SEPTEMBER/OCTOBER 2017

REGISTERED NURSE JOURNAL

In the public eye

Nurses in public health share the ups and downs of their rewarding specialty.

Evidence boosters • **Members as leaders** • **From garbage to art**

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VOL. 29, NO. 5, SEPTEMBER/OCTOBER 2017

REGISTERED NURSE JOURNAL

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COVER PHOTO: STEF + ETHAN

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Life lessons

Anyone who has a child, grandchild, nephew or niece in sports knows how busy the fall can be with a new season ramping up, and likely a series of tryouts for seasons to come. I've spent a lot of time lately teaching my eight-year-old hockey and baseball playing son an important sports - and life - lesson he must learn if he wants to succeed: nothing comes easy. It takes hard work to achieve what you want.

Our members featured in this issue (page 20) are a testament to the fact that nothing gets handed to us on a silver platter. Each one has put energy and effort into their membership, invested in their own growth, and now they are leaders in their respective fields. They are good role models for children and adults alike. And their enthusiasm and involvement is invaluable to RNAO and the work it does every day.

There are many important lessons in life, and another one that gets tossed around a lot relates to our environmental footprint. "Waste not, want not," as they say. In this issue, we feature RN-turned-artist/writer Tilda Shalof (page 26), who, realizing her contribution to the waste collected from the ICU each day, began bringing home bags of plastic garbage almost 30 years ago. Today, those plastic pieces from used antibiotic viles, IV medications, feeding tubes and ventilators are arranged in an original piece of art.

Shalof didn't know how she would transform the garbage into art, but she knew she didn't want it ending up as landfill. This transformation makes you think about how things are not always as they seem, and how we often don't take the time to see something as perhaps more than it appears.

Take, for example, public health nurses. When these specialized health professionals talk about what they do, people are often surprised. The common refrain: 'oh, I didn't know nurses did that.'

In this issue (page 14), we bring you the stories of some Ontario public health nurses who hope that sharing their experiences will open up dialogue about an often misunderstood role, and perhaps put to rest some of the myths that leave people confused about the value they bring to the health system. **RN**

RNAO in full swing for membership season

If you are active on Twitter or other social media, I hope you have seen my posts about renewing my membership. RNAO has launched a social media campaign encouraging members to take selfies wearing an RN, NP or nursing student pin to indicate they have joined for the first time or renewed their membership. I think this is a great way to spread the word about our professional association and share our pride among members and the public.

RNAO's annual membership drive is an important time in the association's calendar. Everyone – from those who work in membership, to those in policy, communications, best practice guidelines, IT, finance, and executive office, including our CEO – plays an important role in ensuring members are signed up and are getting the benefits and services that are integral to membership.

One of the things I admire about RNAO's membership team is the thought they put into the variety of promotions that encourage RNs, NPs and nursing students to be part of our collective. For example, for years now, my membership has automatically rolled over because I signed up for continuous renewal. Thousands of members are on this plan. It offers simplicity and eases my mind because I never have to worry about keeping my professional liability protection (PLP) up to date. This protection is mandatory to every nurse's practice. And, if you are an RNAO member, PLP is an automatic benefit.

One of the promotions home office is highlighting this fall is the "Get 5" offer. All you have to do is enrol five of your colleagues or nursing friends (who are not yet members or whose membership has lapsed for two or more years) to join. If you do, your membership is free. In addition, new grads receive free membership as they launch their careers, and these also apply to the "Get 5" promotion.

> "One of the things I admire about RNAO's membership team is the thought they put into the variety of promotions that encourage RNs, NPs and nursing students to be part of our collective."

And, of course, RNAO has always offered a home to Ontario's nursing students – the leaders of tomorrow. Students have chosen a wonderful profession, and we value their fresh enthusiasm, knowledge and insight. They offer new ways of doing and seeing things, and a perspective for the rest of the membership to consider.

Why am I devoting this column to the topic of membership? And why should every RN, NP and nursing student in this province be part of RNAO? There are many reasons, and I want to focus on three.

First, membership offers the opportunity to get involved beyond paying an annual fee that ranges from $256 (maximum) to as low as $87 ($20 for students). There are so many chances to be engaged and part of something bigger. Members can join the executive of their local chapter or region without chapters. There are committees and interest groups that offer opportunities for advancement, or to develop advocacy and leadership skills. And, if professional practice is where your interest lies, the iaBPG centre offers endless opportunities.

Membership is also important because of the collective voice we create. It cultivates an important sense of belonging, as well as a professional identity.

The third reason membership is important has to do with the added clout we have based on the strength of our members. Without a vibrant and engaged membership, we would not have been able to achieve so many of the things we have accomplished for our profession and our health system. We know patients, clients, and long-term care residents count on us. The population at large does as well. Time and time again, we have spoken out on the key issues that affect all of us, whether the focus is poverty, the environment, or making sure health services are centred around people.

Having a thriving membership also means being vocal about the issues you bring to the forefront. These include RN replacement and the need to deal with the barriers that prevent NPs from working to their full scope. Many of those barriers have been lifted, but some remain. Our ability to continue to influence health policy is powered by the strength of our membership. This is why we need each and every one of you to continue the great work we have accomplished together.

If you haven't already, be sure to check out my Twitter feed, as well as those of our President-Elect Angela Cooper Brathwaite and CEO Doris Grinspun. And don't forget to post your selfie using #RNAOmember. It's the ultimate way to demonstrate our more than 41,000 members are part of an awesome collection of nursing leaders. **RN**

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

Follow me on Twitter @ctimmings

Seniors at the centre of powerful push for change in long-term care

In my last column, I applauded the provincial government for launching a public inquiry following the conviction of former RN Elizabeth Wettlaufer on eight counts of murder, as well as charges of attempted murder and aggravated assault. We are pleased the government heeded RNAO's calls to launch a broad-based inquiry. Now we urge Justice Eileen Gillese to investigate and make recommendations on two things. First, anything and everything that might have contributed to the horrific loss of life Wettlaufer caused. And second, the failings in our long-term care (LTC) system.

In this dispatch, I focus on our second ask for the inquiry, and RNAO's expectation that an examination into the murders of some of our most vulnerable elderly citizens will also put under the microscope Ontario's flawed funding and staffing models for LTC.

To see LTC operating at its most efficient, we don't have to look far. Simply step back about a decade to the launch of RNAO's Long-Term Care Best Practices Program, and the expansion three years ago of the Best Practice Spotlight Organization (BPSO) program to the LTC sector. We adapted the BPSO program for this sector because evidence-based practice in nursing homes is vital when you consider the complexity and acuity of residents. We envisioned the enhanced capacity of this sector to deliver improved outcomes with staff – regulated and unregulated – educated on the best available evidence.

And we were right.

With the introduction this fall of RNAO's new evidence boosters (see opposing page), we are able to share powerful evidence that best practice guidelines (BPG) are improving outcomes. Tilbury Manor is a 75-resident LTC BPSO predesignate. No matter which BPG the organization implemented – and there have been many – outcomes consistently improved. Tilbury has seen a decrease in worsening pressure ulcers from 10 per cent to zero, and newly acquired pressure ulcers from nine per cent to zero. The home's use of restraints has gone from 17 per cent to nine per cent. These decreases follow the implementation of RNAO's pressure injury and restraint-use BPGs.

> "LONG-TERM CARE FUNDING MODELS AND STAFFING ARE SEVERELY FLAWED. AND WE WILL CONTINUE TO ADVOCATE FOR CHANGE FOR THE SAKE OF THOSE WHO NEED IT MOST."

The numbers show that we can aspire to – and see – significant improvements in LTC with BPGs and the right approach to implementation. Yet, existing funding models for LTC penalize this kind of improvement in outcomes. When residents' outcomes improve, and care becomes less complex, government funding is decreased. This is utterly unacceptable.

Tilbury Manor has also seen improvements in its falls rate, urinary tract infections, and reports of pain thanks to the implementation of other RNAO BPGs. Imagine the impact on the people receiving care. Now imagine the impact if more LTC homes become BPSOs and improve their practice based on the best available evidence.

There are 627 LTC homes in Ontario, and 29 of them are BPSOs. We will continue to enlist more, and while we do that, government needs to continue to work on redesigning its funding model so it does not penalize those who are trying to create safer and healthier environments for seniors.

Governments also need to be reminded how much more we can improve outcomes in LTC with the right human resources. We need to move current models of care delivery out of the dark ages. Registered nursing staff in Ontario LTC homes account for only one quarter of the total resident care hours provided (nine per cent from RNs and 17 per cent from RPNs). The vast majority of care (64 per cent) comes from unregulated PSWs. Research shows that increasing RN staffing ratios reduces hospitalizations, increases rates of discharge to home, improves client outcomes, and reduces mortality.

RNAO has long advocated that every senior must have the opportunity to live with dignity in an environment that meets their needs. We will continue this advocacy as we approach another provincial election in 2018. In fact, it is a major part of RNAO's policy platform to be released in the months ahead. With our members, we will continue to remind politicians just how shocking it is that the only legislated LTC staffing requirements in Ontario are a vague instruction for care "...to meet the assessed needs of residents..." and a minimum requirement of only one RN on site at all times. Our seniors deserve better. We are urging for at least 20 per cent RN, 25 per cent RPN, and no more than 55 per cent PSW staffing, as well as one NP for every 120 residents in all nursing homes across Ontario.

