



ONTARIO FAMILY PRACTICE NURSES

**SPECIAL
POINTS OF
INTEREST:**

- **Review of the CMAJ Immunization Pain Management Practice Guidelines**
- **RNAO works to support and promote RNs and RPNs in Primary Care**
- **OBSP has expanded its high-risk screening**
- **Professional Liability Follow-up**

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To promote and support the professional role of the RN in family practice

WINTER 2012

President's Message

Since the last newsletter we have had 2 elections – federal and provincial in Ontario. In many countries around the world people are literally dying in the fight for a democratic right to vote. In Canada we need to give thanks for our opportunity to not only vote, but the freedom to contact local politicians or Letters to the Editors pages of newspapers and express our opinions. Between elections it is often difficult to get the politicians to pay attention to our issues, but your professional organization, the Registered Nurses Association of Ontario (RNAO), is trying to facilitate this. They send us regular alerts about issues – not just health care issues, but issues that relate to the social determinants of health. They give us a suggested letter to send to the appropriate politicians (you can amend it if you like or send it as

is), and then at the press of a button the letter is on its way. You do not need to be an RNAO member to participate but you will have to check the website regularly (www.rnao.org) As patient advocates I think we have to be willing to do this sort of thing to benefit our patients. With the Canada Health Act due for renegotiation in 2014, we all need to continue to put pressure on our elected officials to take these negotiations seriously, and we need to protect publicly funded, universal Medicare.

From a professional point of view, there are several things happening. I hope most of you participated in the research being done on Smoking Cessation Counselling for Pregnant Women. I sent a series of emails in the fall inviting OFPN members to participate. It is

rare for research to focus on Family Practice nurses, and we all need to support it when it happens.

RNAO is forming a Task Force to examine the role of the nurse in Family Practice. They are inviting Registered Practical Nurses of Ontario (RPNAO), Nurse Practitioners Association of Ontario (NPAO), Association of Family Health Teams (AFHT), OFPN and many other groups to participate. As president I have been invited to co-chair, and I am hoping that several members of our executive will also participate.

And finally – a head's up that there will be several subsidy and bursary proposals coming to the Biannual Meeting May 4, 2012, so stay tuned.

Judie Surridge
OFPN President

OFPN BIENNIAL CONFERENCE:

FROM WOMB TO TOMB

May 4-5, 2012 @ Hilton Toronto Airport

<http://ofpnconference.webs.com/>

Membership Report

Our membership was reduced somewhat this past year with the demise of several Chapters. We now have 586 members from all across the Province. Most people join through RNAO .

Membership in the Ontario Family Practice Nurses Group also automatically provides membership in the Canadian Family Practice Nurses Association.

There are three ways to join our Group.

Through RNAO – just tick off our box and pay the appropriate fee as determined by RNAO.

Through a Chapter – Ottawa, Kingston, London and Area and Chatham/Kent are still active.

Directly to me – the membership Chair. Our registration form can be found on the OFPN Interest Group page of the RNAO website. Print it, complete it and send it to me with your registration fee of \$60.

If you join through RNAO and would like to join one of the active Chapters please email me and I will send your information on to the Chapter who will then contact you directly. You could email or send me the registration form on the RNAO website.

Of our 586 members, we only have 491 with valid email addresses. I have sent out 6 educational or research notices over the last year. If you are NOT receiving emails from us please SEND ME AN EMAIL so I can add your correct email address to our mailing list. This is most important as we will be communicating by email in the future. Our future newsletters will be sent by email.

Barabara Thompson, OFPN Membership Chair
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OFPN EXECUTIVE COMMITTEE

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**Please ensure
we have your
up to date
email address**

OFPN REGIONAL CHAPTERS

A great way to meet OFPN members from diverse practices and engage in educational initiatives.

There is no additional fee to join a chapter.

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RNAO Taskforce to Promote Primary Care Nursing



O FPN committee members Judie Surridge (President), Judith Manson (Vice President), Kelly Pensom (Communications Officer), and CFPNA President Anne Alsafer joined with primary care nurses from across the province and RNAO Executive Director to spearhead a taskforce aimed at promoting the role of RNs and

RPNs in primary care. All primary care models (aside from walk-in clinics and sexual health clinics) are to be considered.

The group is examining primary care nursing roles across models to highlight the highest levels of scope of practice. The intent is to enhance role descriptions to be adopted by all the models with the overall goal of optimizing primary care functioning throughout the province. The group plans to

- Develop a primary care toolkit

that is more comprehensive and updated from the current CAN toolkit.

- Generate a report including recommendations for the MOHLTC, associations, workplaces and nurses.

This is an exciting collaboration to promote and support all primary care RNs and RPNs. OFPN is honoured and proud to be involved in the process. Please forward pressing thoughts/concerns to Judy Surridge.

Sheilagh Callahan, the Coordinator of the George Brown Program will be giving us a program update at the 2012 Conference.

