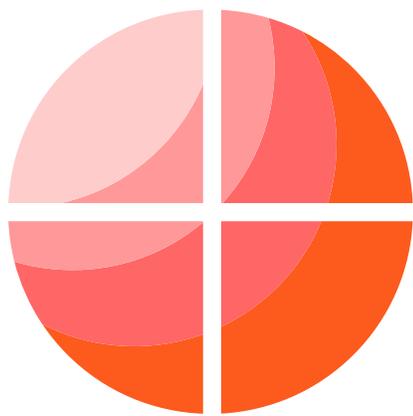


RNAO MOBILIZE RNAO MOBILIZE RNAO

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2019 – 2020



RNAO'S
95th anniversary

THE YEAR OF **THE NURSE**

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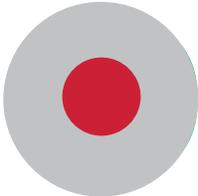
KNOWLEDGE

COMPASSION

COURAGE

VOICE

POWERING

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PRACTICE EXCELLENCE

PARTNERSHIPS

COLLECTIVE IDENTITY

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**MESSAGE
FROM
RNAO'S
PRESIDENT
AND CEO**



Dr. Angela Cooper Brathwaite
RNAO President
RN, MN, PhD



Dr. Doris Grinspun
RNAO Chief Executive Officer
RN, MSN, PhD, LLD, Dr(hc), FAAN, O.ONT

Dear member,

Welcome to RNAO's annual report, a recap of our work before and during the COVID-19 pandemic. Our main focus this year is mobilization. As you make your way through these pages, you will see how you – members – have engaged to mobilize change.

This report is built around five pillars: voice, powering, practice excellence, partnerships and collective identity. Let's explore what each means, and how they link together.

Over the past year, RNAO's voice has been stronger than ever before. Our groundbreaking *Enhancing Community Care for Ontarians (ECCO) 3.0* report offers recommendations for the continuation of Ontario's health-system restructuring. Our voice has also been strong and focused on vulnerable populations. We continue to support these unheard voices, opening doors when needed. And our voice was heard loud-and-clear throughout an inquiry and an inquest this past year.

Having a strong voice is not about making noise. It is about powering action: our next pillar.

To power action means strengthening the capacity of members to advance policy, best practice, the nursing workforce, and health for all. In this report, we bring you an update on Ontario's Nurse Practitioner Task Force, launched at last year's AGM. This task force has worked hard on a re-envisioned future for NPs. Ontario, compared with other jurisdictions, does not have sufficient NPs, and this has to change. We also provide an update on financials and our grassroots structure at RNAO (like our chapters, interest groups and assembly), which matter when we talk about powering an organization and its members, who mobilize themselves to also produce our next pillar: practice excellence.

Within this pillar, you will see the impactful work of RNAO provincially, nationally and internationally on best practice guidelines (BPG) and Best Practice Spotlight Organizations (BPSO). This includes new BPGs, the formidable work of BPSOs before and during COVID-19, as well as publications, manuscripts, articles and books which RNAO staff have authored or co-authored. We are proud of our staff's stellar scholarly work.

To achieve excellence in practice, and to build a better health system, RNAO has strengthened the vital partnerships that lead to important change. And 'partnerships' is our fourth pillar.



**MESSAGE
FROM
RNAO'S
PRESIDENT
AND CEO**

MOBILIZE

Partnerships have been a life-line during COVID-19. We have always valued our work with others, but this pandemic has highlighted the partnerships essential to move policy into action.

Since March, RNAO has partnered with 316 organizations through VIANurse, and 9,182 RNs and NPs, as well as thousands of nursing students, have volunteered for deployment amid the COVID-19 chaos. Our enormous gratitude goes to all who added their names to our VIANurse database. We also recognize RNAO's long-term care co-ordinators – led by associate director Heather McConnell – who developed vital resources for the sector hardest hit by the pandemic. And we extend our admiration to membership and services director Daniel Lau, Carrie Edwards and the whole team, who worked 24/7 to deploy urgently needed NPs, RNs, RPNs and nursing students. We are indebted to Peta Gay Batton, executive assistant, for her admirable dedication during COVID-19.

We had other vital partnerships this year. For example, we worked with the Chiefs of Ontario (thanks to the leadership of program managers Sabrina Merali and Grace Suva) to create a full plan for COVID-19 in First Nations communities. Through Nursing Now International, we delivered (pre-COVID) two international webinars (in English and Spanish) about our BPG program, and (during COVID), two more international webinars about the stellar work of RNAO during the global crisis. The Canadian Patient Safety Institute (CPSI) is also our partner in the delivery of an important framework for social movement action. Susan McNeil, who is vital to this partnership, also leads our fifth and final pillar in our annual report: collective identity.

By mobilizing nurses through each of our first four pillars, we create a nursing community that identifies as one connected group. Whether it is through collective voice, powering with capacity building, practice excellence or partnerships, or the pins proudly worn by RNs, NPs, nursing student and BPSOs, we have experienced this year a tremendous uplifting of our collective identity.

The final pages of this report showcase that collective identity through our social media campaign, launched at the outset of the COVID-19 crisis. This initiative brought forward that #TogetherWeCanDoIt, a theme you will see in everything we do.

We want to thank you for all your contributions and for your unwavering commitment to Ontarians, to one another and to RNAO.

On this, our 95th anniversary, the Year of the Nurse and 200th birthday of Florence Nightingale, we know our indomitable predecessor would feel proud of RNAO and members for the legacy we are leaving for generations to come.

Yours in action,

Angela Cooper Brathwaite, RN, MN, PhD
RNAO President

Doris Grinspun, RN, MSN, PhD, LLD(hon), Dr(hc), FAAN, O.ONT.
RNAO CEO

Mobilizing VOICE to speak out for nursing and speak out for health

VOICE

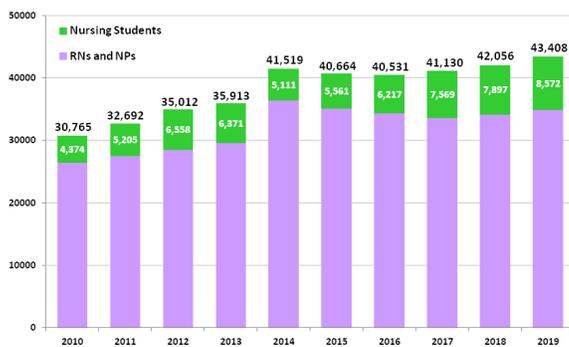
Membership – the engine and the fuel that mobilizes RNAO

Just like the blood in our veins and the oxygen that feeds our brains, membership is the life blood that mobilizes RNAO, a member-driven association. RNAO’s membership of RNs, NPs and nursing students – which is 43,408 strong – is diversified, with representation from all sectors and roles. Our membership stretches across this vast province, and yet we are unified in our mission to advocate for healthy public policy, promote excellence in nursing practice, and power nurses to actively influence and shape decisions that affect the profession and the public we serve.