Long-term care funding and staffing models are severely flawed. We will continue to vigorously advocate for change for the sake of those who need it most. **RN**

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

Follow me on Twitter @DorisGrinspun

EVIDENCE BOOSTERS

BY KIMBERLEY KEARSEY

Data show direct link between outcomes and BPGs

RNAO INTRODUCES EVIDENCE BOOSTERS TO SHOWCASE THE IMPACT OF BEST PRACTICE GUIDELINES IN IMPROVING HEALTH OUTCOMES.

For years, RNAO's best practice guidelines (BPG) have been improving care and creating healthier work environments across the province, the country, and the world. Now, the data clearly illustrate just what kind of difference BPGs have made, whether in public health, primary care, acute care, home care, or long-term care homes. RNAO has launched evidence boosters that show a dramatic decrease in hospital-acquired pressure injuries, pressure ulcer incidence rates, and falls rates in hospital and home-care based Best Practice Spotlight Organizations (BPSO), both locally and abroad. These evidence boosters also provide data on resident outcomes in long-term care homes as they create a safe, restraint-free environment using evidence-based interventions.

One of those long-term care homes is Tilbury Manor, in the Erie St. Clair Local Health Integration Network (LHIN). Since November 2014, the organization has implemented practice changes based on the recommendations of 12 RNAO BPGs. Figure 1 (below) shows how the organization has seen decreases in newly acquired and worsening pressure ulcers, falls, the use of restraints, urinary tract infections, and reports of daily and worsening pain.

In the hospital sector (see Figure 2), one BPSO reported a decrease of 70 per cent in its falls rate between 2013 and 2016, a consequence of implementing practice changes that follow recommendations in RNAO's *Prevention of Falls and Fall Injuries in the Older Adult BPG*.

For more results, and to read all five evidence boosters, visit RNAO.ca/evidence-boosters **RN**

FIGURE 1

Impact of BPGs implemented at Tilbury Manor

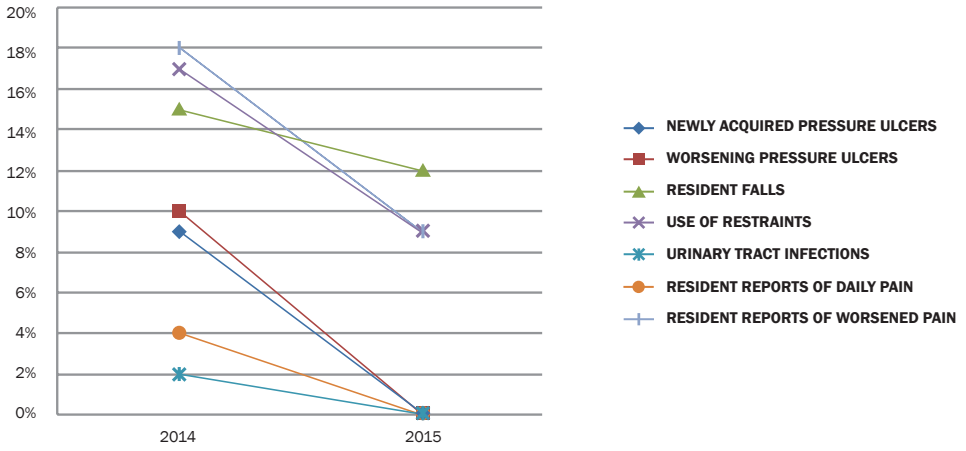
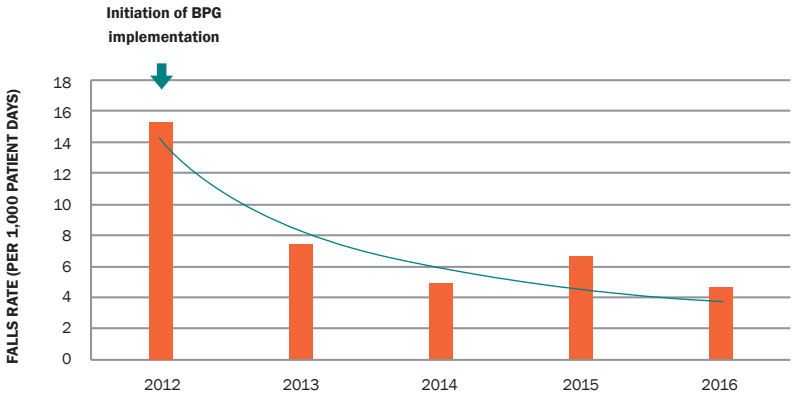


FIGURE 2

Average rate of falls for Ontario hospital BPSO-I



POLICY AT WORK

Ontario reins in big pharma

Ontario unveiled legislation in September that, if enacted, will force pharmaceutical and medical equipment companies to publicly disclose payments and gifts (such as free meals) that they offer health professionals. The bill, introduced by Health Minister Eric Hoskins, addresses long-standing criticism about the degree of influence big pharma has on prescribing habits of doctors, pharmacists, dentists and other care providers.

Under the proposed new rules, a searchable database will be created, which members of the public can access to look up the name of their care provider and determine whether that individual or their health organization has received money or other benefits from drug makers or medical device companies.

In a statement, Hoskins said the legislation will empower patients and give them information "...so that they can make better, more informed decisions about their health care."

RNAO welcomed the news, saying: "Nurses applaud increased transparency as an important part of the responsibility they have to their patients."

Similar laws already exist in the U.S. and other jurisdictions, including Japan and Australia. If passed, Ontario would be the first Canadian jurisdiction to pass such a law.

If new legislation is enacted, Ontario will be the first Canadian jurisdiction to force companies to disclose dealings with health professionals.

Queen's Park on the Road (QPOR)

RNAO members are taking time out of their practice this fall to meet with their local MPPs. It's all part of the association's annual QPOR initiative to engage politicians and highlight important nursing and health policy priorities. The meetings provide a forum for RNs, NPs, nursing students, and members of RNAO's patient and public engagement council to share their experiences and recommend changes that will improve the health of patients, clients and/or residents.

Key issues that RNAO members are discussing include: increasing the minimum hourly wage to $15 with no exceptions for age and sector; investing more money to create affordable, accessible housing; reducing harmful emissions that cause climate change; ending RN replacement; removing remaining barriers that prevent NPs from working to their full scope of practice; increasing the number of RNs and NPs in key sectors such as primary care, acute care, home care and long-term care; and transforming long-term care funding models to improve resident care.

The association invited 106 Ontario MPPs to meet with RNAO members in their local constituency offices. This year's initiative is especially important because voters will elect a new government in June.

To find out more, and to read backgrounders on the various issues, visit QPOR.RNAO.ca

Members interested in meeting with their local MPP can contact Peta Gay Batten in RNAO's policy department at pgbatten@RNAO.ca

Meetings can be arranged until the first week of December.

Private members' bill on PTSD

RNAO is supporting Windsor NDP MPP Taras Natyshak's efforts to amend legislation that excludes nurses. When *Bill 163* was passed by the Ontario government in April 2016, it recognized post traumatic stress disorder (PTSD) as an occupational illness, but left nurses off the list of first responders eligible to access benefits. RNAO made its voice heard at the time, demanding government recognize nurses.

The Windsor MPP's private members' bill includes nurses and probation and parole officers, arguing they are just as likely to face trauma and instances of violence at work. RNAO has requested standing so it can comment on Natyshak's bill once it goes before committee. RNAO CEO Doris Grinspun says: "Nurses deserve the same rights as other first responders, so they can seek treatment for PTSD without having to jump through hoops to prove their illness or justify their need for treatment."

Accessing health information

RNAO provided feedback to the ministry of health on regulations aimed at giving health providers access to their patients' health information. While the association fully supports electronic health records as a way to facilitate more co-ordinated, person-centred care, the private information of patients must remain secure. In a written submission, RNAO recommended the proposed legislation include: an option for individuals to opt out of an electronic health record; limits on how much information is required to positively identify patients; strategies for patients to control and restrict access to their health information; and comprehensive training for both patients and care providers on how to use and manage access to electronic health records. To read RNAO's submission, visit RNAO.ca/PHIPA-HIPA **RN**

RN PROFILE

BY VICTORIA ALARCON

Harm reduction a natural progression for passionate RN

MARILOU GAGNON'S PRIMARY FOCUS IS ON HEALTH CARE THAT ADDRESSES STIGMA, DISCRIMINATION, SOCIAL JUSTICE.

RN MARILOU GAGNON KNOWS WHAT it's like to save a life. As co-organizer for an Ottawa supervised injection pop-up site in a downtown park, she walks around with her naloxone kit, ready to help anyone at risk of an overdose. Even though she's exhausted from the challenges of the site, she sees the impact the team is having. "I feel proud of the work we've done," she says.

For this 36-year-old nurse, the controversy around harm reduction, and the care she provides, may be intense these days, but the only thing she's concerned about is the patient.

Since entering the nursing program at Quebec's John Abbott College in 1999, Gagnon says she has not looked back. Two weeks into that program, she was placed in a local hospital to learn the basics of nursing. "I liked the fact that we were introduced very early on to patients, families and units," says Gagnon, who completed her diploma in 2002.

The day after finishing her classes, she began working in the emergency and trauma departments at Montreal General Hospital. She got a real taste of nursing as she was pushed to make quick decisions, and provide care in complex situations.

