JULY/AUGUST 2010

REGISTERED NURSE JOURNAL

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REGISTERED NURSE JOURNAL

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THE LINEUP

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85 years

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EDITOR'S NOTE LESLEY YOUNG

Light dawns

I've learned a thing or two about nurses in my short time as Acting Managing Editor at *RN Journal* (I've had the pleasure of editing this issue between Jill Scarrow's maternity leave departure and Kimberly Kearsey's return). Until now, I'd only ever had a patient perspective on nursing, and my opinion had been formulated much the same way I'd evaluate any service offering: based solely on how each member of the profession served my needs. Needless to say, this glimpse into your on-the-job challenges, rewards, and, frankly, enormous policy undertakings, has given me much needed perspective. I am in awe. Here's why:

You're doers. I am bowled over by the variety of nursing vocations, including the vast scope of skills needed to practise in so many different settings, e.g., long-term care homes, prisons, community health centres, etc. Like many others, I'd mistakenly lumped you into one job stereotype (ward nurse). Realization dawned when I was, in turn, moved and impressed at the far-ranging, truly powerful, difference nurses are making in pregnant women's lives in "Grassroots nursing for impoverished families" pg. 12.

You're steadfast. Encapsulating your dedication to your work (patients' health) and ardent desire to advance your career, which I learned about from your written submissions in "A trip down RNAO lane," pg. 18, is no easy feat. "Steadfast" seemed to describe best how I imagine you walk the tightrope a dozen times a day between patients' expectations that you will tend to their flagging spirits *and* their physical needs all the while trying to find personal meaning on the job and aspiring to advance your profession (since you are only human after all).

You're formidable. When you speak as one, people listen. Your presence is recognized and respected by key decision makers. And your significant accomplishments are reinforced by the ever-growing scope of your practical health knowledge in RNAO's impressive roster of Best Practice Guidelines (find out more in "Discover the power of nursing," pg. 24).

I'm wrapping up this issue left wanting to know more about you, and that's why, in part, we created "In the End," a new section in which one member's nursing purpose, or higher calling, if you will, is revealed. Hopefully after reading RN Cari Mayhew's touching piece (page 30), you'll be inspired to share an insight or two with colleagues who know just what it's like to love your work *and* your profession. Drop us a line with your idea at editor@rnao.org. **RN**

Building on the past, shaping the future

Recently, an interesting letter to the editor published in a 1967 issue of the *Canadian Medical Association Journal* was passed along to me. In it, Mr. Albert W. Wedgery, the then (first male) President of the Registered Nurses' Association of Ontario, was responding to comments made in *The Globe and Mail* by an Edmonton physician. He had described nurses as "handmaidens of doctors" at a convention of the Alberta Association of Registered Nurses.

Wedgery expressed his great consternation with the Victorian attitudes of the physician (and rightly so). Nurses, he asserted, play a leading role in the health-care team. The physician, who was given an opportunity for a rebuttal to Wedgery's letter, stated, "I would remind Mr. Wedgery that we are all part of a team...the team must be run by the physician as the ship is by the captain. He is responsible for coordinating the action of all members of the team."

Reading this letter, I got to thinking how nursing today is different in many ways to nursing in 1967. For example, today we rely on a body of knowledge specific to nursing practice and the variety of roles and functions nurses have in the system. Many more nurses work as researchers, with advance academic preparation, which is supporting the ever-growing, substantive body of knowledge specific to nursing and applicable to the broader health team and the health system. Thanks to this body of knowledge, nurses are able to function in more autonomous roles with expanded scopes of practice. And this has opened up wonderful career opportunities. Clinical nurse specialists were mere conceptions in 1967; today they exist, as do nurse practitioners, registered nurse first assists, nurse anaesthetists and other extended roles.

At the same time – while much has changed in our profession, the practice of nursing and the work of RNAO since 1967 – themes in Wedgery's letter are still relevant today. Mr. Wedgery's letter itself speaks to the critical role RNAO played in 1967, and so does today with even heightened emphasis, as we speak out for nursing practice armed by RNAO's Best Practice Guidelines. For the past decade, RNAO has tackled this important mission with a stronger emphasis on social policy issues impacting health, the health system as well as the environment and social determinants of health. We're also focused on building the professional capacity of nurses, and dealing with important matters, such as legislation to allow nurse practitioners the ability to admit, treat, transfer and discharge patients in inpatient units and RN prescribing.

> "It is my view that RNAO must continue to play a central role in shaping a sustainable health-care delivery system in this province and country."

Another issue from the past, which remains relevant today, is the role of nursing as part of a collaborative interdisciplinary team. The concept of interdisciplinary care is not new; however we've moved away from talking about who is the captain of the ship (for the most part), to who gets onto the ship, how many crew do we need and how do they work together to achieve the best outcomes for patient care delivery. This is in many ways a much more difficult discussion, but one that in today's fast-changing environment, is far more relevant.

RNAO believes interprofessional care is integral for nursing and patient care in this country, and is striving for alignment with all stakeholders. In January this year, RNAO released a position statement, "Strengthening Client Centred Care in Hospitals," to formalize our goals and encourage dialogue. Similar position statements are being developed for long term care and community care.

No doubt Wedgery would be proud of all the accomplishments we have made since 1967. They have been good for nursing, the health system, and, most importantly, the patients requiring and receiving our care. Thinking to the future, it is my view that RNAO must continue to play a central role in shaping a sustainable health-care delivery system in this province and country. This will require knowledge, great insight, important choices and a commitment to working together. I welcome your thoughts and feedback as we wholeheartedly head in this direction. **RN**

David McNeil, RN, BScN, MHA, CHE is President of RNAO.

BE EDUCATED
Download RNAO's position statement on Strengthening Client Centred Care in Hospitals at rnao.org/positionccc.

An unforgettable journey

I will always remember June 28, 2010, a beautiful, sunny day, with pride. It was the day I defended my Ph.D. dissertation (after many years of study and research) in front of six very engaged examiners, each with tremendous expertise. I was buoyed by the elation and support from those who had come to cheer me on, including my spouse, children, and a couple of friends and Ph.D. students. And I was brimming with emotion as I realized that this day marked the end of years of hard academic work driven by my deep desire to make a difference for nursing, nurses and those who we serve.

Over the years I was studying, I experienced many personal and professional changes. I had to place my Ph.D. on hold for two years in order to care for my aging parents – and then losing them, three months apart one from the other – was devastating. Being your Executive Director (ED) also always ranked above finishing my Ph.D., and so it should have been, as together we have accomplished so very much. Then, when my first grandson was born two and a half years ago, I felt an urgency to complete my Ph.D. since I wanted to spend any free time I had with him. Despite the work-life challenges (which we all face!), the journey to my Ph.D. was worth every minute because it's made me a wiser nurse leader.