Education Update



“George Brown College has just launched a new program for Registered Nurses: Post Graduate Certificate in Family Practice Nursing/Primary Care. This is the first program of its kind in North America. This program is

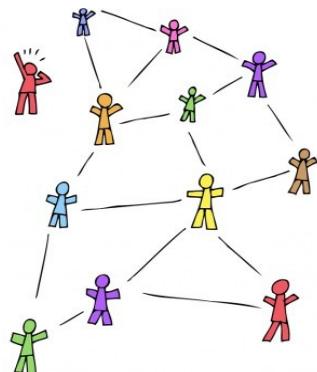
based on Primary Health Care Principles, Interprofessional Collaboration and a Holistic Approach to Client-centred Care. We are preparing nurses (RNs) at the post graduate level to develop the competencies in Primary Care and Collaborative practice to work in Family Health Teams across the province”

Sheilagh Callahan, RN, MScN
Program Coordinator
scallahan@georgebrown.ca

- Now accepting applicants for September 2012
- A two semester, intensive course
- Mostly online, with 1-2 face-to-face classroom/lab sessions in the first semester
- Preceptored clinical placement in semester 2.
- Contact Sheilagh with potential preceptor/placement opportunities

Interested in connecting with other family practice nurses?

At this year's conference there will be an organized networking session on Friday afternoon, May 4. The intention is to bring nurses from different regions of Ontario together. Currently OFPN has four functioning Chapters. Their goals are to keep OFPN members current with practice relevant education and, importantly, to keep members connected to fulfill OFPN goals of promoting and supporting the role of the nurse in family practice. Many members may be interested in connecting to revive lost chapters throughout the province, or to start new chapters, each designed to meet the unique needs of family practice nurses in the diverse communities of the province. Please join us in this session to better connect and promote the competencies and possibilities for this role.



Immunization Update

By now we are aware of and have been integrating the new Ontario immunization schedule since August. The changes were many, and you may still be grappling with the new schedule as well as the rationales for the changes. For those who are still seeking more information regarding the vaccines that have been added, or for those who need there are tools available to you.

- The Ministry of Health and Long Term Care has put together audio learning modules for health care providers. One session is intended to (re)educate us regarding the overall safety and efficacy of vaccines; another three sessions are intended to review the rotavirus, varicella and pertussis vaccines. These modules are intended to help you engage with patients regarding vaccines, their safety and the rationale for their use. The modules can be accessed, free: <http://www.health.gov.on.ca/en/pro/programs/immunization/education.aspx>
- The Associate Medical Officer of Health for London-Middlesex, Dr. Warshawsky, gave a presentation about the new vaccines and schedules, which that health unit have compiled as seven video segments on their website. The seven videos address new vaccines and schedule, rotavirus, varicella, adult acellular pertussis, prevnar 13, multiple injections at one visit and pain management, and sources of information. Go to www.healthunit.com and click on the orange box titled “New Vaccines and Schedules.”

With the new vaccine schedule many practitioners and parents alike are continually concerned with providing adequate pain management for vaccination visits. In 2010 the Canadian Medical Association organized an interdisciplinary panel, which included parental input, to develop guidelines for pain management during immunization procedures.¹ The panel generated the guidelines by reviewing the physical, pharmacological and psychological strategies in current literature and designated a level of evidence and grade for each recommendation made. Below is a brief review of the recommendations, though it is highly recommended you review the recommendations at <http://www.cmaj.ca/content/182/18/E843.full>

- Offer something sweet
Suggest breastfeeding, which has analgesic and comforting effects. Breastfeeding should begin prior to injection and continue throughout and after. For those who cannot breastfeed during injection, up to 12 months of age offer a sweet-tasting solution, such as sucrose. Sucrose solution can be made in the clinic by dissolving a sugar packet or cube in 10mL of water.
- Do not lay the infant/child in the supine position for injection
Though an optimal position is unknown, supine has been shown to increase pain responses, perhaps by affecting the child’s perception of the experience.
- Use a quick injection technique, without aspiration
- Give the more painful immunization first
- Use a *topical* analgesic
- Use tactile stimulation
Rubbing or stroking near the injection site may reduce pain by gate control mechanisms. Most research is in children 4 and up, but new research in infants is coming.
- Distraction
Can be parent, clinician, or child driven in the older child. Many options are available, and an older child may prefer to chose the distraction used. Make sure the distraction is age appropriate (parental distraction for infants and child involvement for older patients). Suggestions include talking, guided imagery, bubbles, and breathing techniques.

When pain is inadequately addressed, immunizations are perceived as more painful and traumatizing by patients, parents and clinicians alike.



Screening Update

EXPANDED ONTARIO BREAST SCREENING PROGRAM

For those who may not be aware, in July the Ontario Breast Screening Program (OBSP) expanded to include screening for women aged 30 to 69 at high risk for breast cancer at 19 high risk screening centres across the province. Eligible women will be able to have annual MRI and breast mammography as well as genetic assessment and testing, if required, on referral by their physician.