"It was a very stimulating environment," says Gagnon, who, while working, also finished her nursing degree at the University of Montreal (UdeM). For her clinical rotation in her final year, Gagnon had a placement at the HIV clinic at Montreal Chest Institute.

"That was the moment everything came together for me," she says about falling in love with the field of HIV care, from the clinical to the social and political aspects, including stigma and discrimination.

Three things you didn't know about Marilou Gagnon:

1. She is a big fan of the Beatles.
2. She loves to dance and has taken classes all her life.
3. She has 27 tattoos.

At the clinic, she treated patients with HIV and did everything from education to testing. She developed close relationships with her clients, which reminded her of the relationship she had with her godfather, who passed away from AIDS in the early 90s. "We just loved him and accepted him," shares Gagnon, who, unlike others at the time, did not avoid touching HIV-positive patients for fear of catching the illness.

After completing her degree in 2005, Gagnon was hired as an RN at the HIV clinic. As she saw more and more patients with body shape changes caused by the treatment they were receiving (known as lipodystrophy), she started to feel helpless and didn't know how to best care for them.

"They were very impacted... emotionally, psychologically and socially," she says. The experience pushed her to switch from doing her master's degree in nursing at UdeM to a PhD at the University of Ottawa on lipodystrophy.

Gagnon also began volunteering for the Canadian Association of Nurses in HIV/AIDS Care (CANAC), where she became an expert advisor in 2013 and honed her advocacy skills to raise awareness for issues related to HIV/AIDS.

She completed her PhD in 2010 and became an assistant professor at the University of Ottawa that same year. She was promoted to associate professor in 2013. Until 2016, she worked as an expert advisor for CANAC and developed position statements, and even spoke in front of the senate about *Bill C-2, Respect for Communities Act*. Gagnon saw the position as an opportunity to learn more about inspiring change for vulnerable/stigmatized populations.

Her advocacy work with CANAC exposed her to the world of harm reduction and supervised injection services (SIS). Seeing the increasing need for SIS, Gagnon took it upon herself to speak out. "If it's not for people pushing, nothing will happen," she says, adding that's what drove her to start the Coalition of Nurses for Supervised Injection Services in 2015.

Fast forward two years to the opening of the pop-up injection site in Ottawa, where she plays a direct role in helping to prevent overdoses and save lives. "We saw 1,524 people at our site in 43 days," Gagnon says of the opioid crisis that led to an average of four overdoses in emergency departments in Ottawa per day this summer.

Now, with the pop-up site running, Gagnon sees a clear path ahead. The coalition she started is now the Harm Reduction Nurses Association. And, as its first president, Gagnon says she will continue to mobilize support for harm reduction initiatives.

"Nurses have a huge role to play," she says, especially when it comes to making change happen. **RN**

VICTORIA ALARCON IS EDITORIAL ASSISTANT FOR RNAO.

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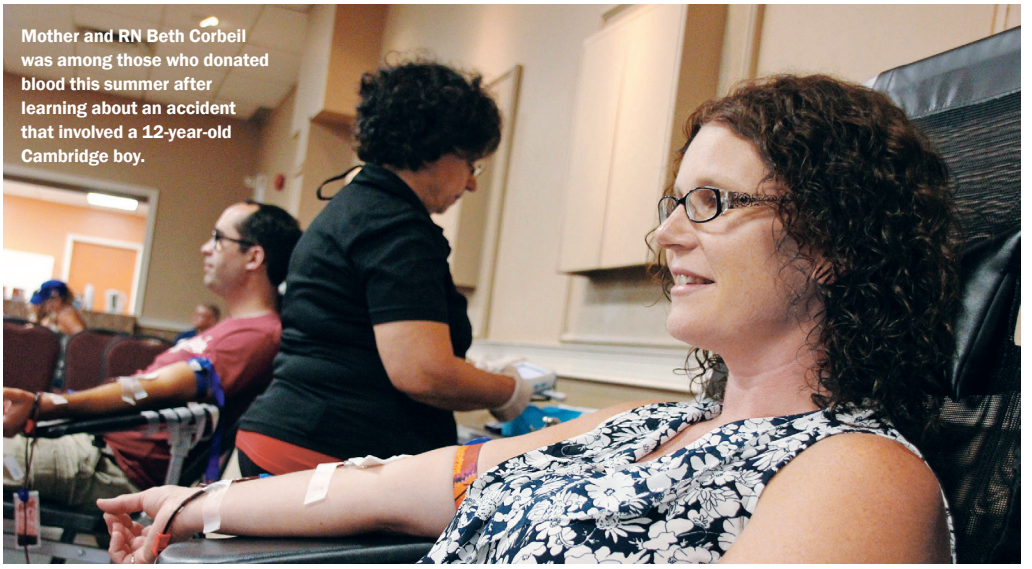

Mother and RN Beth Corbeil was among those who donated blood this summer after learning about an accident that involved a 12-year-old Cambridge boy.

PHOTO: LISA RUTLEDGE, CAMBRIDGE TIMES

Community gives back

A community united this summer in a show of gratitude for blood donors whose blood was used in the many transfusions that helped save the life of a local boy hit by a transport truck on Aug. 16. Strangers, family and friends, including mother and RN **Beth Corbeil**, gave their own blood at Cambridge's United Kingdom Club on Aug. 29 to pay it forward. "I see first hand how vital blood donation is," said Corbeil, who is a staff nurse in Kitchener, Ont. Corbeil's son plays on the same lacrosse team as 12-year-old Boston Woods - who was injured and survived - and became one of the many donors eager to help. "The boys on the team reacted in many ways, but mostly they asked what they can do to help," said Corbeil. The boy's teammates greeted donors at the clinic in August, sold t-shirts of support, and gave funds to the GoFundMe page that was set up to help pay for the cost of the boy's physical therapy in the coming months. To date, funds raised have surpassed the $30,000 goal. (Cambridge Times, Aug. 30)

Nursing students unhappy with delay

Some nursing students are feeling frustrated because a delay in receiving their nursing exam results in August prevented them from receiving their licenses and entering the nursing workforce. **Jennifer Forsythe**, a recent University of Toronto graduate, told *CityNews* that she waited longer than required for her general nursing license, despite having a job offer and passing her NCLEX-RN exam. "This delay... has delayed our orientation process and we will not be allowed to work shifts unsupervised until December or even January," said Forsythe, who was hired by a downtown Toronto hospital under the assumption she would have her license by the time she started work. The College of Nurses of Ontario (CNO) says the delay was caused by an upgrade to their systems, and that the backlog they were experiencing is now cleared up. However, Forsythe says many of her classmates had to wait weeks when the process should have only taken about 15 days. Some worried their job offers would be rescinded as a result of the delay. "I think it's completely unacceptable," said Forsythe. "CNO is the regulatory body for the entire province. This is one of their most basic tasks, and it's affecting thousands of nursing grads." (Aug. 30)

Opioid crisis

Officially, there were 48 opioid-related deaths in Chatham-Kent between 2005 and 2016. But **Jordynne Lindsay**, an RN with the local health unit, believes that number is lower than the actual number of deaths due to a difference in processes and coding used by the Chatham-Kent Health Alliance emergency department, the local EMS, and police. "The emergency department has a coding system they use when a patient is triaged, and depending if something else is going on with the patient at the time...it's not necessarily coded as an opioid overdose," said Lindsay. Similar concerns have been expressed by the nursing community about the extent of the opioid problem in Toronto. **Leigh Chapman**, an RN and one of the organizers of an unsanctioned pop-up injection site in Toronto, says a stronger response is needed. "The city needs to step up, and the province needs to step up," said Chapman. On Sept. 7, Health Minister Eric Hoskins committed to accelerating the funding for harm reduction initiatives. Prior to that, the government announced $222 million in new investments to fight the opioid crisis. And on Oct. 4, Hoskins announced he would create an emergency task force to address the crisis. (*Chatham Daily News* and *CBC News*, Aug. 31 and Sept. 7, respectively)

E NEWS

BY VICTORIA ALARCON

RN Brenda Pearce says people can take charge of their lives and lower the risk of breast cancer.

PHOTO: JEFF TRIBE, NORFOLK NEWS

Learning more about breast cancer

To raise awareness about breast cancer, RNs **Brenda Pearce** and **Patricia Kennedy** hosted "The Breast Show in Town" (a radio program they co-produce) on Sept. 14 at North Broadway Baptist Church in Tilsonburg. Participants heard from keynote speakers about breast cancer prevention, the health effects of Wi-Fi radiation, and the need to increase anti-oxidants to improve health. "People can take charge of their lives and lower the risk (of breast cancer)," said Pearce. The show was in response to what Pearce calls epidemic levels of breast cancer.

According to the Canadian Cancer Society, breast cancer is the most common cancer among Canadian women (excluding non-melanoma skin cancers) and it is the second leading cause of death from cancer in Canadian women. The highest-risk group is women aged 23-54. "We believe it's our time to make a difference," Pearce said. "To show people they have a right to choose and take charge of their own health in their lives." (*Norfolk News*, Aug. 20)

A miracle recovery

A Windsor man who was near death was able to do the impossible in August. Don Brunelle, 64, was in a coma for a month and spent three months in the hospital after he was involved in a car crash in the spring. He was a passenger in a car that wrapped around a hydro pole, and he suffered a broken sternum, broken ribs, broken vertebrae, a lacerated spleen, liver and kidney, a collapsed lung and several other broken bones as well as severe pneumonia. NP **Shauna Carter**, who works at Windsor's Hôtel-Dieu Grace Healthcare, where Brunelle recovered, says he overcame his injuries phenomenally well. "As someone who's seen many other patients with similar traumas, I would say that, to

Letter to the editor

RNAO responded to a column in the Toronto Star *(Sept. 12) about the provincial government's decision to sell marijuana in government-owned stores. CEO* ***Doris Grinspun*** *applauded the decision, noting regulations will help decrease the drug's health and social harms.*

Cannabis regulation will promote public health

To all those calling the Ontario government a "nanny" for its plan to control the sale of cannabis in the province, I wonder: who would you rather sell pot to your family?

