small community hospital, she continues to help nurses remember the "little things" in practice that can have the greatest impact.

** A pseudonym has been used to protect privacy.*

ILLUSTRATION: AARON McCONOMY

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