Cancer Care Ontario (CCO), in partnership with the Centre for Effective Practice (CEP), has developed **Provider Education Tools** to support the newly expanded Ontario Breast Screening Program (OBSP). These tools will assist healthcare providers to understand their roles and responsibilities in screening women at high risk for breast cancer. In doing so, they will promote early detection of breast cancer, ensure patients receive the benefits of screening, and improve the quality of their care.

Provider education tools can be found at www.cancercare.on.ca/obspresources and include the following:

- · Provider Education Brochure
- · Requisition for High Risk Screening
- · Summary of Evidence
- · Frequently Asked Questions

The introduction of combined breast screening MRI and mammography for women, aged 30 to 69 years, who are at high risk for breast cancer into the OBSP will extend the advantages of organized screening to these women, thereby improving the quality of their care and promoting the early detection of breast cancer.

Though this does not directly affect many family practice nurses, it is important to keep current in the new screening processes in place.

If you require further information, please contact Cancer Care Ontario at
breastscreen@cancercare.on.ca

Cancer Care Ontario
 Action Cancer Ontario

Changes to the Ontario Breast Screening Program (OBSP)

HIGH RISK SCREENING

Cancer Care Ontario
Action Cancer Ontario

Immunization Update Continued

The paper also address techniques that do not have sufficient evidence for recommendation as appropriate pain management during immunization, though the authors indicate that RTCs for review are lacking and research is needed.

- Oral analgesic

Surprisingly, there is currently no demonstrated benefit to using oral analgesics to manage the acute pain of immunizations.
- Cooling the injection site
- Tandem injections by more than one clinician

Given the central role of family practice nurses in immunization of patients of all ages, please review these recommendations, as well as others to assure pain management is adequately addressed in your practice.

Taddio, A., et al. (2011). Reducing the pain of childhood vaccination: an evidence-based clinical practice guideline. *CMAJ*, 182(18). doi: 10.1503/cmaj.101720. Accessed at <http://cmaj.ca/content/182/18/E843.full>

Professional Issues

Follow-Up on Personal Professional Liability Protection

There have been several developments regarding Personal Professional Liability Protection. To recap:

The government, as part of Bill 179, passed an amendment to the Registered Health Professions Act which requires that "No member of a college in Ontario shall engage in the practice of the health profession unless he or she is personally insured against professional liability under a professional liability insurance policy or belongs to a specified association that provides the member with personal protection against professional liability." This Act is not yet proclaimed, and therefore it is not in effect.

The College of Nurses of Ontario, in order to meet its obligations under the Act, needed to pass regulations to enable this. Therefore, they sent out their proposed by-law changes for comment. Due to the large volume of feedback and questions received from members, they are not passing the Bylaw at this time.

The RNAO is named in the College Bylaw as the only RN Association that meets the Professional Liability Protection (PLP) requirement (through the Canadian Nurses Protective Society). This is NOT true Malpractice Insurance, but rather a plan that provides liability protection for members.

At present, nurses working in hospitals, and for many other employers in the province, are covered under their employer's professional liability insurance. Nurses in Family Health Teams, and other smaller practices need to talk to their employer about whether the employer carries professional liability insurance for them.

Nurses have a couple of options available to them to meet the Professional Liability Protection (PLP) requirement. The simplest is to join RNAO and be covered by their plan, since it is named in the College Bylaw. There is no additional charge for CNPS Protection with RNAO, unlike the LAP (Legal Assistance Program) which covers the cost of legal advice under a variety of situations. In addition, RNAO sponsors a NurseInsure program which allows **RNAO members** to buy a Professional Liability Insurance Policy \$210/year for \$1,000,000 (additional limits and coverages can be purchased). If anyone is interested in more information about this, please check the RNAO website or contact Roberta Tasson of MAGNES, at

rtasson@magnesgroup.com, or by calling 905-845-9793/1-800-650-3435, ext. 349.

If you choose not to join RNAO, you will need to buy your own professional liability insurance. If you do so you need to make sure it is Professional Liability insurance, not the kind of liability insurance that covers you if someone trips and breaks a leg on your property. Please note that Professional Liability Insurance can also be referred to as Errors & Omissions Insurance or Medical Malpractice Insurance

I understand many of the FHT agreements with the government require that all professionals show proof of liability insurance. (The same government that passed Bill 179).

Judie Surridge, RN
OFPN President

OFPN WANTS TO HEAR FROM YOU!

OFPN IS WORKING TO ENHANCE ITS COMMUNICATIONS TO MEMBERS. NEWSLETTER COMMUNICATIONS
WOULD BE OPTIMIZED WITH YOUR INPUT!

LET US KNOW ABOUT CLINICAL PROJECTS, CLINICAL ROLES, RESEARCH, POINTS OF INTEREST, A TOPIC YOU
WOULD LIKE REVIEWED, PRACTICE CONCERNS.

CONTACT COMMUNICATIONS: kellypensom@gmail.com