Would you prefer cannabis sales be controlled by private companies, marketing pot the same way they sell cheese-burgers? Offering "two joints for the price of one" would benefit no one except those who seek to pad their wallets off a potentially harmful product.

While many details are yet to be revealed, it's a relief to see Ontario introduce a cannabis strategy that keeps public health and harm reduction in mind. Giving the LCBO control of sales and setting a minimum age of 19 will help limit young peoples' access to the drug, and public awareness campaigns will help potential cannabis customers make informed decisions.

As we move closer to July 2018, hopefully the government will go further in promoting public health by banning cannabis advertising, selling cannabis products in plain packaging, and limiting the potency of the available products. The province will also need a comprehensive cannabis-impaired driving strategy that includes education and enforcement.

Legalizing cannabis can do a lot of good by decreasing illicit markets and ending the harmful criminalization that has impacted countless lives. But to do so safely, we need strict regulations that decrease the drug's health and social harms. Ontario must take the lead.

NURSING IN THE NEWS

see all the injuries listed on paper, then to see this person in front of you, his recovery was nothing short of remarkable." Although Brunelle was released from the hospital, he will need to return for in-patient rehabilitation. (*Windsor Star*, Aug. 25)

In touch with nature

At Short Hills Provincial Park in Thorold, Ont., RN **LeeAnn Pocknell**, along with five other women, sits with her eyes closed, forgetting about her worries and listening to her surroundings. "At a different time, I would have experienced silence," says Pocknell, suggesting her thoughts would have been too loud and distracting. On this day, she is able to appreciate the benefits of forest therapy, a practice developed in Japan as a way to promote mindfulness and achieve health benefits by simply being in the woods. Organized by Niagara Nature and Forest Therapy, these sessions are co-ordinated by a certified guide who leads a small group through the woods with no target destination and allows them to listen to the wind, trees and birds, as well as participate in several exercises. Pocknell says the experience helped her reflect and become aware of her own emotions. "It's really mindfulness practice that engages all the senses," she says, adding forest therapy helps decrease stress and lessen anxiety. At the end of the journey, the group sat on the rocky shoreline of a creek, sipping tea infused with cedar and spruce needles, and talking about their experience. (*St. Catharines Standard*, Aug. 10)

RN

OUT AND ABOUT

2017 GREAT LAKES WATER WALK

Region 6 board representative Hilda Swirsky (left) and assembly representative Kamala Persad-Ford (right) were among several Region 6 members who took part in the 2017 Great Lakes Water Walk on Sept. 24. Participants walked along the Toronto waterfront, led by a group of Indigenous grandmothers and elders, in order to raise awareness about issues facing the Great Lakes, and honour their role in the lives of generations of Indigenous communities. Also pictured is Lucy Cummings (centre), executive director of Faith and the Common Good.

NURSING STUDENTS GAIN INSIGHT ABOUT RNAO

An eager group of nursing students visited RNAO home office from Sept. 13-16 as part of the association's board of directors student placement. Facilitated by RNAO project co-ordinator David McChesney (left), the student placement saw (left to right) Sheila Ti-Diaz, Sam Perikala, Safia Mossi, and Burton Mohan meet with RNAO staff, attend a board of directors meeting, and participate in RNAO's fall assembly meeting to gain insights about the association.

BOARD MEMBER SHOWCASES RNAO's BPGs DURING PHILIPPINES VISIT

Beatriz Jackson, board member for Region 8, showcased RNAO's best practice guidelines (BPG) during a visit to the Philippines in August. As part of her trip, she delivered a presentation to about 200 RNs and nursing students on Aug. 24 at Silliman University in Dumaguete, where she spoke about the power of evidence-based practice and the value of RNAO's Best Practice Spotlight Organization (BPSO) program.

NURSING NOTES

NQuIRE council meets in Toronto

In early September, experts in research and evaluation from around the world came together at RNAO home office for a meeting of the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) International Advisory Council (IAC). The IAC provides advice to RNAO on quality control and strategic uses of NQuIRE data, submitted by Best Practice Spotlight Organizations (BPSO). At the meeting, members of the council heard about the 11 NQuIRE boot camps (both in-person and virtual) RNAO hosted with Ontario BPSOs from October 2016 to February 2017, a strategic think tank meeting in February 2017, and other key NQuIRE accomplishments over the previous year. Pictured (L to R): Carolelina San Jose, Peter Van Bogaert, Gurjit Toor, Hugh Gamble, Heather McConnell, Kyle Smith, Citlali Singh, Yaw Owusu, Patricia Patrician, Teresa Moreno, Julie Langlois, Judith Shamian, Shanoja Naik, Doris Grinspun, Danyal Martin, Nancy Lefebre, Niek Klazinga, and Valerie Grdisa.

RNAO, Law Commission partner to ease stress at end-of-life

When someone is nearing the end of their life, the stress on that person and their family can be overwhelming. And legal questions about advance care planning, withdrawing and withholding treatment, and medical assistance in dying often exacerbate these stresses. To make the end-of-life experience easier on patients, families, caregivers and health-care providers, RNAO is working in collaboration with the Law Commission of Ontario (LCO) on its Improving the Last Stages of Life project. Through a series of consultations with patients, families and health professionals, LCO is looking at how the law shapes the quality of a person's life near the end. RNAO hosted two of these consultations in August, and heard from nurses about issues like equitable access to palliative care, caregiver benefits, and assisted dying. LCO will use the feedback to develop recommendations for law reforms that improve the last stages of life for everyone involved. The final report is expected next year.

Wait times now available online

With just a few clicks on a computer or a smartphone, Ontarians can now check how long they can expect to wait to have surgeries to treat their cancer, heart disease, or various other medical procedures. Since August, estimated wait times for a long list of surgeries and procedures have been posted on Health Quality Ontario's (HQO) website and through a link at Ontario.ca/health. The site provides an estimated timeframe from the date a patient decides (with their specialist) to have surgery, and the date the procedure will be performed. It also includes estimated wait times to see a specialist – the first time this information has been publicly reported in Ontario. This resource comes from a collaboration between HQO, Cancer Care Ontario, CorHealth Ontario, and the Ministry of Health and Long-Term Care. Patients, caregivers and clinical experts were consulted prior to its launch to ensure the site was user-friendly and easy to understand.

RNAO releases two new-edition BPGs

The third edition of RNAO's best practice guideline (BPG) on preventing falls and mitigating their impact in health-care settings was published in September. Titled *Preventing falls and reducing injury from falls*, this new-edition BPG expands on previous publications by focusing on all adults at risk of falls and receiving care from health professionals, rather than just focusing on older adults. As with all RNAO BPGs, recommendations were developed from a systematic literature review and thorough discussion of evidence. In May, RNAO released the second edition of its *Adult Asthma Care: Promoting Control of Asthma BPG*, which replaces the original guideline released in 2004. The guideline's recommendations are aimed at helping adults manage their symptoms to improve their quality of life. To find out more, visit RNAO.ca/BPG **RN**

IN THE public

PHOTO: STEF + ETHAN

eye

Nurses in the sometimes misunderstood sector of public health share the ups and downs of a rewarding specialty.

BY **DANIEL PUNCH**

Arlene Dias has visited countless families in their homes as a public health nurse.

On a spring day earlier this year, RN Arlene Dias' workplace was a wet, mouldy basement apartment in Toronto's east end. She was visiting Alex,* a young single mother with two small children and a third on the way. At the time, Dias worked in Toronto Public Health's (TPH) Healthy Babies Healthy Children (HBHC) program, which provides in-home services to new and expecting mothers and their families to help promote healthy child development and positive relationships.

It was her job to make sure Alex and her babies were healthy, and on a path to remain that way. But the substandard state of the apartment made that near impossible. "Every time it rained, water came in through the foundation. There was mould all over the floor," Dias recalls.

Mould is a serious respiratory hazard for young children and adults. How could Dias recommend Alex put her baby on that mouldy floor for "tummy time" and other activities necessary for its development? Since Alex couldn't convince her landlord to fix the problem, Dias called the city's health inspector to have the mould assessed.

* A pseudonym has been used to protect privacy.

> There is nothing like a home visit. (It) is the most intimate type of nursing you can do.
>
> – ARLENE DIAS

Ultimately, the woman had to move out of the apartment. Dias says this was a major inconvenience for the young family, but at least the new baby would be born in a healthier environment.

On another day more recently, Dias' work took her to the downtown offices of Epilepsy Toronto. She was there to accompany Hazel,* a woman in her fifties – a recent immigrant – who was diagnosed with epilepsy two years earlier. Dias was supporting Hazel as part of her current role in the Investing in Families program at TPH, a partnership with Toronto Employment Services and Parks, Forestry and Recreation that supports families on Ontario Works.