Specifically, my studies were deeply intertwined with my role as RNAO's ED. In many ways, my role informed my research by allowing me to look at each situation with a double pair of lenses: those from sociology (my field of study) and those from nursing (my beloved profession). It has been and it will continue to be a two-way street forever more, as insights and learning from my studies have in turn expanded my ability to serve our association.

For example, when I became your ED in 1996, nursing in Ontario was in a state of crisis. Premier Mike Harris' "common sense revolution" of large tax cuts and reduced spending had created havoc in health care. In the midst of hospital restructuring, major layoffs, and the displacement of thousands of nurses, he famously compared nurses to Hula Hoops. Many nursing departments were dismantled, nursing management decimated, the rank and file of nurses casualized and patient care fragmented.

RNAO led the nursing profession in their struggle against these ominous trends, and these events sharpened my eagerness to better understand how restructuring impacts on nursing caring. The idea for RNAO's campaign for 70 per cent full-time employment in Ontario, which we've led from day one and today is supported by many organizations including the government of Ontario, was borne out of an analytical paper titled: "Realities and Fallouts of a Flexible Workforce: Implications for Nursing," I wrote in 2001 for my Ph.D.

> "I engaged 24 RNs in an ethnographic study where they shared with me every moment of their working lives. It was thrilling research."

In my next column I will share some of the substantive learning from my dissertation. You might be asking, what was my research? Here is a little teaser: I wanted to learn from point of care nurses how caring work happens in their everyday practice. I engaged 24 RNs in an ethnographic study where they shared with me every moment of their working lives through 34 intensive one-hour long interviews and 408 hours of participant observation. It was thrilling research. Together with my participants, we peeled away the onion and learned so very much about the complexities of caring in nursing and how – for good and for bad – it comes to be the way it is.

I can't end off without sending a heartfelt thanks to my team at RNAO's home office, for making the day extra special with a surprise celebration party, and to RNAO members who expect and deserve nothing but the best from me. Knowing I've had your unwavering support all along was a great source of inspiration, especially in trying times. Words can't begin to describe my gratitude to my personal and professional families, for you have enriched me beyond imagination and for that I am a better person. I am one lucky woman to have had so many on my side and hope to always be there for you in the ways you need the most! **RN**

Doris Grinspun, RN, MSN, Ph.D., O. Ont is executive director of RNAO.

LEARN MORE
Read about RNAO's 70 PerCent Solution at rnao.org/70percent.

 BY JILL-MARIE BURKE

Taking great pains

ONE DEDICATED NURSE HELPS PIONEER A BRAND NEW ROLE – NURSE PRACTITIONER ANAESTHESIA CARE.

"Please help me or kill me," the desperate man begged Jiao Jiang, who, at the time, was a junior anaesthesiology resident at a teaching hospital in Shenyang, China. The patient's herpes blister was causing such excruciating nerve pain that he was on his knees begging for relief. "It was an emotional shock. That scene will be in my mind forever," recalls Jiang.

"At that time, pain management wasn't a big component of anaesthesia in China because we didn't realize the importance of it," she says. After she referred the patient's case to her director, she vowed to learn more about pain management. Little did she know then that life would take her to the other side of the world to expand her knowledge of pain as a nurse practitioner (NP).

Today as a clinician and nursing professor living in Toronto, Jiang is paving the way for a new role for NPs – Nurse Practitioner Anaesthesia Care. This role includes pre-admission assessment and teaching, provision of anaesthesia and monitoring patients in the intra-operative phase, and managing patients' pain in the post-operative recovery phase. RNAO and Health Force Ontario have advocated for this distinct practice specialty for NPs as a practical and cost-effective way to improve access to surgical procedures and reduce wait times for the public.

The role of Certified Registered Nurse Anesthetists has existed in the United States for many decades, and Canada is just catching up to it. "When anaesthesia NPs are available to do pre-admission assessments and teaching, patients will be better prepared and fewer surgeries will be cancelled," says Jiang. RNAO is thrilled because these NPs will have the knowledge and skills to administer anaesthesia and monitor patients, and they will enable anaesthesiologists to deal with patients who are complex and have major surgeries.

This spring, Jiang was one of four NPs to complete a pilot of a new diploma called Nurse Practitioner Anaesthesia Care at the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. The program, the first of its kind in Canada, officially begins (with up to 10 students) this fall, and Jiang has been busy developing a prerequisite course on anaesthesia fundamentals. "I want to see the NP Anaesthesia program thrive," says Jiang. "I hope when this role is fully-developed, NPs will provide holistic care for patients from pre-admission to discharge."

Before Jiang and her husband moved to Toronto in 2000, she knew little about Canada. She realized it would be difficult to become qualified to work as a physician, so after she decided on nursing she completed her Master of Nursing, Nurse Practitioner (2007) at the University of Toronto. Jiang now possesses the pain management expertise she longed for in China. She is a NP in the Acute Pain Service at University Health Network's Toronto General Hospital (TGH) site, where she helps patients manage post-surgical pain. According to RNAO, when NP Anaesthesias are able to work to their full scope of practice, they will teach patients and their families in pre-admission clinics, work in operating theatres administering anaesthesia and monitoring patients, work on diagnostic areas where patients require sedation and anaesthesia with airway management, and lead acute pain service teams. **RN**

Three things you don't know about NP Jiao Jiang

1. Jiang has a unique perspective on nursing since she was trained as a doctor in China. "Nurses are advocates of the patient, and they take care of them holistically."

2. My greatest accomplishment is my five-year-old son, Eric. "He is teaching me and my husband golf."

3. "I love board games! One of my Canadian patients taught me to play chess and my son is teaching me checkers." Backgammon is next.

NURSING IN TH

Nurses on hand at G20

During the G20 Summit in Toronto (June 26-27) hundreds of nurses, physicians and emergency medical services (EMS) ambulance crews were on hand to treat injured demonstrators and ease the burden on city hospitals. RNAO member **Sarah Reaburn** worked with the Toronto Street Medics, a small group that trained about 100 volunteers to provide first aid during the summit. While the volunteers were prepared for "extremely challenging situations" they did not anticipate the seriousness of the "hundreds of injuries they faced, including broken arms, lacerations from riot shields and a shattered finger," Reaburn told a news conference July 5. The nurse and counsellor at the Hassle Free Clinic alleged that street medics were targeted and harassed by police as they tried to provide first aid (*Toronto Star*, July 6).

PHOTO: ©JENNIFER YANG/GETSTOCK.COM

RNAO member Sarah Reaburn (right) treated injured demonstrators at Toronto's G20 Summit.