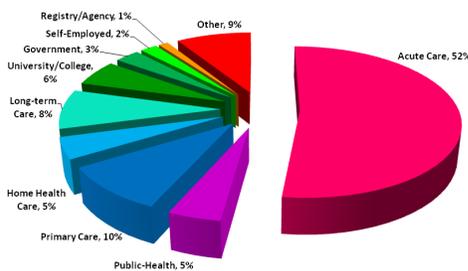
RNAO is powerful and effective because the association’s engines are fueled by the right values: “We believe health is a resource for everyday living and that health care is a universal human right. We respect human dignity and are committed to diversity, inclusivity, equality, social justice, and democracy. We believe the leadership of every nurse advances individual and collective health.” Anchored on these strong values and powered by evidence and courage, members from different generations, specialty interests, roles, sectors and localities across the province speak like a beautiful orchestra for nursing and for health. Members take their voices to their workplaces and electoral ridings. They are a formidable force delivering results for the profession and the people of Ontario.

Florence Nightingale (1859) summarized it best: *“We must never forget that the individual makes the association. What the association is depends upon each of its members. A nurses’ association can never be a substitute for the individual nurse. It is she (/he/they) who must, each in her (/his/their) measure, give life to the association, while the association helps her (/him/them).”*

RNAO Membership: 2010-2019



RNAO Membership by Sector, 2019



RNAO Membership: New Grads 2015 - 2019





RNs at Inner City Health Associates offer care and refuge to persons experiencing homelessness during COVID-19.

Nurses' voices for vulnerable persons

We all know “home is where the heart is.” But what do you do when you do not have a home? Where does your heart belong? With the rising number of persons living in rural and urban centres without a place to call home, RNAO tirelessly works to mobilize action, bringing voice to persons experiencing homelessness, and a clear vision to government decision-makers of the stark realities on our streets.

Supporting and speaking out for this vulnerable population has been at the core of RNAO’s work related to social determinants of health and ensuring pleas for help are heard and addressed.

During the COVID-19 crisis, RNAO championed and helped shape a nurse-led initiative in partnership with Inner City Health Associates to provide a safety net for those living on the street. The successful initiative includes a care and living facility that has been the silver lining of COVID-19 for homelessness. It provides many with a dream come true: safe shelter. This facility also enabled control of what could have been a devastating impact of COVID-19 on this population, and effective treatment for those testing positive. Their appreciative and powered voices reinforce that they finally feel they have a place for their heart.

RNAO’s work in giving voice to vulnerable populations also extends to those impacted by the opioid crisis, those with mental illness, and, particularly during COVID-19, those older persons depending on us to rescue them from deplorable conditions in long-term care facilities. These unacceptable conditions have been created by long-standing shortfalls in staffing and funding for a sector many older adults call “home.”

RNAO’s mobilizing efforts for vulnerable populations depends on members seeing how a growing and sustained multitude of voices cannot be ignored, and results in improved health and well-being for all.

RNAO @RNAO

Shelter is a key determinant of health, yet nearly 250,000 Canadians experience homelessness.

Ensure Canada's recovery plan includes recovery for all Canadians. [#RecoveryForAll](#)

Take a minute of your time & sign our Action Alert to help: [rnao.ca/policy/action-...](#)

ACTION ALERT

ELIMINATE HOMELESSNESS IN CANADA, ONCE AND FOR ALL.

[Take Action Now](#)



Inquiries and Inquests: A tool of last resort

RNAO mobilizes its members to give voice to individuals who are no longer heard. The association takes on issues too troubling for decision-makers to expose, and challenges only the courageous will tackle. RNAO uses an array of escalating tools to call for action, including: letters to government officials, position papers, submissions, action alerts, and media outreach. If these efforts fail, the association enacts a tool of last resort: calling for an inquest or inquiry. While expensive and lengthy, inquiries are an effective policy tool to galvanize urgent and outstanding crises to ensure attention at key decision-making tables.

RNAO has participated in numerous inquiries and initiated two calls for public inquiries over the past 20 years. On the first (2003), the association called to uncover the handling of the Severe Acute Respiratory Syndrome (SARS) outbreak that killed 44 Ontarians. On the second (2017), RNAO called for [The Safety and Security of Residents in Long-Term Care Homes](#) following the killing spree of a former RN. The recommendations of this inquiry called for a final report on July 31, 2020 regarding the adequacy of regulated staff in nursing homes.

This past year, RNAO was honoured to add its voice to calls for government to seriously tackle the opioid crisis, through participation in the Brad Chapman Coroner's Inquest. RNAO's presentation to the inquest painted a picture of the real people behind the shocking numbers tragically affected by the inaction to establish safe consumption sites. The association echoed the outrage of others over government and societal disregard for the plight of those experiencing homelessness and suffering from substance use.

In both of these critical policy imperatives impacting health and justice, RNAO's leading voice was extended by its members who, serving as megaphones, mobilized themselves and others to fuel health-system transformation.



President Angela Cooper Braithwaite reports on the LTC inquiry to RNAO assembly members.



RNAO at the coroner's inquest into the death of Brad Chapman, 43, from an accidental overdose.



The names of those who have died on Toronto streets are added to its Homeless Memorial on a monthly basis.

Mobilizing VOICE to speak out for nursing and speak out for health

VOICE



RNAO President Angela Cooper Brathwaite visits South Simcoe Chapter members during Fall Tour 2019.



Radio Canada interviews RNAO CEO Doris Grinspun about COVID-19.

Speaking out

When it comes to nursing and health, speaking out is what we do. Our voice is our power and we mobilize that voice through the media, our social media activity and our [award-winning digital publication, RNJ](#).

We do so with conviction, using knowledge, compassion and courage speaking truth to power that conveys purpose and that reflects the values we hold.

This includes advocating for changes that improve the lives of our patients, our communities and our health system.

We've built solid and trusting relationships with members of the media because of our reputation for being candid, factual and transparent. And it's why we are among the most trusted, go-to source, always and consistently during COVID-19. Through the media, we have raised critical issues such as the lack of personal protective equipment, the importance of testing and contact tracing, and the failure to place a greater focus on the long-term care sector when the virus began its rapid spread through nursing homes.

Our voice is also heard loud-and-clear through our [Twitter](#), [Facebook](#) and [Instagram](#) social media channels. We use these mediums skillfully, respectfully and strategically to reach a broader audience and to amplify our message. Engagement is key and that's why we salute our faithful followers who have helped spread news of RNAO's work by sharing it on your social networks.

We also speak out through our award-winning journal, RNJ. This past year, we launched a brand new digital version. We feature stories of our advocacy, policy imperatives and the evidence-based best practice program and initiatives on which RNAO has built its reputation. And we share your stories about your practice and your passion for our profession.

During the Year of the Nurse, we hope that you revel in the power of our collective voice. We are a force for positive change and we thank you for being part of it.



RNAO is pleased with @JustinTrudeau's \$2B for #PPE. Securing Ont's 9M SxMasks/week + other essential PPE is urgent NOW! We must prepare for #WorstCaseScenario.