When Hazel was diagnosed, the doctor gave her very little information about her epilepsy. She didn't understand her seizures and was ashamed of them. To make matters worse, her driver's license was revoked.

Epilepsy Toronto was able to provide Hazel with the information and resources she needed. After two years of confusion and fear, she finally understood her condition and what she could do about it. Hazel was moved to tears. "It was amazing to link her with that kind of service," Dias remembers. "This is someone who was missed by the system."

As an RN in public health, Dias does not fit the description of what most people imagine when they think about nursing. In fact, when she tells people she's a registered nurse, most ask her what hospital she works in. When she answers that she's in public health and works in the community, she sometimes gets blank stares.

RN Valerie D'Paiva helps new moms understand mood disorders following childbirth.

About 3.5 per cent of RN positions in Ontario are in public health. These nurses are employed by the province's 36 regional public health units, but their work takes them onto the streets, into peoples' homes, schools, daycares, conference rooms, boardrooms and just about everywhere in between. They work to fight infectious diseases, promote sexual health, keep public spaces safe, and give people the tools to remain as healthy as possible.

Dias admits she didn't know much about public health nursing as a young, diploma-educated RN. It was her mother who encouraged her to enroll in Ryerson University's post-RN degree program in 2000, which opened the door for her to become a public health nurse. She quickly fell in love with the community based, population-centred focus.

Public health, she says, is often misunderstood because its mandate is not the same as in other sectors of nursing. Public health nurses seek to prevent health problems before they start. "We're used to a health-care system...where you fall off a ladder, break your leg, go to hospital, and they teach you how to not fall off the ladder next time. Whereas we intervene before you fall off the ladder," she explains.

When your goal is prevention, it's important to reach people early. Dias spent 14 years with HBHC, visiting young families referred by other health providers, children's aid, or clients who referred themselves. She visited homes as often as once a week to cover topics like positive parenting, breastfeeding, safe sleep practices, keeping up with immunization schedules, and assessing newborns for normal growth and development. Dias also helped clients navigate the myriad social services available to them.

She says it's special to work with families in their homes during such an exciting time in their lives. "There is nothing like a home visit," she says. "(It) is the most intimate type of nursing you can do."

But as most parents know, having a new baby can also be a stressful time. In fact, one-in-five new mothers will experience some form of mood disorder after the birth of their child.

Theresa* is a mother from York Region who fell into a deep depression after her daughter was born. She was told early motherhood would be a joyous time, but in reality she slept only a couple of hours at a time, was isolated from friends, and felt judged by family. "Sometimes, every day can feel like an uphill climb," she recalls.

That's where RN Valerie D'Paiva and the Transition to Parenting program was able to help.

Run by York Region Public Health, Transition to Parenting is a nurse-facilitated psychoeducation and support group for pregnant women and new mothers who show signs or symptoms of perinatal depression or anxiety. D'Paiva manages a team of 11 public health nurses who facilitate weekly meetings in four locations across the region. During the 12-week program, public health nurse facilitators teach mothers about perinatal mood disorders, help them build their confidence as mothers, increase their coping skills and connect them with resources in the community. For those who need it, transportation to group sessions and child-minding is available.

Participants benefit from meeting other mothers and seeing they're not alone. "We try to de-mystify the notion that motherhood is this blissful time, and let mothers know it's okay to be feeling this way," D'Paiva explains.

Theresa says Transition to Parenting validated her worries and helped her find ways to cope. "It has been our saving grace in many ways," she explains.

Stories like these hit home for D'Paiva. Four decades ago, her own mother suffered from post-partum depression after she was born. There were virtually no supports available at the time, and she struggled. Today, D'Paiva is proud to make a difference for women suffering as her mom did. And if she can help improve their mental health, "...at the end of the day, (their) child is going to do better in life."

If it takes a village to raise a child, it can take a whole city to make sure that child grows up healthy. Thankfully, public health nurses are expert collaborators. When Hamilton Public Health noticed the city had an unusually high number of low-birth-weight babies, staff knew the solution would take a concerted effort from the entire community.

Babies born underweight (less than 2.5 kilograms) have a harder time gaining weight and maintaining a normal body temperature, making them more susceptible to infection. These babies are also more likely to experience chronic health issues and delayed brain and physical development. Low birth weight is also associated with neurological and gastrointestinal issues, as well as Sudden Infant Death Syndrome (SIDS).

In 2011, the health unit brought together 50 community partners–including health-care providers and representatives from social services, school boards and local women's shelters – to form the Healthy Birth Weights Coalition. Together, they came up with 52 recommendations to combat low birth weight in Hamilton, and identified one key area of focus: pregnant youth.

Teenage mothers are twice as likely to deliver low-birth-weight babies because they often haven't finished their own growth and development. They also face significant stigma and social barriers, according to RN Jennifer Vickers Manzin, director of Hamilton Public Health's Healthy Families Division.

> **"We want to ensure every door is the right door."**
>
> **– JENNIFER VICKERS MANZIN**

The coalition held focus groups with pregnant youth and young mothers, and heard about the challenges they face accessing basic necessities and navigating the health and social service systems.

"Young mothers were hearing mixed messages (from care providers)," Vickers Manzin says. "They were feeling judged and not welcome."

She and her public health nurse colleagues worked with coalition partners and peer mentors from the community to develop a consistent, community wide approach when working with pregnant youth. Together, they created the Youth Pregnancy Care Pathway to connect expecting teens with resources like pre- and post-natal care, housing support, counselling, and a young parent resource tool developed by the coalition. The goal is to make sure the needs of pregnant youth are met, no matter where they first enter the system. "We want to ensure that every door is the right door," Vickers Manzin says.

In Ottawa, public health nurses have taken a broad approach to meet the needs of another vulnerable population. Staff at Ottawa Public Health makes contact with victims of intimate partner violence (IPV) across nearly all of the health unit's diverse programs. Though the health unit uses screening and assessment tools from RNAO's *Woman Abuse* best practice guideline (BPG), there were questions among staff about who should be asking clients about IPV and when.


Darcie Taing

In early 2016, one nurse brought these concerns to the nursing council, which is chaired by RN Darcie Taing. In response, the council decided to create an organization-wide IPV guideline for all 600 staff.

Taing and a group of public health nursing colleagues consulted with other staff to assess current practices and identify gaps. They incorporated tools from RNAO's BPG, the World Health Organization (WHO), and other evidence-based resources into their guideline, which was approved by Ottawa Public Health management in June 2017. The new guideline is currently being implemented across the organization and Taing is proud that nurses created something that will help all staff prevent and safely respond to IPV, while promoting healthy relationships and early identification. She hopes the guideline will also raise the profile of this troubling issue, which is rarely spoken about openly in the community. "This project shows the leadership of public health nurses (and) demonstrates our ability to see an issue holistically," she says.

A holistic approach is also important when you're tackling an issue as broad as the social determinants of health (SDOH).

Erika Haney is one of 72 SDOH public health nurses across the province tasked with addressing some of the most common social barriers to health – which include housing, income, employment status, access to food and transportation. Her role was created in 2011 as part of then-Premier Dalton McGuinty's promise to hire 9,000 new RNs over his government's second mandate. It was an initiative introduced after significant advocacy by RNAO. Though the 9,000 RNs initiative ultimately fell short of its goal, the role of SDOH nurses has developed significantly over the past six years.

During 26 years in public health at Simcoe Muskoka District Health Unit, Haney found many public health programs were not adequately reaching vulnerable populations. Nurses promote physical activity, but being active can be expensive. They advocate for bike lanes, but new routes on our roads rarely end up in low-income neighbourhoods.

As an SDOH public health nurse, Haney works to support these programs to be more inclusive. Her role includes helping embed health equity into health unit programming, and helping staff understand the impacts of the SDOH in order to make programs and services more accessible for people who sometimes fall through the cracks.

From early on, collaboration was essential to her efforts. She made connections at Public Health Ontario and the Ontario Public Health Association (OPHA), and became co-chair of OPHA's health equity work group from 2012-2014. She also collaborates with other groups in her community, such as the Simcoe Alliance to End Homelessness, assumed the role of co-chair for a Simcoe Muskoka poverty reduction task force, and helped develop the Lived Experience Advisory Group Network for Simcoe.

RN Erika Haney (centre) collaborates with a number of community partners to address social barriers to health, including poverty and homelessness. She works closely with Sarah Peddle (right), executive director, and Brent Tottie (left), a peer advocate and support worker, both with the David Busby Street Centre, which provides outreach and services to people in the Simcoe area.

PHOTO: STEF + ETHAN

Haney's most influential connections have been with local residents with lived experience. She co-facilitated hundreds of workshops for community service providers alongside a young peer leader who lives in poverty. Though Haney was supposed to be the woman's mentor, she ended up learning valuable lessons from her client. "I learned a lot about...what it's like to live on social assistance, what the stigma is like, and how hard it is to get out," Haney says.

Inspired by these connections, Haney has taken her SDOH advocacy to the provincial level. At RNAO's 2016 annual general meeting, she helped put forward and pass two resolutions: one urging all nurses to adopt a health equity lens in their practice; and the other advocating for a basic income guarantee to help lift people out of poverty.