Leading up to the two-day summit – during which stores in downtown Toronto were vandalized, police cars set ablaze, more than 1,000 people arrested and plenty of criticism volleyed at methods used by police to disperse and detain protesters – health-care providers were recruited to work on a "Treat and Release Intervention Team." The team was organized by EMS Special Operations to provide onsite medical attention to protesters detained at a temporary jail so they did not have to be taken to hospital (*Globe and Mail*, June 3).

Tackling cultural health barriers

In July, Mississauga's Credit Valley Hospital received $426,000 in new funding from the federal government to hire immigrant settlement workers to help newcomers communicate their health needs. RNAO member **Joanne Courtney**, a nurse at Credit Valley's emergency ward, said it is extremely hard to do a proper assessment of a patient when there is a language barrier. "There isn't a shift goes by that we wouldn't have a patient whom we can't communicate with," she told the *Toronto Star* (July 2). The six settlement workers – speaking Punjabi, Urdu, Arabic, Hindi, Spanish, Mandarin, Cantonese and French – will work seven days a week to help immigrant patients navigate the health-care system and support them throughout admission. They'll also help nurses and doctors understand the patient's customs or cultural norms that could affect treatment outcomes.

Nurses organize bone marrow couriers

RNAO members **Sheryl McDiarmid** and **Linda Hamelin** are saving lives with a first-time program that uses trained volunteers to deliver bone marrow or blood stem cells from distant cities to waiting recipients at the Ottawa Hospital. McDiarmid

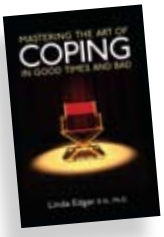
E NEWS

BY STACEY HALE

personally made every trip but after two decades, and 400 trips, found the work exhausting. Working closely with volunteers from the Bruce Denniston Bone Marrow Society, she organized a network of 45 marrow couriers, and developed a training manual to help them prepare for the pickups. In the past 18 months, the couriers have successfully completed nearly 40 missions, racing back to Ottawa from England, Holland, Germany, France and the United States. "It's gone unbelievably well," says Hamelin, an advanced practice nurse in the blood and marrow transplant program, who helps coordinate the trips. "These couriers are amazingly professional (and) extremely travel savvy," (*Ottawa Citizen*, June 4).

Coping advice to pass along

In July, RNAO member **Linda Edgar** published a book based on her research and experiences working in a support group, and later, a cancer clinic. *Mastering the Art of Coping in Good Times and Bad* outlines simple coping methods that can help people restore control in their lives. "Everyone who came to the clinic – patients and family – were trying to get back a sense of control," she told the *St. Catharines Standard* (July 12). The book also draws from a program of coping methods Edgar developed with funds from the National Cancer Institute of Canada.



Leading neonatal nurse receives Order of Canada

RNAO member **Mary Jo Haddad** has joined the ranks of some of Canada's most respected and influential people. On June 30, the President and CEO of the Hospital for Sick Children was appointed to the Order of Canada among 74 other influential Canadians, including actor Michael J. Fox, and astronaut Julie Payette. The order is the country's highest civilian honour for lifetime achievement. The Windsor native is being honoured for her contributions to the promotion and advancement of children's health care as a neonatal nurse, and her current role as CEO of the paediatrics teaching and research hospital (*Windsor Star*, July 2).

Location confirmed for new NP clinic

Laurie Deviancy and RNAO member **Tammy Armstrong** are one step closer to opening the doors to the Belleville Nurse Practitioner Led Clinic. In July, the pair signed a three-year lease to move into a former doctor's office in Belleville. Signing the lease is a "very big step" and brings the clinic that much closer to reality, says Armstrong, an NP and acting executive lead for the clinic (*Belleville Intelligencer*, July 7). Set to open in August, the new NP clinic will provide access to primary care for about 3,600 orphaned patients, and will feature a team of four NPs as well as a physician who will assist with issues beyond the nurses' scope of practice. A paediatric NP will also help fill a major void in local health care. "... accessing medical care for children is an issue," Armstrong says.

Long-term care "failing" in Ontario

In June, RNAO members **Helen Gibson**, **Lori Holloway Payne** and Executive Director **Doris Grinspun** were quoted in a Metroland special report that delves into Ontario's "paralyzed and failing" long-term care system.

RNAO MEMBERS SPEAK OUT!

*On June 14, RNAO President **David McNeil** wrote a letter to the **Chatham Daily News** to explain the importance of assigning nursing care based on a patient's needs.*

THE MORE RNS, THE BETTER FOR HOSPITALS

Re: "RPNs, RNs can help deliver sustainable care," May 28.

As the professional nursing association that represents registered nurses across Ontario, we strongly endorse full utilization of both RNs and RPNs. At the same time, it is important for the public to understand that registered nurses (RNs) and registered practical nurses (RPNs) are not interchangeable. While it is true that RPNs are skilled professionals, the knowledge and expertise of RNs is substantively higher and cannot be replaced without dire consequences for patients and the system as a whole. Patient-centred care, supported by overwhelming scientific evidence, dictates that the assignment of nurses be done according to the patient's complexity and care needs, with RNs assigned total nursing care for complex and/or unstable patients with unpredictable outcomes, and RPNs assigned total nursing care for stable patients with predictable outcomes. It is the patient's care needs, not the nurse's salary that matters to the health of patients. If employers want to save money, the evidence is that high-quality care saves money as well as lives. Higher levels of RNs are associated with fewer complications such as infections and lower mortality rates. Hospitals that do not provide and assign patient care according to the evidence are failing in the accountability to individual patients and the public at large.

David McNeil

President, Registered Nurses' Association of Ontario

NURSING IN THE NEWS

OUT AND ABOUT

HARNESSING TECHNOLOGY

On June 28, 14 Nurse Peer Leaders convened at RNAO's Toronto office for a Nurse Peer Leader Check-in Meeting. The group helps spread eHealth awareness across Local Health Integration Networks. Left to right: Sue Downs, Nurse Peer Leader, South West LHIN; Wendy Lang, Nurse Peer Leader, Waterloo Wellington LHIN; Glenn Alexander, CIO and eHealth LHIN Lead Champlain LHIN; Richard Huffman, eHealth LHIN Lead, Central LHIN; and Paul McAuley, eHealth LHIN Lead, Central East LHIN.