Ten months after RN Lhamo Dolkar gave birth to her fourth child and began to battle depression, she went public, hopeful she could help others.

MOBILIZE

POWERING nursing, health and health care

POWERING

Powering members to mobilize healthy public policy

Every day, registered nurses (RNs), nurse practitioners (NPs) and nursing students (NS) witness the impact of health and social policy on the day-to-day lives of Ontarians. RNAO members – fully engaged professionals working in all roles and sectors – recognize their responsibility to mobilize action by speaking out on policies that shape health outcomes.

RNAO's collective voice is heard loud-and-clear. With robust policy documents, deputations before legislative committees, testimony at inquests and inquiries, action alerts, and through mobilizing for political events, the impact of RNAO is second to none. More than 100 MPPs and more than 250 RNs, NPs and NS participated this year in our signature annual events: Queen's Park Day, Take Your MPP to Work, and Queen's Park on the Road. Their efforts advance issues important for Ontarians.



As we celebrate RNAO's 95th anniversary, the 200th anniversary of the birth of Florence Nightingale, and the Year of the Nurse & Midwife, we honour Nightingale's pioneering advocacy. She expressed her voice with more than 13,000 letters still relevant to this day. Nightingale would be proud of RNAO and its members for leading the way today. She would value the evidence-based and solution-oriented policy action of RNAO. To honour her, we continue her legacy of nursing advocacy, humanitarian aid and social justice.

One example: RNAO has been a driving force in relation to the opioid crisis. We are engaged in three critical pillars: harm reduction across the province, sustainable funding for consumption treatment service sites, and opening sites in all communities in need.

Another example: We continue to pursue substantive and permanent solutions for the crisis in long-term care, including RNAO's staffing formula. Our actions are prominent in mainstream and social media. RNAO is an association that delivers. And it delivers because of you – members.

Mobilizing capacity building to power practice

RNAO mobilized more than 19,000 members through knowledge and evidence-based tools so they can power colleagues, patients, clients, residents and workplaces. This year, 4,473 new champions joined the Best Practice Champions Network, developing the knowledge and skills to lead change through the implementation and sustainability of best practices.

Almost 11,000 participants joined free knowledge-exchange webinars on a range of topics, and 489 attended RNAO paid events. We were thrilled to also have 398 attendees at the release of three next edition BPGs. Four Nursing Now International webinars (in English and Spanish) attracted well over 2,000 nurses from around the world. Capacity building this year also included numerous career consultations, resume reviews, and communities of practice.



The creation of Ontario Health Teams (OHT) led RNAO to launch a new Best Practice Spotlight Organization model: BPSO OHT, which brings together interprofessional teams and those with lived experience to envision a future system with person centredness as the foundation, across the full continuum of care. Just imagine, a room of 120 nurses, personal support workers, pharmacists, social workers, patient and family representatives, mental health workers, chiropodists and more, coming together for an immersive workshop centred on collaborative learning.

Another highlight of the year was our work with Indigenous Services Canada. Together, we developed and delivered workshops for nurses who work with First Nations in Ontario, with 319 nurses powered by the integration of local Indigenous traditions and cultural teachings into the professional development curriculum. Topics included the exploration of the history of the treatment of Indigenous people in Canada, and the need for nurses to integrate trauma-informed, strength-based practices into their work. This is the type of capacity building that enables nurses to build networks to promote greater knowledge exchange and sustainability, ultimately powering themselves and those who live in First Nations communities.



During the 2019 Fall Tour, members join RNAO President Angela Cooper Brathwaite to urge all nurses to vote in the federal election.



Assembly members meeting in February 2020 take a moment to hoist signs in support of some of RNAO's ongoing initiatives.

Powering our members: RNAO's grassroots structure

Through RNAO's grassroots structure – including chapters, interest groups and the assembly – members are set up to succeed.

If “self-actualization” means making a difference in the lives of the people we serve by unleashing our knowledge and passion, the executive network structure, designed to power and mobilize RNAO's volunteer executive members, has accomplished its objectives consistently over the last 20 years.

RNAO's chapter and interest group executive network structure is set up in such a way that every volunteer, known as an executive network officer (ENO), is linked directly with their functional counterpart, who is a subject-area expert at RNAO home office. Through this relationship, volunteers can seek advice and support on such things as organizing an all-candidates breakfast meeting, getting a letter to the local newspaper published, or devising an impactful membership marketing campaign.

RNAO's structure brings together geographical and specialty representation from 34 chapters in all corners of Ontario, and 31 specialty/interest groups or populations within the nursing spectrum. The assembly, comprised of more than 130 chapter and interest group presidents and/or chairs, as well as board members, connect, engage and exchange ideas with other community leaders across the province.

The assembly gathers twice a year in Toronto; once in September to focus on membership recruitment, retention and engagement, and once in February to focus on political action and advocacy. In February, the assembly visits Queen's Park for a breakfast dialogue with MPPs, the premier, ministers and opposition party leaders. This year, assembly members also had the opportunity to hear from and engage with top civil servant leaders.

Fully energized and equipped, assembly members are the strong voice of RNAO in their local and specialty areas, and they mobilize fellow members in speaking out for nursing and shaping healthy public policies.

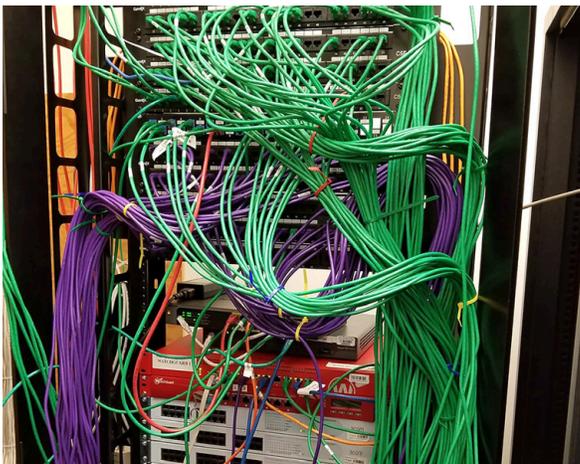


[Assembly Video](#)

Information Management and Technology: When it all comes together



Mitharshan Nagendran, a member of RNAO's IT department, assembles equipment at the new home office.



On Friday, March 13, 2019 at 10:30 a.m., RNAO's CEO gathers staff to make the announcement: As of the end of the day, everyone (who can) will be working from home for two weeks due to COVID-19. The IM&T team has six hours to get everyone ready to work from home.

Monday, March 16: Two staff members complete the building shut down.

Wednesday, March 18: The office is empty.

Friday, May 29 (11 weeks later): Everyone is still working from home and RNAO has not missed a beat.

How can technology be implemented in six hours to enable the entire staff to work from home? It cannot. In fact, years of constant efforts have prepared RNAO to stay mobilized during a major disruption.

