2013
Toronto Star congratulates
2013 Nightingale Award recipient
Charis Kelly, NP

Honourable Mention Recipients
Michael Carlin, RPN
Jennifer D’Andrade, RN
Mae Katt, NP

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Tim Porter-O’Grady
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Director of Nursing and Health Policy

RNAO is seeking an outstanding professional to join its senior
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Reporting to the CEO, you will proactively identify critical issues
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ability to identify issues and articulate ideas and arguments will
contribute to the formulation of association initiatives that are
congruent with its mission and ENDS. You are able to conduct
and supervise research, and analyze quantitative and qualitative
data to develop policy and position statements. An understand-
ing of the political process as it relates to policy development,
implementation and evaluation is essential. You are experienced
working with a range of stakeholders in the health and
health-care sectors, including nurses and other providers,
governments, and the public. You have a proven ability to
communicate and promote organizational strategic objectives.

You have a master’s degree or PhD in a relevant area,
plus five years progressive experience in the field of nursing
and/or health policy at a senior level. A degree in nursing
is preferred.

Application deadline: Aug. 28, 2013

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A National Day of Action to advocate for Canada’s refugees

June marked an anniversary many RNAO members would rather not celebrate. A year ago, the federal government announced a series of changes to the Interim Federal Health Program (IFHP), which provides health insurance coverage for refugees and refugee claimants. Previously, IFHP provided access to medical care, lab tests and diagnostic services. The coverage was similar to that offered by provincial health plans, including access to medication, emergency dental and vision care.

The government has effectively cut off all access to coverage for these health services as well as access to most hospital services, except in urgent circumstances. More than 1,500 members responded to action alerts (in June 2013 and May 2012) calling on Ottawa to reverse its decision. The pressure prompted Prime Minister Stephen Harper to back-track on government-sponsored refugees. However, this is not enough. Most refugees are not government sponsored, and are still suffering the consequences of the cuts. On June 17, 2013, five RNs represented RNAO at rallies organized by Canadian Doctors for Refugee Care. They spoke at events in Toronto, Guelph, Kitchener, London and Hamilton to draw public awareness to the consequences of the cuts. Health practitioners say the changes are forcing many people to wait for care until their health deteriorates. In other instances, patients who cannot pay are being denied care. Several health organizations that have continued to treat refugees have racked up huge bills by providing coverage the federal government no longer pays for. RNAO believes Ottawa’s decision is ideologically driven, and is meant to deter refugees from coming to Canada. The change is unfair and unethical, and RNAO says it violates fundamental human rights.

Support for safe injection services

New federal legislation could prevent the development of more safe injection services (SIS), a move that has left RNAO gravely concerned.

Bill C-65, introduced in June, proposes tough requirements intended to thwart implementation of SIS. The bill conflicts with research that finds this type of harm reduction service prevents needless death, improves health outcomes, and contributes to safer communities. Toronto Public Health has recommended SIS implementation, and RNAO proudly supported its recommendation at a meeting of the Toronto Board of Health on July 10. The association also participated in a Toronto Drug Strategy Implementation Panel working group that released an SIS toolkit. Links to this, and to an open letter to politicians to provide funds to integrate SIS programs within existing clinical health services, and to denounce Ottawa’s proposed legislation, are available at www.RNAO.ca/SIS

In 2011, RNAO, the Canadian Nurses Association, and the Association of Registered Nurses of British Columbia formed a coalition and were granted intervener status before the Supreme Court of Canada when the federal government attempted to close Insite, Vancouver’s safe injection facility. The country’s highest court voted unanimously to allow Insite to stay open.

Paying for plasma

RNAO was one of several signatories on an open letter to now former federal Health Minister Leona Aglukkaq in April regarding paid blood donors. The group questions Ottawa’s decision to consider allowing a private company to get into the blood plasma business. Canadian Plasma Resources has applied for a license to operate locations in Hamilton and Toronto. RNAO joins others in criticizing a hastily organized meeting deemed a consultation with “stakeholders.” The signatories want to see a more open and transparent consultation process.

Concern about the safety of the blood supply goes back 30 years when thousands of Canadians became infected with HIV and hepatitis C due to blood and plasma that was improperly screened from paid donors in the U.S. and Haiti. The scandal led to the creation of Canadian Blood Services, and also resulted in the Krever Commission, which recommended blood donors not be paid for their donations. Alberta and Ontario are not supportive of paid blood donations. And Quebec does not allow blood donors to be compensated by law. Only one company, based in Winnipeg, is allowed to engage in the private collection of blood plasma. RN