WORD TRAVELS FAR

RNAO Nursing Policy Analyst Valerie Rzepka met with China's Zhejiang Province Nursing Association executive in the month of June as part of an ongoing dialogue about incorporating RNAO's Best Practice Guidelines into nursing care in the province. Left to right: He Guijuan, Director, Dept. of Nursing Zhejiang Provincial Xinhua Hospital; Liu Lihua – Director, Dept. of Nursing, Zhejian Provincial Oncology Hospital; Hu Binchun, Assistant Director, Zhejiang Provincial Nursing Association; Rzepka; Zhou Yanping, Associate Director, Zhejian Provincial Nursing Association; Chen Zhengfang, Deputy Director, Department of International Cooperation, Zhejiang Provincial Health Bureau.

GRANDMAS FOR A GOOD CAUSE

Grandmas AIDing Grandmas took part in a National Grandmothers Solidarity Walk on June 13 in Ottawa to raise awareness and funds for grandmothers and orphan grandchildren in sub-Saharan Africa. Retired nurses Myrtle Blinn (left), Kathy Brodribb (second from right) and Janise Johnson (centre) joined like-minded grandmas on Parliament Hill where the walk began. The program is run by the Stephen Lewis Foundation, and RNAO has its own interest group. To learn more, email Kayla Scott at kscott@rnao.org.

According to the four-part media series, many seniors land in hospital after a stroke or fall, but when the crisis has passed their next stage of care cannot be arranged because a placement is not available. The situation is aggravating for hospitals who must deal with the backlogs in emergency rooms and already crowded wards. "When we have acute-care beds filled with people who aren't going anywhere, it's like trying to function as a significantly smaller hospital," **Helen Gibson**, patient care director at Lakeridge Health in Oshawa told *durhamregion.com, Northumberland News, Mississauga News, yorkregion.com* (June 15-18).

Grinspun, who is also the past co-chair of the Elder Health Coalition, says the answer to gridlock across the system is an injection of new money and staff. "We haven't made enough progress" on helping seniors age gracefully at home, and there's no time to waste, she said (June 16).

Sex assault nurse examiners needed

RNAO member **Sheila Macdonald** says she's not surprised that staff at the Ottawa Hospital was unable to look after a sexual assault victim in July. She coordinates the Ontario Sexual Assault Nurse Examiner Course at Women's College Hospital in Toronto. Macdonald says that "fewer and fewer Ontario nurses are willing to work with sexual assault victims because of low wages and burnout" (*cbo-fm Ottawa*, July 8). The hospital's 15 specially trained sex assault nurse examiners have been reduced by almost half due to illness and unexpected leave, and victims seeking help at the civic campus have been told to come back later, or go elsewhere. On July 8, the hospital announced it had found a short-term staffing fix, and would now be able to offer 24-hour service (*Ottawa Citizen*, July 9).

Nurse endorses asthma clinic

RNAO member **Sandy Iacobelli's** nursing skills were put to the test when two years ago, her young son, Aiden, began to gasp for air in what was later diagnosed as an asthma attack. Since the episode, Iacobelli has been back to the emergency room just once thanks to the staff at Royal Victoria Hospital's Paediatric Asthma Clinic in Barrie, Ont., which is undergoing renovations and improvements along with the hospital's other paediatric ambulatory clinics. Aiden, who is now three, meets every few months for a checkup where his oxygen levels are monitored and his parents meet with a respiratory therapist to go through his asthma management plan. "Having this clinic just alleviates my worries. It is a reassurance to parents, because the education component is so excellent that parents are more confident when their child does have an attack," the RVH nurse told the *Barrie Examiner* (July 3). **RN**

NURSING NOTES

Nursing teacher honoured

In June, RNAO member Gail Donner (pictured on the right) won the Jeanne Mance Award – the most prestigious award a Canadian nurse can receive – presented annually by the Canadian Nurses Association. Gail Donner is a professor and Dean Emeritus at University of Toronto's Lawrence S. Bloomberg Faculty of Nursing and a partner in donnerwheeler, Career Planning Consultants. Her outstanding career achievements include many contributions to nursing through her work in academic research, nursing administration and health policy, including chairing the Air Ambulance Review in Ontario, and serving on Sunnybrook and Women's College Hospital de-merger project. She has also won the Award of Excellence in Teaching from Sigma Theta Lau International and is a recipient of the Order of Ontario.

Ontario's pandemic preparedness – A+

"Ontario was as ready as anyone for the arrival of H1N1," according to an initial report on how the province fared by Ontario Chief Medical Officer of Health Arlene King. The province experienced a lower death rate (.98 deaths per 100,000 people) compared to the national rate (1.26 per 100,000 people) from the flu. King pointed out that problems with manufacturer delay and Health Canada's approval process, as well as the decision to go with a dose-sparing (adjuvanted) vaccine, safer for the high risk population (pregnant women), created delays. Glitches notwithstanding, reported King, Ontario proved it was ready, and was among the top jurisdictions in the world that best handled H1N1. Read the report at health.gov.on.ca/en/public/publications/.

Needle stick safety

Now all Ontario nurses, regardless of where they work, are better protected from the high risk of on-the-job needle stick injury. On July 1st, amendments to "The Needle Safety Regulation (O. Reg. 474/07)" make it mandatory for all health-care employers, including those not previously covered under the *Occupational Health and Safety Act* in Ontario, to provide "Safety Engineered" needles in the form of retractable syringes and safety shields. In 2008, RNAO supported the proposed regulation expansion, which now includes workplaces where workers use hollow-bore needles, such as hospitals, community health centres, doctors' and dentists' offices, and independent health facilities, as well as those already covered including long-term care homes, laboratories, specimen collection centres and psychiatric facilities. The new law is intended to reduce needle stick injuries, which are estimated to occur in nearly half of all nurses (48.5 per cent) at least once. Find out more at e-laws.gov.on.ca.

Patient wait times

Most RNAO members will not be surprised by the chief finding of a recent report by the Ontario Health Quality Council: there are serious problems with how patients move through the health-care system. For example, the report showed that long-term care (LTC) home wait times have tripled to 105 days since 2005; worse, one in four people placed in LTC could be cared for in an alternative setting. The report also cites hundreds of ideas on how to improve care. **RN**

UPDATE ON CRNBC SPLIT

On June 25, 2010, CRNBC held its Annual General Meeting where the following resolution was presented to the assembly: "That the Board of the College of Registered Nurses of British Columbia is authorized to direct the Registrar/Chief Executive Officer to deliver a written resignation of the College of Registered Nurses of British Columbia's jurisdictional membership in the Canadian Nurses Association in accordance with Article 2.6 (a) of the Canadian Nurses Association Bylaw." The resolution was defeated with a ballot result of 40 votes against and 29 votes for the resolution. Following a CRNBC Board meeting on June 26, 2010, they informed CNA that they remain committed to developing and implementing a plan for the measured and managed withdrawal of CRNBC's jurisdictional membership with CNA. In turn, CNA remains committed to continue the dialogue with CRNBC and the emerging group the Association of Registered Nurses of BC (ARNBC) to allow for a seamless transition. RNAO's BOD is monitoring the situation closely. The formation of a national regulatory council for registered nurses is proceeding with the full support of all the regulatory bodies in Canada.