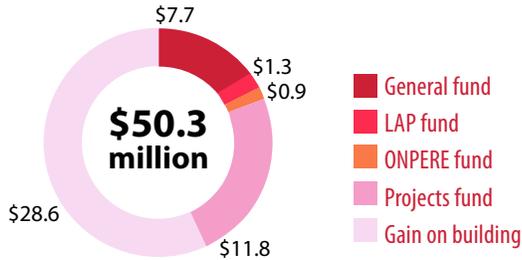
Building on a well-maintained technology infrastructure keeps RNAO in the game. On March 13, before the quarantine began, RNAO was already anticipating challenges in the health system, and VIANurse surveys were set up using existing technology infrastructure.

Information technology development is a long process of putting building blocks together. They look like nothing until enough of them make a usable structure, and the right conditions for their use happen.

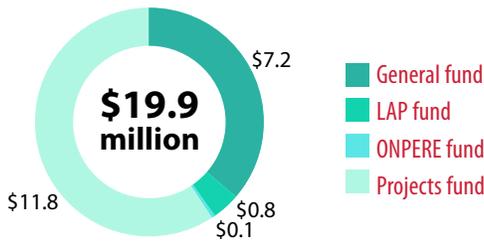
Every day, the work of RNAO's expert IM&T team starts with "keeping the lights on." That means making sure everything is up-to-date and secure. The next priority is to improve existing operations to remain responsive. Alongside this critical work, the team works on transformational projects that enhance RNAO's ability to build its social movement.

Every success in information technology is the satisfying result of a long journey, when everything finally comes together.

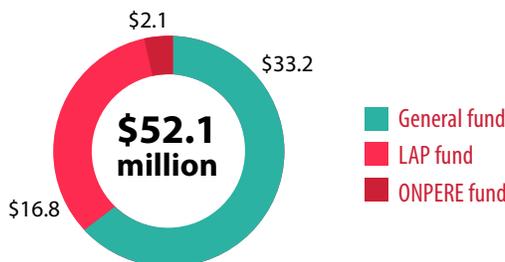
Revenue sources 2019 (in \$ millions)



Expense categories 2019 (in \$ millions)



Cumulative fund balance 2019 (in \$ millions)



Financials matter

The strength of our financial resources is a tool for mobilization that enables our activities. In turn, our activities generate financial resources. This two-way relationship between mobilization and financial resources gives RNAO the strength and sustainability to power the tremendous range of activities we achieve each year.

Transparency, accuracy and ethics are the principles we follow. These principles guide RNAO's journey every step of the way as we continue to build our financial strength. Members can be proud of the stewardship led by the board of directors, senior management and staff, knowing that our association is financially capable to mobilize, support, advocate and educate. The five special purpose funds reported a positive net surplus for the year. These resources are re-invested in the association from grassroots to provincial initiatives as can be seen throughout the year's activities. Of importance to members is to know that any national and international activities are funded by participating host organizations.

All categories of revenue increased in 2019. During the year the association completed the sale of the Pearl Street property, to further strengthen its financial foundation and mobilization capacity. The total revenue from membership, the Legal Assistance Program (LAP), and centre revenue, combined with other programs, was \$50.2 million.

Capital appreciation from the home office significantly contributed to the association's fund balances, making the association financially stronger than ever. By monitoring expenses in relationship to revenue, a positive net surplus was generated in all funds.

Continuing to apply prudent fiscal management of all operating activities, including increasing revenue sources and monitoring expenses, the cumulative fund balance as of 2019 is \$52.1 million. These cumulative assets are re-invested in member mobilization and association programs and initiatives.

Mobilizing health-system transformation through

PRACTICE EXCELLENCE

Fastening access and practice excellence through NPs

Mobilizing a future vision for nurse practitioners is essential to the health of the population and practice excellence. The Nurse Practitioner Task Force: Vision for Tomorrow was launched at RNAO's 2019 AGM, and is now nearing completion. It reflects the work of a diverse team of nurse practitioners and stakeholders representing all sectors.

Task force deliberations are dynamic, with dreams for a bright future that reflects the Quadruple Aim and the Sustainable Development Goals. The blueprint that has been developed is promising, pragmatic and possible with its core theme of an enhanced health system for all. For that to happen, we need to rapidly triple the number of NPs and expand their scope and roles.

Imagine an active role for NPs in public health and on Ontario Health Teams. Imagine what access would look like with multiplying numbers of NPs in primary care. Imagine a system in which NPs are visible and fully utilized in hospitals, nursing homes and long-term care. Imagine a system in which NPs are enabled to expand their scope to increase access, decrease wait times, enhance primary care, restore confidence and quality in long-term care, and strengthen all other areas of practice.

The enablers to this vision relate to: increasing the supply of NPs, improving and harmonizing their compensation across all sectors, securing full acceptance of NPs by insurance carriers, developing a robust research agenda and building research databases and programs, as well as widespread education to disclose fully to the public this critical resource in health care that can and is eager to deliver solutions for the public.

These eight recommendations are showcased [here](#) to mobilize widespread feedback to enrich RNAO's approach to achieving an enhanced health system that fully embraces the NP role across all sectors.



Members of RNAO's Nurse Practitioner Task Force meet in February 2020.

Driving practice excellence through RNAO BPGs

RNAO's best practice guidelines (BPG) are a driving force to achieve practice excellence. Mobilizing evidence to transform the way we deliver care, BPGs continue to power nurses and other health professionals to enrich the lives of patients worldwide.

With more than two decades of development experience, RNAO remains unwavering in its commitment that every BPG be based on the best available evidence and methods, following international standards. This past year, we fully integrated the Grading of Recommendations Assessment, Development and Evaluation (GRADE) and Confidence in the Evidence from Reviews of Qualitative Research (CERQual). This transition to GRADE and GRADE-CERQual methods included refresher training sessions, a staggered approach to guideline development, and feedback on all drafted guidelines from a GRADE methodologist expert.

The guideline development and research team remains actively engaged with Cochrane Learning Live webinars to keep abreast of current methods for the conduct of systematic reviews, and since 2018, is an organizational partner of Cochrane Canada. As an organizational member of the Guidelines International Network (GIN), RNAO also participates in international guideline working groups supporting knowledge exchange for best practices in guideline development.

Dedicated to practice excellence, 52 expert panel members and more than 140 stakeholder reviewers – including persons with lived experience, clinical nurses and other health providers, researchers, policy makers, educators and administrators – partnered with RNAO on three new and next-edition BPGs. The association issued its first healthy work environment BPG informed by GRADE and GRADE-CERQual methods: [*Preventing Violence, Harassment and Bullying Against Health Workers Second Edition*](#). We also issued two clinical BPGs informed by GRADE and GRADE-CERQual methods: [*A Palliative Approach to Care in the Last 12 Months of Life*](#) and [*Oral Health: Supporting Adults who Require Assistance, Second Edition*](#).



Activating practice excellence through BPSOs

Mobilizing practice excellence in BPSO OHTs

In the spring of 2019, the Ontario government announced its plan for health-system transformation, which included Ontario Health Teams (OHT). RNAO was immediately engaged by prospective OHTs and joined forces to co-create the Best Practice Spotlight Organization (BPSO) model for integrated systems of care. In short: BPSO OHT.