Haney is one of countless public health nurses bringing their unique perspectives to RNAO activities. The association is working hard to strengthen the sector, and to position it as an essential part of the future of health care in Ontario. Toward that end, public health was one of the pillars of RNAO's 2014 document, *Visionary Leadership: Charting a course for the future of the health system and nursing in Ontario*. In this document, RNAO recommends public health units be aligned with the mandate of the LHINs so they can initiate whole-system regional planning.

One of Ontario's strongest champions for public health is RNAO President Carol Timmings, who is chief nursing officer (CNO) at Toronto Public Health. She beams with pride when discussing the wide-ranging impact of her sector on population health outcomes. "The air we breathe, the water we drink, the food we eat – that's all

PUBLIC HEALTH PRINCIPLES IN ANY SECTOR

In the shadow of St. James Cathedral's 93-metre gothic tower, St. James Park is a welcoming patch of green among the grey concrete and orange brick of Toronto's oldest neighbourhood.

You can find a cross-section of downtown Toronto at the park. Bankers on lunch break, families towing babies and dogs, tourists, and clients of nearby homeless shelters all make use of the public space.

Unfortunately, you can also find an increasing number of used sharps left behind by opioid drug users. Between 30 and 50 sharps are left in the park every month, according to St. James Cathedral parish nurse and RNAO member Lanadee Lampman.

The used sharps are a health concern for the local community, St. James parishioners, and the handful of homeless people who spend their days in the park and sleep on the cathedral's porch. "We've got dogs and babies and vulnerable people living here," Lampman explains. "We need to deal with this."

The solution came in the form of a big, yellow sharps disposal box. It sounds simple, but getting the box installed in the park required a year-long campaign that engaged community members and organizations, and made use of skills Lampman honed as a public health nurse more than 20 years ago.

Since graduating from the University of Toronto's nursing program in 1984, Lampman has worked in nearly every health sector. She became St. James' parish nurse in 2013. Her time as a public health nurse in North York in the early 1990s was particularly influential, she says, noting she's carried the lessons she learned about community engagement throughout her career, and particularly into her current role.

Lampman first learned about the sharps disposal boxes at a Toronto board of health meeting in July 2016, where she was giving a deputation in support of supervised injection services. She soon joined the Toronto Needle Box Coalition, a group of concerned individuals and organizations seeking to get these boxes installed throughout the city.

Getting a sharps box in St. James Park required a lot of research and advocacy from

impacted by public health policy and practice interacting with our lives, day-in and day-out," she says.

Timmings became a senior nurse leader when she took on the role in 2009. After years of persistent advocacy by RNAO, the ministry of health mandated that the province's public health units establish this nursing leadership role. A task force, co-led by the ministry's Michelle Harding and RNAO CEO Doris Grinspun, formalized the role, which was included in the organizational standards for all 36 public health units by 2011.

As part of her role, Timmings is responsible for nursing resource planning, quality assurance, and supporting organizational effectiveness. She says the CNO role has increased nurses' visibility and credibility, and helped spread evidence-based practice throughout the public health sector. "When I sit at the senior management table, I bring a nursing leadership perspective across all the portfolios," she says. "I believe that has had a very positive impact on our organization."

Timmings sees a bright future for public health. Policy makers are increasingly waking up to the impact of SDOH, and looking at upstream approaches to keep people healthier in their communities. "Those ideas are not new to us in public health. We've been looking at them for decades," Timmings adds. "There's a tremendous window for us to make a bigger difference." **RN**

> **"The air we breathe, the water we drink, the food we eat – that's all impacted by public health policy and practice interacting with our lives, day-in and day-out."**
>
> **– CAROL TIMMINGS**

DANIEL PUNCH IS STAFF WRITER FOR RNAO.

Story collection showcases community nursing

The Community Health Nurses of Canada (CHNC) knows every nurse working in the community, including public health nurses, has a story to tell. That's why, earlier this year, the association asked its members from across the country to submit stories about their experiences with the people, families and populations they serve.

In June, just three months after the call went out, CHNC published *Caring and Connecting: Touching the Lives of Canadians through Community Health Nursing*. This collection of 28 unique anecdotes from community and public health nurses is the first of its kind in Canada.

"This book provides a glimpse inside the real world of community health nurses. It serves as a testament to (their) impact...and is a good resource for educators or preceptors and students," says Joyce Fox, CHNC executive director, and a long-time RNAO member.

CHNC was formed in 1987 by five nurses, including one from Ontario. Each of those nurses was interviewed for the book's foreword, which offers a bit of the history of community nursing in Canada. The book was published as a celebration of the group's 30th anniversary. It is available for purchase at CHNC.ca

Lampman. She partnered with Toronto Public Health's (TPH) needle exchange program to help pay for the box and ensure its contents were disposed of. She reached out to local businesses and the neighbourhood association to calm their fears about the "scary looking box" she planned to install. She also did "show and tell" with the people who live in the park and clients of the nearby shelters. "I'm very noisy about my box, how to use it, and what it's for," she says.

The sharps box was finally installed on July 31, 2017. Though she still finds syringes in the park, more and more of them are being dropped in the disposal unit.

Unfortunately, the opioid epidemic continues to intensify in Toronto and across North America. In late July, one of the "regulars" at St. James died of an overdose. And in August, Lampman used her naloxone kit for the first time to prevent another overdose on the cathedral grounds.

To keep her community safe and healthy during this crisis, Lampman says she will continue to use a public health approach. She worked with TPH to educate St. James volunteers about harm reduction strategies, and is offering recovery support groups for people who have lost loved ones. "The focus on the wider community, working with groups, and connections are all things I learned from public health," she says. **RN**

Lanadee Lampman (right) and St. James drop-in co-ordinator Kathy Biasi show how their new disposal box works.

INSPIRED LEADERS

PHOTO: STEF + ETHAN

We asked several RNAO members to tell us how involvement in their professional association improved their leadership skills.

BY DANIEL PUNCH

Anita Tsang-Sit

RN Anita Tsang-Sit was eager – and a bit anxious – the first time she sat down for a meeting with an MPP. It was during RNAO's 2013 Queen's Park on the Road (QPOR) event, in the Orangeville office of Dufferin-Caledon MPP Sylvia Jones. "Because I was nervous, I wanted to launch right into the meeting," recalls Tsang Sit, who was there as president-elect for RNAO's Peel chapter.

She soon relaxed and followed the lead of Karen Hilliard, who was the chapter's immediate past-president at the time, and a veteran of many MPP meetings. They had a productive discussion with Jones about the need for more RNs in Ontario, and other aspects of RNAO's *Why your health matters* political platform. Tsang-Sit built a rapport with the MPP, and felt she successfully conveyed her perspective as a nurse.

The next year, Tsang-Sit began her two-year term as Peel chapter president, and she now serves as immediate past-president. Since that first meeting with Jones, she has met with several political leaders, and become more and more comfortable advocating for nursing and health issues.

She says RNAO has been integral in her development as a leader. The association's media releases and action alerts help her stay up-to-date on important health and practice issues, and attending RNAO policy events, such as Queen's Park Day and QPOR, helps her refine the "soft skills" of political advocacy. "RNAO has provided me with a lot more skills than I could have learned at a job," she says.

And who knows? Maybe one day, Tsang-Sit will be on the other side of those policy meetings. She has toyed with the idea of entering politics since earning her degree in political science at McMaster University in 2003. Although she ultimately decided to pursue a career in health care, her interest in policy continued as she earned her nursing degree at York University in 2007. She then spent seven years as a Region of Peel public health nurse, mostly in the infectious diseases portfolio, and says the political lens she brought to the role was a valuable asset.

With an interest in policy and a desire to do more, being a member of RNAO was a natural fit for Tsang-Sit. The association's record of political action was one of the main reasons she joined as a nursing student in 2005, and it inspired her to get more involved after she graduated.

She started out by attending a few Peel chapter events, and then became the chapter's communications executive network officer (ENO) in 2010. That same year, she helped organize a screening of *Home Safe Toronto*, a documentary about homelessness. As part of the screening, she set up a panel discussion about homelessness in Peel Region, which included a Brampton family that shared their experience.

As Tsang-Sit took on a more active role on her local executive, she helped build the chapter's mentorship program for students and new graduates. The program pairs incoming RNs with members of Peel's executive team to engage them with their professional association and their community. She also served as a mentor to incoming presidents from other RNAO chapters, helping them learn the ins and outs of their new leadership role.

In RNAO, she found the perfect outlet for an RN leader who is passionate about policy. "I'm so glad there's an organization like RNAO," she says. "It melds (nursing and policy) together in a way I never thought would be possible." **RN**

> **RNAO** melds (nursing and policy) together in a way I never thought would be possible.
>
> – ANITA TSANG-SIT

Tanis Brown

In Tanis Brown's eyes, a good leader must have clarity of purpose. "It's important to have a vision. What are you trying to achieve?" says the veteran RN.

When Brown began her career in nursing, her vision was to make a difference for mothers and their children. At first, that led her to practise in the labour and delivery unit at The Ottawa Hospital, where she spent eight years.

Eventually, Brown wanted to make an impact on families on a larger scale. To do that, she knew she had to take on a role in public health leadership. "I wanted to move upstream...and engage in health-care planning," she recalls.

In 2007, she became a public health nurse in the family health program at Leeds, Grenville and Lanark District Health Unit (LGLDHU). Three years later, she began studying for her master's degree from Athabasca University.