Grassroots nursing for impoverished parents

Public health nurses use all their skill and knowledge – and then some – in three innovative interventions that strive to help young, struggling families thrive. **BY JILL-MARIE BURKE**

Assessing and advising new moms on health-care issues is routine for public health nurse Lindsay Croswell. Forming an intense partnership with young women early in their first pregnancy, and empowering them to take care of themselves, is a whole new and incredibly rewarding experience. Croswell is one of six Hamilton-area nurses involved in the first Canadian pilot of an evidence-based nursing intervention called the Nurse-Family Partnership (NFP), which enables nurses to encourage and support low-income, first-time young mothers to make healthy decisions.

Croswell recalls working with Jennifer*, a young woman who was tormented by the fact that she didn't know who the father of her baby was. "All through her pregnancy she had mental health issues surrounding the question of paternity," says Croswell. The mom-to-be confessed that she worried that she wouldn't be able to love her baby. Croswell was the first person the young woman told of her suicidal thoughts. During her visits, Croswell provided information on paternity testing; connected her client with a community agency that assessed and treated her mental health issues; and perhaps most importantly, the specially trained nurse was a supportive and non-judgmental listener and mentor.

*Names have been changed.

PHOTO: CHRISTOPHER WAHL

Public health nurse Lindsay Croswell visits young, low-income, first-time moms where they live – often in unstable conditions – in the innovative Hamilton-based Nurse-Family Partnership.

Then shortly after the birth, Jennifer called Croswell and asked her to bring information on sun and swimming safety to her next visit. This wasn't an unusual request, but in Jennifer's case, Croswell saw it as symbolic. "The focus of our visits has turned around so much. She's really thriving. The baby is doing well. She's happy as a mom [she decided not to pursue paternity testing]. And I think it's because we got her the support she needed throughout her pregnancy."

The NFP is not alone – the Toronto Public Health's Homeless At-Risk Prenatal Program (HARP) and the Circles poverty reduction strategy in Sarnia – are also innovative, exciting initiatives that enable nurses to address the social determinants of health for impoverished families at a grassroots level. Susan Jack, a nurse researcher at McMaster University who is researching the NFP pilot, says that nurses have the skills, experience and public respect needed to lead these types of initiatives.

All three programs are founded on common principles: establishing strong, trusting relationships; recognizing that clients or participants are experts on their own lives; and that the most effective programs are ones that involve collaboration with other health-care professionals and community agencies. According to statistical outcomes, these kinds of empowering, relationship-based, community interventions are proving to set up children for much healthier lives in the long run. The work itself, say enthusiastic nurses, is allowing them to change lives in fundamental, lasting ways – by using their knowledge and skills to help people out of poverty, hunger, poor health, unemployment and despair.

THE NURSE-FAMILY PARTNERSHIP (NFP)

How nurses are making a difference with at-home interventions for first-time moms

Before volunteering for the Nurse-Family Partnership, Lindsay Croswell worked in the City of Hamilton Public Health Services (PHS) Family Health Division conducting telephone assessments and home visits for new moms. The NFP has enabled her to develop relationships with vulnerable clients, such as Jennifer, that are "more in depth, more trusting and more intense" than the ones she formed in her previous job. Croswell will continue to be an integral part of Jennifer's life until the baby is two years old.

McMaster University and the City of Hamilton PHS began the pilot in June 2008. Since the NFP home-visiting program for young, low income, first-time pregnant women was developed in the early 1970s, it has been implemented with great success in many American states. (It is currently being piloted in Australia, Germany, Great Britain, the Netherlands and Scotland as well as in Hamilton.) The NFP matches a specially trained public health nurse with a low-income, young (usually under 21) first-time mom-to-be by the 29th week of her pregnancy. Over the next two

"In an unstable life that can become chaotic, the NFP nurse may be the one consistent thing in the client's life."

PHOTO: CHRISTOPHER WAHL

and a half years of their partnership, each nurse and client will arrange about 64 home visits. In the first month, they will meet for one hour each week and then switch to biweekly visits. After the baby is born, they will begin weekly visits again. The baby's father and other family members are also encouraged to participate in the visits so they can provide support.

The NFP has been researched extensively over the past 30 years. Randomized controlled trials conducted with three diverse populations in three cities in the United States found that the nurse intervention leads to improved prenatal health, fewer childhood injuries, increased intervals between births, improved school readiness, economic self-sufficiency and a reduction in criminal activity. "This program is recognized internationally as the best way to prevent child physical abuse and neglect," says Jack (who was a former public health nurse before becoming a nurse researcher).

The six public health nurses participating in the Hamilton pilot were matched with 108 women who met the eligibility criteria and agreed to participate in the study. Croswell currently has 17 young women in her case load. Most of her clients have a history of trauma, abuse and neglect, and lack a consistent parent or role model. Encountering all of these factors in a home-visiting program can make for intense days. Croswell says she regularly discusses her feelings with Dianne Busser, a program manager for the City of Hamilton PHS and the designated NFP supervisor. Croswell also consults with the rest of the team to limit and deal with compassion fatigue, vicarious trauma and burn out.

Without exception, Croswell's clients live in unstable situations. While a few live with family members, others are couch surfing at the homes of friends, staying in shelters or are in jail. "In an unstable life that can become chaotic, the NFP nurse may be the one consistent thing in the client's life," explains Croswell. "One of the biggest rewards is that the clients really consider me to be part of their lives." Croswell remembers one mom calling her 45 minutes after giving birth.

Busser says NFP nurses teach their clients about prenatal development, child development, nutrition and breastfeeding, but also help them gain independence by identifying and achieving their life goals. "We really try to get the women to understand that they have the power to affect changes in their own lives. But they need to be doing it, not us doing it for them," explains Busser. The nurses support the mothers as they take the steps needed to go back to school, find a job or pursue other dreams.

Working closely with community partners is also a key component of the program, according to Busser. When the pilot began, the public health nurses arranged one-one-one meetings with local physicians, midwives, the social worker at the Hamilton Maternity Centre, parent resource centres, and staff at the two Children's Aid Societies to explain how the NFP works, get their buy in and ask for help recruiting women for the pilot.

"The NFP is the ideal model of nursing," says Jack. "When I see what these nurses do in the home I am in awe. They are doing motivational interviewing, counselling, health education, health promotion and physical assessments. These public health nurses are working at their full scope of practice."