Four OHTs are already part of the inaugural cohort of BPSO OHTs. All have established their infrastructure, participated in orientation, and planned for implementation and evaluation of four clinical best practice guidelines. By March 2020, RNAO had already trained more than 250 champions from diverse disciplines, as well as patient/family representatives within each OHT.

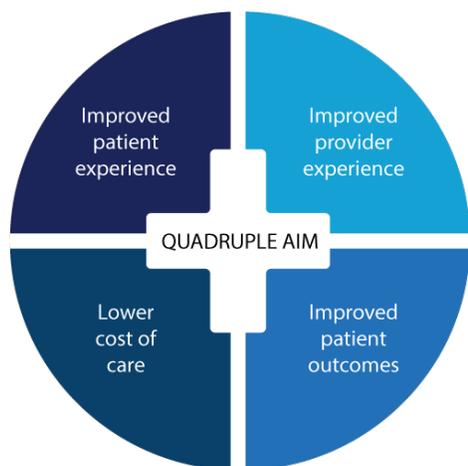
These champions are now actively planning for implementation of the first mandatory guideline, *Person- and Family-Centred Care*, to advance their goal of achieving the Quadruple Aim.

Mobilizing practice excellence with long-term care (LTC) BPSOs

The BPSO program continues to mobilize knowledge with six new LTC-BPSOs joining as the seventh cohort of BPSOs in the LTC sector. Their remarkable resilience and zest for excellence was not stopped by COVID-19. In fact, these six organizations participated in our first-ever virtual orientation. We tip our hats to this new cohort and recognize their eagerness to begin their work. We now have 129 LTC-BPSOs spread across all regions of Ontario, mobilizing evidence-based resident care and practice excellence.

Mobilizing practice excellence with international BPSOs

RNAO and many of its provincial, national and international partners were proud to be part of the International Council of Nurses Congress in Singapore in June 2019. The Congress program featured 17 BPSO sessions, including oral papers and posters. Together, we also facilitated a BPSO special session for existing BPSOs and those interested in becoming a BPSO. Attending the congress were BPSOs from Australia, Canada, Chile, China, Italy, Qatar and Spain. Each took great pleasure in highlighting their outcomes of BPG implementation.



New cohort of Ontario long-term care BPSOs complete their orientation virtually in May 2020.



RNAO attends ICN congress and shares BPG & BPSO successes. Here with BPSOs from Chile and Italy.

Measuring practice excellence with NQuIRE

With [Nursing Quality Indicators for Reporting and Evaluation \(NQuIRE\)](#) data reports, BPSOs can monitor BPG uptake and impact, actively engaging in rapid learning and quality improvement to optimize clinical, organization, and health-system outcomes. The NQuIRE data system continues to evolve. Four new data dictionaries were uploaded to the data system, bringing the total number of available dictionaries to 30.



RNAO's NQuIRE International Advisory Council (IAC) met three times in 2019.

RNAO's NQuIRE International Advisory Council (IAC) met three times this past year to provide strategic advice on current data system performance and future applications of NQuIRE. Co-chaired by Dr. John Lavis, McMaster University, and RNAO CEO Dr. Doris Grinspun, this highly engaged team of 12 experts represents top organizations, including: the World Health Organization, Ontario's Ministry of Health, Canadian Foundation for Healthcare Improvement, Canadian Institute for Health Information, Canadian Patient Safety Institute, the Organisation for Economic Co-operation and Development, the Quality Division of Ontario Health, Investén-is-ciii - Spanish Nursing and Healthcare Research Unit, the University of Alabama at Birmingham, University of Michigan Medical School, University of Ottawa and University of Victoria. These experts bring the latest in performance measurement, health informatics and knowledge translation.

This year, RNAO delivered 12 virtual training sessions to BPSOs, including a full-day, in-person evaluation workshop for the North Western Toronto BPSO OHT. More than 50 health-care workers from across all sectors learned how to drive health system improvements through measurement. RNAO also held 79 consultations to support BPSOs in selecting evaluation measures, developing data sampling, collection plans, and interpretation of NQuIRE evaluation reports. RNAO's [Evidence Boosters](#) are infographics that showcase the impact of evidence-based practice on patients, organizations and health systems. Five new evidence boosters were published this past year, bringing the total to 25 that cover topics such as person and family-centred care, falls, pain management and pressure injuries. Also exciting is RNAO's 75 [BPG Order Sets](#) to embed evidence-based practice into electronic health records and automate collection and extraction of evaluation data.



Scaling out practice excellence through publications

Fueled by our mission to advance practice excellence, this year RNAO published seven peer-reviewed manuscripts and two invited editorials that mobilize – on a global scale – the knowledge created by RNAO. Representing the diversity of our work, these manuscripts focus on the following areas:

Buchanan et al., (2020). Nursing in the age of artificial intelligence: protocol for a scoping review. [Journal of Medical Internet Research \(JMIR\) Research Protocols](#)

Bujalance et al., (2020). Las redes sociales en la estrategia de implementación de evidencias en la práctica clínica: experiencia del Hospital Regional Universitario de Málaga. [MedUNAB](#)

González-María et al., (2020). The implementation of Best Practice Guidelines in Spain through the Programme of the Best Practice Spotlight Organizations®. [Enfermería Clínica](#)

Grinspun, (2020). Transformando la enfermería a través del conocimiento: resultados del programa de guías de buenas prácticas de la Registered Nurses' Association of Ontario (RNAO). [MedUNAB](#)

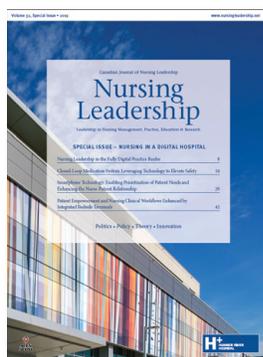
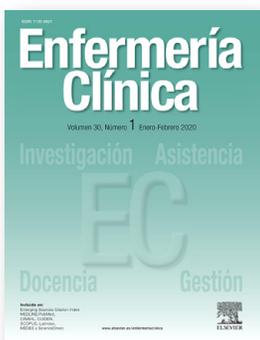
Grinspun, (2020). Transformando la enfermería a través del conocimiento: avances del Programa de Guías de Buenas Prácticas de la Registered Nurses' Association of Ontario (RNAO). [Enfermería Clínica](#)

Naik et al., (2020). Assessment of the Nursing Quality Indicators for Reporting and Evaluation (NQIRE) database using a data quality index. [Journal of the American Medical Informatics Association \(JAMIA\)](#)

Nizum et al., (2020). Nursing interventions for adults following a mental health crisis: a systematic review guided by trauma-informed principles. [International Journal of Mental Health Nursing](#)

Burkoski et al., (2019). Optimizing nursing practice through integration of Best Practice Guidelines into electronic medical records. [Nursing Leadership](#)

Squires et al., (2019). Inappropriateness of health care in Canada: A systematic review protocol. [Systematic Reviews](#)



MOBILIZE

Mobilizing PARTNERSHIPS to deliver health



Ottawa Public Health CNO Esther Moghadam hosts Prime Minister Justin Trudeau during Take Your MPP to Work in May 2020.