It was during this time she realized how RNAO could help her reach her full potential. She had been an RNAO member on-and-off throughout her early career, but the importance of her professional association really became apparent during her graduate studies. "I found myself being drawn to RNAO resources and the work the association was doing. It became more meaningful to me," she says.

The association's best practice guidelines (BPG) and policy documents became her "go-to resources" as a master's student, and she frequently referenced them during class discussions. With the BPGs in her "back pocket," Brown says she could speak with authority on issues affecting nursing practice and the health of Ontarians. "The evidence RNAO (uses) and the respect it has gained across the province and internationally...gives me the confidence to raise my voice," she says.

Brown also feels supported by RNAO's professional liability protection (PLP), funding for educational courses, and mentorship opportunities. Recently, she was a mentor for one of her colleagues, who is completing an RNAO Advanced Clinical Practice Fellowship (ACPF). She has also seen the BPGs in action. As LGLDHU works towards Best Practice Spotlight Organization (BPSO) designation, Brown is helping those efforts as part of the health unit's *Person- and Family-Centred Care* BPG working group. Brown's career continues to progress, and she recently took on the health equity portfolio at her workplace. Once again, she turned to RNAO to make sure she was prepared. She attended the association's webinars and completed online courses to learn about addictions and mental health, as well as technology and social media in health care.

> "The evidence **RNAO** (uses) and the respect it has gained across the province and internationally...gives me the confidence to raise my voice."
>
> – TANIS BROWN

One of her first tasks in this new role was to provide health unit staff and management with orientation to a new health equity tool, which was to be implemented across her department. She developed and delivered a presentation about the importance of health equity, and was able to get good buy-in from department staff and management. Brown also showcased her leadership skills in her former role as facilitator for the Positive Parenting Program (Triple P), a comprehensive parenting support model. She helped build the foundations for Triple P in her region, including co-ordinating with different municipal organizations and securing funding.

By driving programs like these, and being part of the decision-making process, Brown is fulfilling her goal of making the biggest difference for the biggest number of people. And she is thankful to RNAO for providing her with evidence and tools along the way. **RN**

Larissa Gadsby

NP Larissa Gadsby was president of the Pediatric Nurses Interest Group (PedNIG) in March 2016 when her specialty was thrust into the provincial spotlight. News broke that St. Joseph's Healthcare in Hamilton planned to replace RNs with RPNs in its neonatal intensive care unit (NICU). Gadsby remembers thinking it was ridiculous to change the skill mix in a unit where the most vulnerable newborn babies are treated. "The safety risk is too great," she explains.

Just a few days later, the issue came up repeatedly in conversations with nursing students at a PedNIG student workshop. Gadsby and her colleagues took the opportunity to explain to the students that while all nurses have essential roles in the health system, the NICU requires the advanced assessment skills and clinical judgment of RNs.

Gadsby and her fellow PedNIG executives left the workshop knowing they had to do more to stop this unsafe practice. They took to social media to voice their concerns. Days later, Gadsby got a call from RNAO home office asking if she would like to write an opinion piece (op ed) and send it to the *Hamilton Spectator*. With help from the interest group's executive and support from home office, her op-ed was published on March 30.

Their efforts were successful. Facing severe backlash from RNAO and the public at large, St. Joseph's decided to reassess the plan. Then, in May, Gadsby was invited to meet with NDP party leader Andrea Horwath to discuss RN replacement. She brought with her a copy of the association's newly released *Mind the safety gap in health system transformation* report. "It was really great to have a discussion (using) the tangible evidence RNAO put together," she says. "It speaks to the value of what the association does."

> "I can influence my patients at the bedside, but I can also influence their (health care) experience by being involved with **RNAO**."
>
> – LARISSA GADSBY

The leadership Gadsby showed in speaking out against RN replacement is part of her long list of accomplishments since joining the association in 2009 as a nursing student at McMaster University. Back then, she was vice president of McMaster's Nursing Students Society, and loved the support and leadership opportunities the society provided her. When she graduated in 2010, she sought out similar opportunities and found them with RNAO.

She attended her first annual general meeting (AGM) in 2013, and decided to volunteer as PedNIG's education co-chair. As she got more involved with the interest group and RNAO, she recognized she could have an even larger impact on the health of Ontarians than she could in her day-to-day work. "I can influence my patients at the bedside and I can also influence their (health care) experience by being involved with RNAO," she says.

She became PedNIG president in 2014, and spent her two-year term strengthening the executive team, making connections in the pediatrics community, and organizing events like membership drives, annual student workshops, and the biannual PedNIG conference. Following her presidency, she looked to have an impact beyond her specialty. So she successfully ran for Region 4 representative on RNAO's board of directors, and joined the board in 2017.

Outside of RNAO, Gadby's career is also progressing quickly. She earned her master's degree in nursing at McMaster in 2014, and completed the NP program at University of Toronto in 2016. Today, she works as a pediatric neurology NP at McMaster Children's Hospital.

While she is still reluctant to call herself a leader, she credits RNAO for giving her the skills and inspiration to take on leadership roles. "I am the leader I am today because of RNAO, no doubt," Gadsby says. "(Meeting) people and seeing what the association is doing...just makes you so passionate that you keep coming back." **RN**

David McNeil

By the time David McNeil joined RNAO, he was already an established nurse leader.

The Sudbury native's career began in the 1980s as a frontline nurse in the remote Attiwapiskat First Nation. He then moved back to his hometown and took on various point-of-care and management roles at local hospitals. In 2002, he was named vice president and chief nursing executive (CNE) of what is now Health Sciences North.

But even with his success, McNeil recognized that RNAO could help him take the next step in his career. "For me to develop as a nurse leader, I needed to be more strongly affiliated with other nurse leaders and others in my profession," McNeil says.

He became an RNAO member in 2005, and was immediately connected to a dynamic network of RNs from across the province. He loved having conversations with colleagues that challenged his existing ideas about nursing and health care.

Inspired, he jumped head first into his professional association. By 2007, he was board of directors representative for Region 11. And in 2010, he became RNAO president.

Hoping to make positive change, he brought his passion for a more integrated, inclusive health system to this leadership role. During his presidency, RNAO developed the *Enhancing community care for Ontarians* (ECCO) report, which was released in October 2012 – shortly after the end of his tenure. "I think (ECCO) was an important piece of work. It created a good discussion about how (the health system) should be structured," he says.

A couple of years after his presidency ended, McNeil served as co-chair for RNAO's Rural and Remote Nursing Task Force, which released the *Coming together, moving forward report* in 2015. The report's 23 recommendations to retain and recruit nurses in rural, remote and northern communities were near and dear to his heart, as a nurse leader in Northern Ontario. He was even able to see some of these recommendations come to fruition a few months ago while visiting remote communities on the shores of James Bay as part of his role as CNE with Health Sciences North.

He says RNAO taught him many skills he carries over to his work life. Among other things, he made political contacts and learned political strategies that are helpful when he interacts with local politicians and the Local Health Integration Network (LHIN).

As CNE, he is proud to have helped transform Health Sciences North into a large academic acute care provider and a leader in Indigenous health research. The organization has also become much more person-centred over his career, a strategy advocated by RNAO.

More recently, McNeil earned his PhD in rural and northern health from Laurentian University, where he became an adjunct professor. He is also vice-chair of the Cambrian College board of governors. While he didn't begin his career aspiring to be a leader, he says leadership and nursing go hand-in-hand. "Leadership is not really a choice within nursing," he says. "You need to be a leader."

> By joining **RNAO**, members will create a much better health system, a much better profession, and be enriched personally and professionally.
>
> – DAVID MCNEIL

McNeil says good nurse leaders need to be engaged in their profession, and have challenging conversations about what's best for the populations they serve. "It takes courage...but the rewards are great," he explains.

By joining RNAO, he says members "...will create a much better health system, a much better profession, and be enriched personally and professionally." **RN**

DANIEL PUNCH IS STAFF WRITER FOR RNAO.

Piece by Piece

ICU RN Tilda Shalof turns a 28-year hobby into a unique work of art.

BY ALICIA SAUNDERS

When Tilda Shalof began working in the ICU in 1987, she never imagined the leftover plastic from her work would become art. She had just started at Toronto General Hospital (now part of University Health Network) when she began saving the small, brightly coloured plastic caps from antibiotic vials, IV medications, feeding tubes, and ventilators, all of which would normally find its way into the garbage.

"I remember thinking how many I was throwing out in a given shift," she says. "You could easily use a hundred."

Shalof found herself bringing home bags of plastic to store in her house and garage. In the early years, she would let her young children sort the pieces by colour or size, or string them into jewelry. But after 28 years of collecting these physical mementos of her work, she was unsure what to do with them. In 2015, she found a new use for her unique collection.

That year, Shalof made the tough decision to leave the ICU and take on a new career challenge. She decided to commemorate her time at Toronto General by creating a mural out of the plastic pieces. With the help of artist and friend Vanessa Herman-Landau, Shalof began to map out the mural. Over the summer of 2015, the pair spent their weekends working in Herman-Landau's studio, putting together a piece of art that represents Shalof's views on nursing and health.

Stretching a little over one metre high and almost three metres long, the mural is full of vibrant shades of blue, red, orange, yellow, pink and purple. It includes more than 10,000 pieces of plastic and shows two people reaching out and speaking to each other from opposite corners. Shalof says she and Herman-Landau wanted to make sure the faces could represent anyone. Blue paint runs along the hands to represent veins, something health-care workers who start IVs are familiar with. The mural also includes cell structures, which represent health at the most microscopic level. Elements from nature were also used as inspiration for portions of the mural, including purple and red flowers, as well as spiral shapes.