Tears are shed during NFP focus group interviews because the nurses involved in the pilot are so passionate about their work, she adds. They say: "I finally feel like a nurse." The impact of the partnerships is not one-sided. Moms who have been interviewed about their perceptions of the NFP program say the nurses are knowledgeable and honest experts who provide them with timely, relevant and reliable information and emotional support. The most exciting part for nurses like Croswell is hearing how the women feel that participating in the NFP has made them better mothers.

The Hamilton pilot of the NFP will end when the last mom and baby complete the program in 2011. Jack hopes that by then she and her colleagues at McMaster will have funding to study the NFP program in a number of Ontario health units. "This is a program we need to advocate for. I believe in it so wholeheartedly because it is demonstrating the power of nurses and how nurses, can make incredible changes in the lives of families and mothers and children."

For more information, visit nursefamilypartnership.org.

TORONTO PUBLIC HEALTH'S HOMELESS AT-RISK PRENATAL PROGRAM (HARP)

Nursing support for transient, pregnant women offers hope for healthy futures

Public health nurse Angie Kim was sitting in a food court near Yonge and Dundas Streets in downtown Toronto with Cindy*, a homeless, pregnant woman in her early 20s. While groups of university students studied and chatted at nearby tables, Kim watched the young woman begin to eat the burrito she'd just bought her. She took three bites, commented on how delicious it was, and then wrapped it up. "I need to save this," she said.

Kim knew Cindy was desperately hungry, but that she didn't know where or when she'd find her next meal. "It was one of the saddest things I've seen." As a nurse with Toronto Public Health's three-year-old Homeless At-Risk Prenatal Program (HARP), Kim works with pregnant women who are often hungry, transient, working in the sex trade and battling drug addictions, mental illnesses and abusive relationships. "These are common issues on the street, but everything is intensified when there's a pregnancy and you're thinking about the health of the fetus," says Kim. Statistics show that pregnant women are at a greater risk of violence than other women and those living on the street are particularly vulnerable.

In addition to trying to keep her clients safe, Kim only has a short period of time to educate them about the importance of eating nutritious food, to convince them to get prenatal medical care and encourage them to eliminate or reduce drug and alcohol use. For she and the four other nurses and two dieticians who work in the one-of-a-kind program, the main goal is to help these women have the best pregnancies, and give birth to the healthiest babies possible, in extremely trying circumstances. "I really feel like this is true, frontline, grassroots nursing," says Kim. "You're on the street and you're dealing with the most basic of basics – food, shelter, health and the determinants of health. And if you think about it, it's a little overwhelming."

"HARP is allowing nurses to really be nurses. They need to be creative, innovative, in the moment and problem solving all of the time."

PHOTO: ©RENE JOHNSTON/GETSTOCK.COM

Cheryl Dillon, a HARP nurse, gives a loving kiss to baby Cameron, who will stay with his mom Ruby Lynn Budgell, a former street worker and crack addict.

HARP is the only program in North America that specifically targets homeless, transient women of all ages and offers nurse interventions at any stage of their pregnancy. While there are some programs that provide support for pregnant teens, this is the only program that assists homeless women in their 20s, 30s and 40s.

The nature of these women's lifestyles, and the complex issues they are dealing with, makes it almost impossible for them to access our health system on the own, explains Alice Gorman, the acting manager of the Healthy Families Program at Toronto Public Health, which runs HARP. "This population has huge grief issues, bereavement and loss; often they are survivors of abuse and have been through the child welfare system." Because it is difficult for these women to trust others, HARP nurses take a low-key approach and use counselling techniques to help them focus on issues that need to be dealt with immediately.

According to Gorman, every year approximately 300 babies are born to homeless mothers in Toronto. HARP isn't able to find or help this entire population, but the nurses make a significant difference in the lives of the women they do meet by doing prenatal health teaching, encouraging them to get blood tests and ultrasounds, accompanying them to doctors' appointments and linking them with community resources.

Most HARP clients are referred by social workers, addiction workers, staff at shelters and community agencies. Gorman says the program, which is client-driven, client-focused, flexible and intensive, is an example of nursing at its grassroots level. "It's allowing the nurses to really be nurses," says Gorman. "They need to be creative, innovative, in the moment and problem solving all of the time."

Breaking down the protective barriers that women on the street have developed is a challenge for Kim and her colleagues. For example, it took her three months to gain the trust of, and develop a good working relationship with, one woman. "It was every week, buying her a smoothie, sitting outside, talking about other stuff and people watching. And eventually she started trusting me and opening up a bit," remembers Kim.

HARP nurses respect clients' goals and decisions, even if they are very different than the choices the nurses would make themselves. The program's harm reduction model recognizes that some women many not want or be able to give up cigarettes, drugs or alcohol, so the nurses talk to them about cutting back and using drugs more safely. (Kim adds that she's seen small changes make a big impact down the road for some of her clients.)

Kim is surprised by the incredibly strong working relationships HARP has with numerous community partners including St. Michael's Hospital, the Children's Aid Society, addiction and shelter workers, and staff at Streets to Homes, which helps the homeless find housing. While she heard about this kind of teamwork in nursing school, before HARP, Kim thought it was

the ideal and not the reality. "I see what a huge difference it makes to know people personally, and we all work together. I've never experienced nursing like this before."

To find out more about HARP, contact Alice Gorman at Toronto Public Health, agorman@toronto.ca or 416-338-7980.

CIRCLES – LAMBTON COUNTY'S POVERTY REDUCTION PROGRAM

A special volunteer intervention sets up families with 360-degree support

For Hepatitis C nurse Sonja Gould, working at a methadone clinic in Sarnia opened a small window on the world of poverty. But the daily realities of low-income families in her city didn't hit home until she volunteered for Circles, Lambton County's poverty reduction program. Gould found out about the program when the coordinator, Gayle Montgomery, spoke at a meeting of RNAO's Lambton Chapter. She heard how poor children weren't participating in physical education classes because their parents couldn't afford indoor running shoes. "It was an eye opener." Gould decided on the spot that she and her husband (a paramedic) needed to volunteer for the first Canadian pilot, which launched in Lambton in January 2009.

The Circles campaign was developed by Move the Mountain Leadership Center, an organization in Iowa that develops strategies to help communities reduce and end poverty (it has been launched in 40 sites across the U.S.). Circles is founded on the belief that surrounding a low-income family with a "circle" of supportive community members will help them set and achieve life goals and get out of poverty. The program's network includes the low-income families called "leaders," middle-class volunteers known as "allies," and a "guiding coalition" of people in various sectors including education, finance, health care and politics who can influence policy decisions and provide valuable contacts for job-seeking leaders. Move the Mountain's 2010 report on 33 low-income families in the U.S. who participated in Circles for six months found that the median income increased by nearly double to $1,200 from $637 a month, and welfare benefits dropped to $306 from $436 per month.