VIANurse program

Virtual and clinical care RNs	7,462
Critical care RNs (with experience and continued competency in the provision of critical care)	1,036
NPs	289
RNs, NPs and nursing students available immediately for deployment to long-term care homes with active outbreaks	395



VIDEO

[PM Trudeau at Ottawa Public Health](#)

PARTNERSHIPS

Mobilizing partnerships to fight a pandemic: COVID-19 portal

COVID-19 has been all about mobilizing partnerships.

To invigorate its partnerships, RNAO created a [COVID-19 portal](#) on its website - a central station - for members and others to get the latest information and supports.

RNAO continuously nurtures partnerships with multiple stakeholders, and during the pandemic these relationships flourished. Collaborative efforts led to the mobilization of guidance documents and supports at a very challenging time. We invite everyone to visit the [portal](#).

One of the 10 sections of the portal highlights the association's VIANurse program. This section has been frequently visited, and enables health organizations to rapidly access health human resources. RNAO launched the [COVID-19 VIANurse program](#) on March 13, 2020. Since then, it has enlisted nurses for telehealth services to reduce ER visits, and helped public health units with case and contact tracing. The association has supported health facilities, including hospitals, by augmenting their nursing human resources during the month of March. As a result, these organizations have better positioned themselves to tackle the pandemic. RNAO was able to send - beginning in April - RNs, NPs and nursing students to health facilities with active outbreaks - especially nursing homes - to save lives.

Sincere thanks to all VIANurses who offered to help during the pandemic

To date, VIANurses have served the staffing needs of 316 organizations in different sectors. These include: 241 long-term care homes, 29 hospitals, 11 public health units, seven Indigenous health facilities, three hospices, three correctional centres, and others. Many organizations have accessed VIANurse multiple times. In addition to many others, [Ottawa Public Health](#), [Sienna Senior Living](#), [AdvantAge](#) Ontario and [Villa Colombo](#) sent RNAO letters expressing their deepest gratitude for its help during COVID-19.



R N A O
BEST PRACTICE
SPOTLIGHT
ORGANIZATION
**INDIGENOUS
FOCUSED**

To wellness through wholeness



Partnering with our Indigenous sisters and brothers

RNAO is proud of its work supporting health interventions in Indigenous communities. Our partnership with Indigenous peoples aims to mobilize capacity development at the individual, organizational and system levels. Our collaboration has three primary objectives: (1) the creation and active engagement of meaningful partnerships with provincial and national Indigenous groups, including Chiefs of Ontario (COO) and Nishnawbe Aski Nation (NAN); (2) the creation of a series of nursing clinical best practice guidelines for Indigenous communities, with the first focusing on *Promoting Nicotine Free Health and Wellness in Indigenous Parents, Families and Communities*, and (3) the expansion of Best Practice Spotlight Organizations (BPSO) across Indigenous communities and related health organizations.

RNAO is inspired by the first cohort of Indigenous BPSOs with which we are co-creating a tailored program that honours Indigenous ways of knowing, and supports holistic community wellness. In adapting the BPSO methodology, we are building evidence-based environments that integrate traditional and western knowledge, to improve wellness amongst Indigenous peoples and communities. These BPSOs span from the Greater Toronto Area, east to the Ottawa region, north to the Simcoe-Muskoka area, and farther north to Thunder Bay and the Kenora district.

An agreement with COO (Health Sector) – signed Sept. 13, 2019 by Carmen Jones, health director of COO, and RNAO CEO Dr. Doris Grinspun – commits the two partners to urge federal, provincial and local governments to address the health and social inequities experienced by First Nations people. These inequities are caused by a history of discriminatory policies that have created crises in mental health, addiction, suicides and overall poor health. This partnership has also led to the development of a joint [pandemic plan and accompanying resources](#).



Partnerships to protect members

Partnering with members – 43,408 RNs, NPs and nursing students – is the strength of RNAO. Members’ strength is our strength, and our goals are shared. As RNAO board member Julie Rubel, interest groups representative, says: “I am a proud member because we represent and advance issues important to nurses and to the health of Ontarians. Together, there is no limit to our impact and influence.”

Mobilizing partnerships to serve members is a priority for RNAO. This includes protecting your practice, protecting your career, and protecting your assets.

A notable partnership to highlight is with The Magnes Group Inc. Through its medical malpractice risk management expertise, RNAO offers its very successful [professional liability protection \(PLP\) insurance program](#), which provides member RNs and NPs with the best PLP protection at the lowest price on the market. Through this partnership, we have also negotiated cyber liability protection as a complimentary add-on to RNAO’s PLP policy.

[The Legal Assistance Program \(LAP\)](#) supports registered nurses and nurse practitioners in a variety of professional and employment matters. The majority of its legal cases involve: complaints and reports to the College of Nurses of Ontario, termination from employment, including wrongful and constructive dismissal, return to work accommodation, human rights tribunal, and Workplace Safety and Insurance Board (WSIB) matters.

[RNCareers](#) is Ontario’s premier career site for nurses, and it is yours to use. The site specializes in all levels of nursing, including executive, manager, clinical and non-clinical roles for NPs, RNs and RPNs across all health-care sectors. If you are an employer looking to expand your team or a nurse looking for your next role, RNCareers provides the space to grow and enhance professionally.

Another win-win partnership to serve our members is with our long-time affinity partner HUB International. This partnership has brought complimentary RNAO memberships to all new graduates and group rate savings for RNAO members on their [home and auto insurance](#).



Julie Rubel @jrubel21 · Oct 1, 2019

Well said @LilianaBressan! I am a proud RNAO member because collectively we represent and advance issues important to nurses and to the health of Ontarians. Together, there is no limit to our impact and influence!



(LAP®)



[President-Elect Morgan Hoffarth is a proud RNAO member!](#)



a. The Agenda | TVO @TheAgenda

What Ontario knew, Part 2: @mattgurney speaks with @DorisGrinspun, CEO of the @rnao, about funding, staffing, COVID-19 — and why she calls the long-term-care system a “disaster” tvo.org/article/what-o... #onpoli #onhealth

COVID-19 partnerships that matter

Mobilizing partnerships has been a key highlight of this past year. Inspired by the possibilities of strengthening a shared future, we have fortified long-standing partnerships, forged new alliances to fight COVID-19, and celebrated nursing excellence with others. Our partnerships in Ontario, across Canada and around the world have enabled us to achieve more than we could alone.

During COVID-19, we partnered for a swift response. On March 22, we issued a [call to action](#) together with the Ontario Medical Association (OMA) to secure personal protective equipment for front-line workers. The next day, we partnered with OMA and the Ontario Pharmacists Association (OPA) to alert more than 110,000 doctors, nurse practitioners and pharmacists to the potential dangers and repercussions of prescribing certain anti-malarial, antibiotic and antiviral therapies to treat COVID-19. When the virus threatened people experiencing homelessness, we partnered with Inner City Health Associates (ICHA) and Doctors without Borders to serve their collaborative care program with more than 100 volunteers who signed up through RNAO’s VIANurse registry.