For Shalof, each piece of the mural holds sentimental value and represents someone she took care of in the ICU. The finished piece of art is not only a gift to the hospital she worked in for almost 30 years, it also commemorates her patients, including those who passed away.

PHOTO: UHN NEWS

"The actual pieces are very much connected to the patients that I cared for," she explains.

Shalof says that having art as an outlet helps her process the realities of her work as a nurse. In the ICU, she dealt with life-threatening situations and often cared for patients who did not recover. She says working in this high-stress environment suited her personality, and that she was able to handle the demands of the ICU. But it's not a role for everyone. Each nurse, she suggests, has to find the right kind of stress and work that suits them.

For Shalof, talking about the challenges at work has also been a helpful coping mechanism. While at Toronto General, she would often go out with her colleagues after a shift to decompress. She says nurses need to find whatever works for them to avoid feeling overwhelmed or burnt out.

Writing has been another important outlet for Shalof, and she hopes to continue using that and art to express herself and process her work. She has already published six books, and also has her own website. Her first book, *A Nurse's Story*, was inspired by her experiences during the 2003 SARS crisis.

Shalof says she has had an enormously positive response to her mural. Along with an article in the *Toronto Star* this past spring, a video was posted on the newspaper's Facebook page. It's received millions of views and comments. And Shalof has heard from other people who are also collecting pieces of plastic from their workplaces. She's even had some nurses and other health-care workers, including pharmacists, send her more pieces from Toronto, across Canada, and even some from the United States and Romania.

Shalof had to turn down a few offers to buy the mural, which will remain on display at the hospital. And she's been commissioned by a Texas couple to create a new one for their home.

One project Shalof says she is looking forward to is working with Herman-Landau again to advise a group of nurses at an Ottawa-based hospital on how to create their own mural.

She says she still has plenty of pieces and has plans to create another mural of her own. The initial project served as a farewell to the ICU, but she says her second one will represent new beginnings. **RN**

ALICIA SAUNDERS IS COMMUNICATIONS ASSISTANT FOR RNAO.

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DEADLINE: Dec. 18, 2017 at 5:00 p.m. EST

2018-2020 RNAO Board of Directors

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 interest group representative for a one-year term**
- **One interest group representative for a two-year term**

ALSO:

- Member, Provincial Nominations Committee (one general member vacancy)
- Member, Provincial Resolutions Committee (one general member vacancy)

In accordance with RNAO policies, members of board committees shall be appointed by the board of directors.

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 a resolution for review and decision at the 2018 AGM.

If you require further information about the AGM, the call for resolutions, or the call for nominations, including additional vacancies on any RNAO board committee not noted above, contact Sarah Pendlebury, RNAO board affairs co-ordinator, at spendlebury@RNAO.ca

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The Workplace Liaison Council (WLC) is also looking for representatives from Regions 3, 5, 6, 9, 10 and 12. As part of the council, you will help to inspire and drive educational offerings for workplace liaisons, as well as provide support for liaisons in their recruitment, retention and engagement efforts in their organizations.

To find out more about the WLP or WLC, contact Patti Hogg at RNAO home office, 1-800-268-7199 ext. 220 or phogg@RNAO.ca

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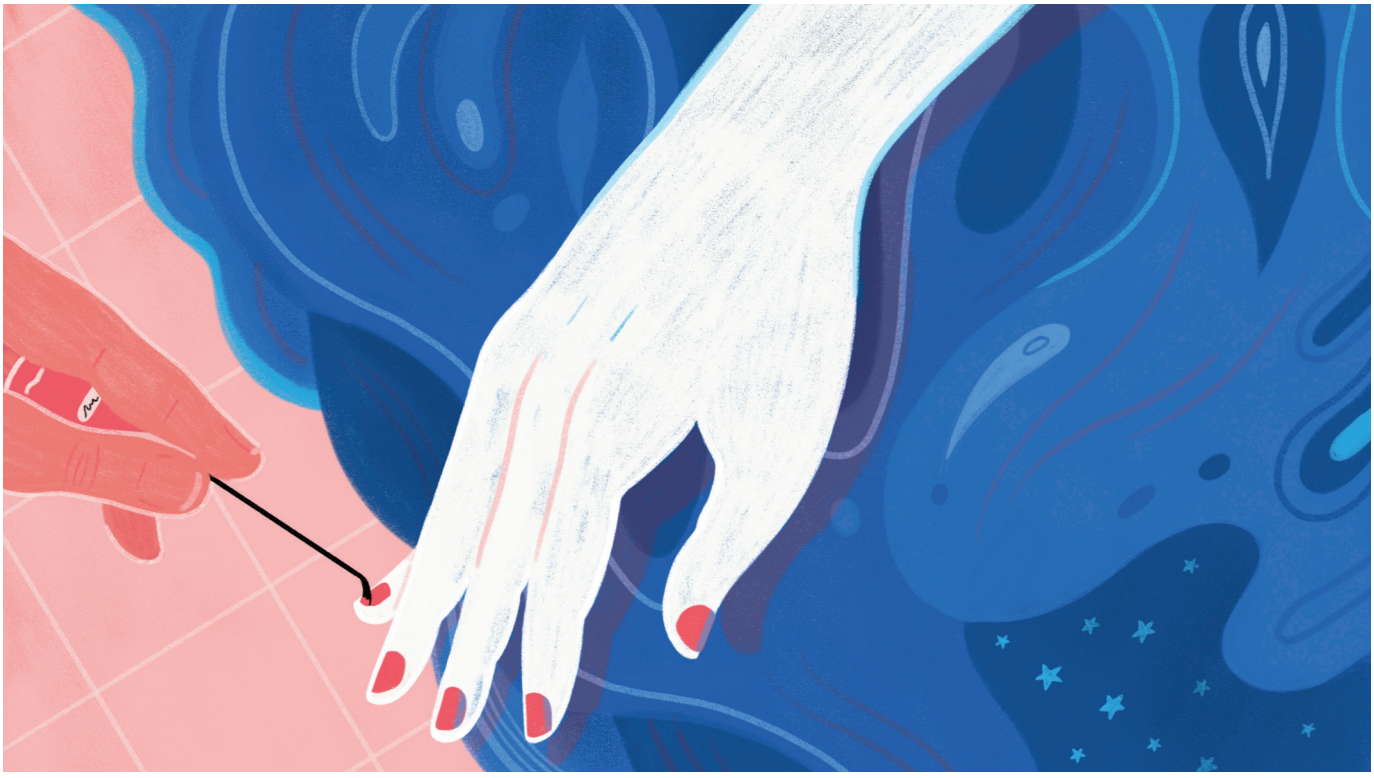
IN THE END

BY POLLY MALIK



What nursing means to me...

I STILL GET TEARY EYED WHEN I SHARE AN EXPERIENCE I HAD AT A HOSPICE LAST summer. I was on a weekend day shift when I met Stephanie,* a woman in her mid-30s with a dedicated husband and three young children. She had been diagnosed with an aggressive form of brain cancer and was dying. Her communication skills were waning and it was difficult to know how much of any conversation she was capable of understanding. Most of the time, I couldn't make out what she was saying. We were having a difficult time trying to convince her husband to stop feeding her as it would result in long episodes of vomiting. Feeding her made him feel that he was part of her care, so we needed to find something else for him to do.

I talked to him about getting involved in some of the oral care she required, and maybe even clipping her nails, which I noticed were very long and jagged and in need of attention. I found clippers and a file, and asked him if he could bring some nail polish from home. I said I would apply it myself if he was not up to that. He told me that Stephanie always wanted to get a proper manicure but was always too busy with the children. She also complained her nails would break before they were long enough for a manicure.

We found a volunteer to help with the clipping, and the next morning I applied the nail polish much to Stephanie's delight. She was totally with me throughout the polishing and even waved her wet nails back and forth to dry them as one would do after applying polish. When we were done, she looked at her nails, smiled, and said, "God bless you," a phrase she was able to annunciate clearly and much to my surprise.

Stephanie's husband witnessed the exchange and we smiled at each other before he left to bring their five-year-old daughter from the waiting room to see her mother. After kissing her mom hello, the little girl noticed her nails.

She put her hand over her mouth and squealed with delight. "Mama, you're beautiful."

I asked her if she would like me to paint her nails like her mom's. That was when Stephanie, who was obviously following this, said "Yes, please."

I sat the little girl down in a chair right beside the bed at eye level so Stephanie could see the whole thing. They smiled at each other throughout. Dad took pictures of them comparing their nails. Later that day, he came up to me with tears in his eyes. "I'm hoping my daughter inherits her mom's photographic memory," he said, "...but if she doesn't, I still have these pictures to remind her of that precious moment she was able to share with her mama at a time when there was little joy in our lives. You created a very special memory for me and my family, and I thank you from the bottom of my heart."

It was one of my most special moments as a nurse. A moment I felt I really made a difference with such a simple act. **RN**

SHIRLEY (POLLY) MALIK IS AN OTTAWA RN WHO WORKS IN PALLIATIVE CARE IN THE COMMUNITY AND TEACHES IN THE PERSONAL SUPPORT WORKER (PSW) PROGRAM AT ALGONQUIN COLLEGE.

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

ILLUSTRATION: JACK DYLAN

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