Each of the 22 low-income families in the Sarnia pilot is paired with a minimum of two allies who support them on an 18-month journey. Twice a month all of the leaders and allies in the Circle meet to discuss individual challenges and successes, and listen to guest speakers. Once a month the guiding coalition joins the group to look at poverty through a larger lens and explore community solutions. And once a month, Gould and her husband have dinner or coffee with their leader family and help the mom tackle obstacles. "She had some problems with bedbugs that made her absolutely crazy," says Gould. "So I contacted the community health centre to get some information and we helped her move some of her stuff." Since being paired, Gould and her husband have also helped the mom find daycare and repair broken light fixtures.

PHOTO: SUN MEDIA

Registered nurse Sonja Gould, shown at work, spends her free time volunteering to help low-income families.

Gould's expertise as a nurse is recognized by the entire Circle. "They use me as a resource person," she explains. She says it's not unusual for her to get a phone call if someone needs advice about the best way to treat a child's fever or other health condition.

Gould says being involved in Circles has shown her that communities can have an impact on poverty when they form supportive friendships and networks, communicate openly and work toward common goals. "I actually feel like I'm making a difference," says Gould. "That's one of the things I've always wanted to be able to do but I always felt like I was an army of one."

Statistics support Circles' impact: after the first 12 families had spent nine months in Sarnia's Circles, 18 per cent were no longer receiving social assistance, 45 per cent had increased their earnings, and 37 per cent had increased their education and training. "It's just blossoming," says Gould. "People are moving out of poverty and some have been accepted into college for the September session." Now that Gould's leader has found daycare, she would like to take a course to become a personal support worker.

Gould adds that she would like to see the movement spread across Canada. "I always try to encourage people to be part of it – especially people I know who have it in them."

For more information about bringing Circles to your community, visit lambtoncircles.com or movethemountain.org **RN**

A trip down RNAO lane

This year's submissions for our annual summer story collection – celebrating RNAO's 85th anniversary – were surprisingly assorted, and, in turn, equally moving. Read on to discover how membership has changed nursing outlooks for the better.

MOMENTS THAT MATTER

By Irene Molenaar, Staff Nurse, Orthopedic Surgery, Henderson General Hospital, Hamilton Health Sciences, Hamilton, Ont.

"It was nearly midnight and we'd just settled our patients down. The family of a patient very close to the end of her life requested a private room, but, as charge nurse, I knew there were none to offer. I wanted to help, and I was also concerned about how her visitors (it was after-hours) would disturb the other patients in the room. Then it came to me – we could move the dying patient to the ward's sunroom. We did so with little trouble, hooked up her oxygen, and the family settled in. They played tapes of her favourite music on a tape recorder, and they sang the songs she used to sing as a teenager while she was dating her husband, and, later, when her offspring were small children. A real sense of togetherness filled the room. About 45 minutes later, the daughter told me, 'With a smile on her face, she was welcomed into the arms of God.'

DID YOU KNOW

Since RNAO's Client Centred Care Best Practice Guideline was developed and published in 2002, it has been implemented in more than 14 Best Practice Spotlight Organizations (as well as in countless others) across Ontario!

Everyone experienced this passing with gratitude and gratefulness. And we nurses made the difference between dying with comfort and dignity versus dying alone and in agony. At the time, I felt strongly that no one should have to die alone because we are not born alone. Thinking about it later on, I realized that I had also been motivated to think outside the box that night because of an RNAO e-learning course I took on Client Centred Care (a Nursing Best Practice Guideline). It contains a number of vignettes that drive home how nurses can and should do things for patients above beyond the call of duty because it feels right. It's really important for colleagues to recognize unique client centred moments, and encourage more of them."

A VOICE OF MY OWN

By Hilda Swirsky, Staff Nurse, High Risk Obstetrics, Mount Sinai Hospital, Toronto, Ont.

"When I first started out as a nurse in the 1970s, I was drab (we weren't allowed to choose or wear bright colours) and voiceless. I recall always walking a half a step behind some physicians on our unit, and never questioning anything. Nurses in those days did not feel that they could speak up or speak out. Contrast that with a scene that took place a few years ago at my hospital during RNAO's Take Your MPP/MP to Work Initiative. Walking as an equal, respected partner beside MPP Elizabeth Witmer exemplified, to me, just how far nurses have travelled on their collec-

DID YOU KNOW

This year marks the 10th anniversary of RNAO's Take Your MPP/MP to Work Initiative, which was created in 2001 as part of "Nursing Week" celebrations to give RNs a chance to enlighten policy makers about the important work they do.


1951
REGULATIONS
under
The Nurses Registration Act,
1951
Published by
REGISTERED NURSES' ASSOCIATION OF ONTARIO
RNAO
BY-LAWS
Revised April, 1938
Names of Sections changed April, 1941
Article IV, Fees, changed April, 1945
Revised April, 1950
Articles I, IV and District Boundaries
changed April, 1952
Articles VIII and X
Electors and Nomination Committee
changed April, 1953
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In recognition of the contribution made to the Association
through 25 years of regular membership
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tive nursing journey. This is thanks in no small part to a supportive professional association that ensures nurses have visibility, respect as knowledge workers who provide health-care solutions and tremendous public trust. I recall how impressed Witmer was with the compassion, sensitivity, complex skills and competencies required to care for families who experience prenatal losses. As I went over the strategies our hospital has put in place, Witmer saw caring for this unique population from a different perspective.

Through years of RNAO membership, which included a variety of leadership opportunities, I am a completely different nurse than I was starting out (a former close peer actually told me so after hearing me speak at an RNAO career fair!). I found confidence to push for change and empower my patients, peers, community and students, which eventually led me to run in the campaign to be RNAO President Elect in April 2009 (I am so proud there were an unprecedented four contenders!). I am constantly struck by how far nurses have come. Politicians, community and interprofessional health-care leaders consult with us on major health-care issues. The incredible difference RNAO involvement and advocacy makes is consistently and clearly evident. With one common voice, we all speak out for health and for nursing with the goal of optimum clinical patient outcomes."

FINDING FLORENCE NIGHTINGALE

By Veronika Pulley, Blood Conservation Program Coordinator, Windsor Regional Hospital, Windsor, Ont.

"The first RNAO Annual General Meeting (AGM) I attended a few years ago was especially moving because of an unexpected guest. The lights in the meeting room darkened, there was a short time of silence and then down the aisle walked "Florence Nightingale." The actress, in full costume, proceeded to the podium and raised her lamp. (Nightingale was called the "lady with the lamp" after her habit of making rounds at night with a lamp to tend to wounded soldiers.) She looked out at the audience and said, "There you are," referring to the crowd of nurses watching.