Partnering with AdvantAge Ontario, we mobilized VIANurse, making a difference between life and death in the long-term care (LTC) sector. “Thousands of nursing students were connected with hundreds of nursing homes, bringing desperately needed support and relief in temporary roles as PSWs,” says Lisa Levin, CEO of AdvantAge Ontario.

RNAO’s LTC Best Practices Program team was also mobilized to address emerging needs in the sector, including the development of protocols, establishment of support groups for families, utilization of NPs, dissemination of evidence-based resources, and much more.



A JOINT MESSAGE TO ONTARIO’S DOCTORS, NURSE PRACTITIONERS AND PHARMACISTS



...ine and Azithromycin for COVID-19
axis
...y be aware that there has been significant
ernet on the use of certain anti-malarial,
ent of COVID-19 patients. Notwithstanding
for COVID-19 symptoms is found quickly,
...s that their health care providers
... should still continue to work together



RNAO @RNAO

How do you prevent the spread of COVID-19 in LTC? You ensure every home has a nurse specializing in infection prevention & control. And, to combat a 2nd wave. tinyurl.com/yb4ersxc @fordnation @celliottability @DrFullertonMPP @DorisGrinspun @angelacooperbra @MorganHoffarth

“No study and no words will deliver better care”: Nurses’ association calls for bett...
A high death toll from the rapid spread of COVID-19 in long-term care proves the need for a nurse specializing in infection control at every home, the...
theSTAR.com

Mobilizing partnerships to celebrate nursing leadership: Nursing Now

Our partnership with Nursing Now, to champion [global goals](#), is inspiring. RNAO and BPSO colleagues at home and abroad were proud this past year to share the impact and spread of RNAO BPGs and the BPSO program through two webinars hosted by Nursing Now International. Held in November, the webinars we delivered in English and Spanish to thousands of engaged participants. It is heartwarming to have so many BPSO leaders and colleagues join in sharing their experiences and expertise for the world to see and celebrate.

Recognizing RNAO's fulsome role during COVID-19, Nursing Now again invited the association to lead [webinars](#) to share details of its pandemic response, including the multi-pronged approach to protecting the public while also supporting nurses and other health providers. These webinars were delivered in English and Spanish to eager and active participants from around the world.

Nursing Now Ontario Awards

In celebration of the contributions made by nurses to nursing practice, the health of Ontarians, and our health-care system, RNAO, the Ontario Nurses' Association (ONA) and the Registered Practical Nurses Association of Ontario (WeRPN) jointly launched a new awards program this year – [The Nursing Now Ontario Awards](#).

The awards build on the goals of the Nursing Now campaign, a global initiative aimed at improving health around the world through nursing. The campaign calls on governments, health professionals and service users to champion nurses' roles in clinical practice, policy and political leadership.

The Nursing Now Ontario Awards recognized NP Michael Borja, RN Patric Campeau and RPN Kelly Karges during [a virtual awards ceremony](#) on May 12 – the 200th anniversary of Florence Nightingale's birth. We were honoured to have Ontario's Deputy Premier and Health Minister Christine Elliott, and Lord Nigel Crisp, chairperson of the Nursing Now campaign, join us as we heard about the impact these special nurses have had in clinical practice, advocacy, mentorship and leadership.



VIDEO

[RNAO x Nursing Now Webinar: Learn about RNAO's BPSO and BPG programs - Nov. 8, 2019 \(Spanish\)](#)

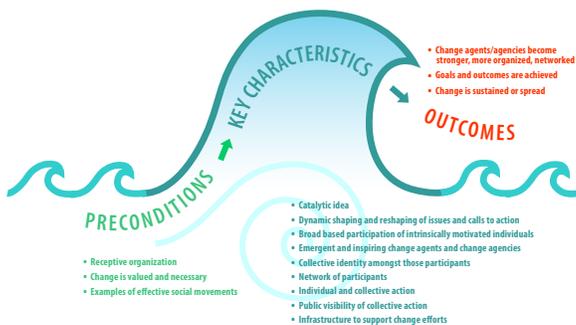
[Nursing Now COVID-19 RNAO Webinar: April 22, 2020](#)

[Nursing Now Ontario Awards a virtual ceremony](#)

MOBILIZE

A mobilizing force to advance health for all

SOCIAL MOVEMENT ACTION FRAMEWORK FOR KNOWLEDGE UPTAKE AND SUSTAINABILITY



COLLECTIVE IDENTITY

Building collective identity: A social movement

Collective identity is a mobilizing force. When individuals, groups or organizations share common values, they feel a sense of belonging and choose to act together. The issues are their own issues, and people are emotionally invested and authentically engaged. Together, they propel change.

RNAO's strong collective identity is expressed in policies and in practices. Members, whose values are anchored in health-for-all, and whose actions are fuelled by evidence and courage, submit resolutions to advocate for healthy public policies. And it is collective identity, powered by evidence and nurses' unwavering commitment to persons in their care that results in practice excellence.

RNAO members, who proudly wear their RN, NP and NS pins, join in our awesome social movement, speaking out for nursing and speaking out for health. Best practice guideline (BPG) champions in their Best Practice Spotlight Organizations (BPSO) – at home and abroad – use their BPSO pins to cement evidence-based cultures and mobilize excellence in care. These symbols reinforce that we are all in this together building a brighter reality that leaves no one behind.

During Nursing Week and The Year of the Nurse, we celebrated our collective identity. We expressed our pride in nurses' roles during COVID-19. And our collective identity has become even stronger as nursing is revered around the globe.

Collective identity helps us fight together the evils of racism and demand equal rights for all. We are proud to have had, for the past two years, a formidable Black woman as president of RNAO. We salute Dr. Angela Cooper Brathwaite and commit to continue to tackle racism and discrimination in our own profession, in health care, and in society.

Collective identity and other social movement approaches are transformative tools. This is why RNAO – with its expert panel and project partners, the Canadian Patient Safety Institute – is making social movement a cornerstone of the [Leading Change Toolkit](#). The toolkit will revolutionize health care with its [Social Movement Action Framework](#) to optimize evidence uptake as we advance health for all.

The power of many: Members mobilizing through resolutions

All partnerships are important to RNAO as they each help shape the future. Yet, the most important partnerships of all are those with members – RNAO’s 43,408 RNs, NPs and nursing students. This is why the association’s resolutions process is so vital.

A resolution is a formal, written motion to introduce a new piece of business or propose a decision or action for the association to take on. Resolutions, which come directly from members, are voted on by consultation representatives as part of the consultation process at the annual general meeting. Resolutions that are approved constitute non-binding advice to the board of directors on matters of RNAO policy. Resolutions serve as a call to action powering members to have direct input into decisions on how, as RNAO, we work together to speak out for nursing and to speak out for health.

RNAO prioritizes resolutions by incorporating the voices from members formally into the association’s annual strategic plan. At the 2019 AGM, members adopted resolutions in the following areas:

- Funding nurse practitioner interprofessional collaboration with midwives
- Re-implementing the 2015 sex education curriculum
- Improving integrated health services and research for persons living with Autism Spectrum Disorder (ASD)
- Building healthy public policy and creating health promotion programs to address loneliness as a priority health issue for older people
- Tackling the mental health crisis in post-secondary institutions
- Advancing the funding for registered nurse first assistants (RFNA)
- Advocating for psychotherapy insurance
- Advocating for wage parity among primary health care NPs in Ontario
- Re-instating the Ontario child advocate role

To check RNAO’s actions on the resolutions passed at the 2019 AGM, visit [here](#). To submit a resolution for discussion at the 2021 AGM, visit [here](#). RNAO will accept resolutions from members throughout the year, for consideration at next year’s AGM.



RNAO consultation representatives vote with yellow cards during the April 2019 annual general meeting.



RNAO members attending the 2019 AGM show their support for the Nursing Now initiative.

Member Recognition Awards

Our teachers or mentors often suggest we read biographies of “famous” people, individuals who have made significant contributions to humanity or a certain discipline. When we read their biographies, we often have a strong sense of, “I want to be...” or “I want to do...”

The recipients of RNAO’s prestigious Member Recognition Awards listed on this page have made significant contributions to RNAO’s mandate of speaking out for nursing and speaking out for health. They are our “I want to be” role models who have demonstrated the “I want to do” philosophy. They inspire others to strive for excellence in nursing practice, education, research, administration and policy.



Individual, chapter and interest group recipients of 2019 Member Recognition Awards.

	AWARD NAME	AWARD RECIPIENT
1	Nursing Research	Karey McCullough
2	Nursing Educ. (academic)	Louela Manankil-Rankin
3	Nursing Administration	Esther Moghadam
4	Nursing Education (staff development)	Alicia Moonesar
5	Clinical Nursing Practice (2 awards)	Aric Rankin
6		Salima Ladak
7	Lifetime Achievement (2 awards)	Una Ferguson
8		Vicki McKenna
9	Student Mentorship	Suzanne Fredericks
10	Hub Fellowship	Lhamo Dolkar
11	Student of Distinction	Mitchell Martel
12	Award of Merit	Una Ferguson
13	Chapter	Sudbury Chapter
14	Promotion of Nursing Program	Trent University
15	Interest Group	Community Health Nurses' Initiatives Group
16	Political Action	Sepelene Deonarine
17	Leadership in BPG Implementation	Arlene Masaba

Shared leadership: Board and staff keep the pulse of RNAO members

How do you govern an organization being in tune with its members? This is RNAO and its board of directors (BOD). A BOD that knows what’s important to members and is constantly engaging with the RNs, NPs and nursing students who power RNAO. A BOD that is invested in making members a priority. Side-by-side, members and the board lead the future. How do you equip an organization to keep the pulse of its members? For this, you rely on committed staff to seek out and hear member stories, to arrange local visits between members and executive, and to remain attentive to the needs of members. Staff who constantly seek a fluid relationship with members and with the BOD. This is achieved in a myriad of ways, including eight BOD committees that meet regularly (see the 2019 committee reports [here](#)). These committees include members and are resourced by staff.

RNAO is an organization that believes and acts on the philosophy of shared leadership. This philosophy permeates through the relationship between the organization’s president and CEO, to the whole BOD and staff and also to members as we live in action – day-in and day-out – our formidable collective identity, and in the process we all have fun.



RNAO’s 2019-2020 board of directors

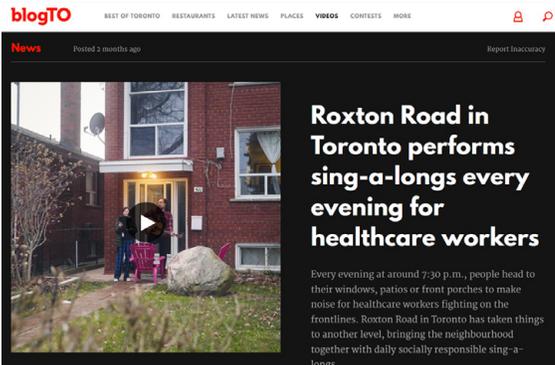


RNAO staff at the association’s summer BBQ.

BOARD OF DIRECTORS 2019-2020	
Angela Cooper Brathwaite	President
Morgan Hoffarth	President-Elect
Betty Oldershaw	Region 1 Representative
Kristie Butler	Region 2 Representative
Nathan Kelly	Region 3 Representative
Anita Tsang-Sit	Region 4 Representative
Lee-Ann Turner	Region 5 Representative
Piroska Bata	Region 6 Representative
So-Yan Seto	Region 7 Representative
Regina Elliott	Region 8 Representative
Allison Kern	Region 9 Representative
Doris Jenkins	Region 10 Representative
Liliana Bressan	Region 11 Representative
Michael Scarcello	Region 12 Representative
Julie Rubel	Interest Group Representative
Rhonda Seidman-Carlson	Interest Group Representative
Bradley Manuel	Student Representative
Sholom Glouberman	Public Representative
Doris Grinspun	Chief Executive Officer (non-voting)



[Invitation from President&CEO](#)



#TogetherWeCanDolt: Neighbours on Roxton Road in Toronto #Cheer4HealthWorkers nightly.

“This amazing spirit of human solidarity must become even more infectious than the virus itself.”

- Dr. Tedros Adhanom Ghebreyesus,
Director-General, World Health Organization



[blogTO](#)

#TogetherWeCanDolt RNAO COVID-19 Campaign

How do you inspire health professionals and other essential services to keep going, despite the unknown and the fear? How can you enroll the public in feeling they are part of the solution? RNAO's answer was to build a social movement and collective identity.

On March 19, when the pandemic was taking hold, RNAO began a campaign in Ontario to raise spirits and show support for health providers, social service and other essential front-line workers tackling COVID-19. We challenged Ontarians to open a window or step outside on their balcony or doorstep at 7:30 each night and make noise. We asked people to take a short video of themselves banging pots and pans, singing a song, applauding, or honking their horn, and to share it on social media. We created two hashtags to spread the word: #TogetherWeCanDolt and #Cheer4HealthWorkers

The response has been overwhelming and inspiring. There have been thousands of tweets and retweets, posts on Facebook and declarations of support on other social media channels. The campaign has been profiled on [television](#), [radio](#) and in [news-papers](#) across Ontario, Canada and abroad, in places like the U.K., India and Ukraine.

We may not yet know the full impact of the campaign, but we do know this nightly cheer is raising hope and comfort. It has also helped Ontarians feel more connected to their neighbours and communities.

The pandemic is not over, and we anticipate a second wave of COVID-19. Health workers continue to face harrowing conditions daily and people are grieving. That is why RNAO will continue to promote the nightly cheer – and the overall message that #TogetherWeCanDolt – until the pandemic is over.

Get involved and be part of this energizing RNAO campaign. Keep enjoying the global chorus of support for health workers [here](#). And watch the #TogetherWeCanDolt COVID-19 webinar series [here](#).

**together
we did
it**