DID YOU KNOW

The inaugural RNAO Annual General Meeting (AGM) was held in Belleville, Ont., April 8-9, 1926, the same year that The Nursing Sisters' Memorial, recognizing fallen nurses during World War I, was unveiled on Parliament Hill.

Nightingale gave a talk on nursing in her era (mid-19th century), and I was amazed to hear how similar some of the problems and concerns faced by nurses in her time are to the ones we face today in our work environments. In her century, Nightingale fought for better basic preventive health care such as clean water and better light. We are still fighting for preventive health care in the modern era, such as healthy food for all and handwashing. It struck me how she stood for all of the things that are the foundation of good nursing.

Today, we're taking those foundations one step further with the help of research (for example, RNAO's Nursing Best Practice Guidelines), although Nightingale, too, based her arguments on sound knowledge and statistics. I've been an RN for 35 years and even as I'm winding down my career, this special AGM memory helped to remind me that a nurse is always a nurse, in other words, we're still – and always – fighting the good fight."

A NURSE IN NEED

By Wendy Matthews, Staff Nurse, Emergency, St. Joseph's Healthcare, Hamilton, Ont.

"About five years into my first job as a visiting nurse in the late 1990s, this area of nursing was undergoing tremendous upheaval and change. The company I was working for experienced a total change in senior management and I was offered a job as nurse manager. It quickly became apparent to me that I was not ready for this type of position, and asked my immediate manager if I could return to my role as staff nurse.

I chatted openly with family, friends and a few close colleagues about this new direction. I was discreet in discussing my reasons for the change, indicating it was I who was unable to work in the present job. However, word got back to my immediate manager. I will never forget December 3, 1999, when she brought me into to her office to tell me I was fired. She said she decided to terminate my employment with the company based on what she felt was a serious breach of confidentiality. (I could not fathom how I breached confidentiality in talking about myself and not using any names related to the company.) I was devastated.

I loved being a visiting nurse. It gives you a unique perspective on individual health and how factors such as socio-economic circumstances affect an individual's ability to live a healthy life. It was also the best way to assist individuals and families through the palliative care process.

For the next month, I continued to work in the office at the company while severance package details where arranged. I was at a loss. Who would hire me? It had taken me two years after graduating to find a job. I did, however, put out my resume.

DID YOU KNOW

RNAO's Legal Assistance Program (LAP) has provided more than 1,000 members with legal expense coverage for wrongful dismissals, complaints to the College of Nurses of Ontario and subpoenas to serve as witnesses since it was started in 1986!

About two weeks after I was fired, my manager brought me into her office and suggested that I stay with the company and continue in the resource role I had worked prior to being moved into a management position. She said this was something I obviously did well, and I had learned an important lesson about confidentiality. I thought this was very strange, so I decided to contact RNAO's Legal Assistance Program LAP for assistance.

They put me in touch with a labour lawyer, who after hearing the details of my story felt that I had a case for wrongful dismissal (I was fired in the heat of the moment and the company was trying to cover their tracks). However, since I already had landed two part-time positions to start at the end of my termination date, he suggested I let my employer know that I was aware of the wrongful dismissal, and at this time I was choosing the higher road by not suing them. That was a great confidence builder.

"I've enjoyed countless jobs as a nurse working in jails, pharmacies and factories. And all of this time, I've never felt alone because I know my professional association has got my back."

Had it not been for RNAO's LAP, I would have carried around the devastation for years, always doubting my own abilities and feeling like I deserved to be fired. Since that experience, which gave me resilience I never knew I had, I've enjoyed countless jobs as a nurse working in jails, pharmacies and factories. And all of this time, I've never felt alone because I know my professional association has got my back."

AWAKENING

By Nicole Walton, Clinical Resource Nurse, Saint Elizabeth Health Care, Central East, Whitby, Ont.

"I joined the RNAO while I was a nursing student at Centennial College after hearing one of my professors speak about the benefits of membership. I have attended several RNAO events and workshops over the years, but the most memorable was the 2009 Annual General Meeting (AGM), in which I was privileged to be a voting delegate. The opportunity came at a good time in my career.

After nearly six years as a visiting nurse, I was looking for something more, and even questioning whether I still wanted to be a nurse. I chose to be a visiting nurse right out of school because I felt it would enable me to give better quality, dedicated care to patients and their families, and it had. But I wasn't excited or motivated about my work anymore, and I think it was because I wasn't being challenged overall. (In hindsight, I realize I'd just had my fill of bedside care.)

I went to the 2009 AGM full of curiosity, but without any expectations. I was immediately moved by the energy and passion – there was literally "something in the air." I talked to so many other nurses in a wide variety of fields, who shared their perspectives, successes and failures with me. It opened my eyes. Here were nurses who are still fired up about their work after 25 years on the job, and I was losing my passion after just six. It was a

major reality check … an awakening. I still wanted to be a nurse! And I wanted to be the best nurse I could be. Being responsible for making really important decisions about the future of nursing in Ontario as a voting delegate was also incredibly motivating. To top it off, I was a change agent!

Back at work, I was determined to pursue a nursing role that would build on my accumulated experience (I would miss visiting nursing, which I truly enjoyed for years) and afford me new challenges. Now I'm a clinical resource nurse, providing education and support to a great team of visiting, shift, and mental health nurses. I just love being their go-to when they need clinical assistance, a different perspective, or just a sounding board, and they in turn, inspire me every day as I observe their skills, dedication and energy at work. I hate to think where I might be today had I not attended that AGM."

DID YOU KNOW
RNAO has more than 29,000 members and 39 chapters across Ontario. The regular rate of membership ($265) has not changed in the past decade!

PLEDGE OF NURSING ALLEGIANCE

By Tia Cooney, Clinical Educator, Maternal Child Services, Thunder Bay Regional Health Sciences Centre, Thunder Bay, Ont.

"As a nursing student, I wanted to make a difference in the lives of my clients. I learned in school that I could accomplish this best through client centred care, and by implementing evidence-based practice. As soon as I found out about RNAO, with its Nursing Best Practice Guidelines (BPG), I knew I could use them to impact the lives of my clients, my community, my province and even internationally (by promoting them).

At my hospital, I helped implement aspects of the Breastfeeding Best Practice Guidelines for Nurses. Each nurse usually has her own style of helping patients learn to breastfeed, and we knew that patients were confused by inconsistency as result of shift changes. Implementing the BPGs has given patients much needed continuity. All of the nurses are given the materials and encouraged to incorporate the guidelines we developed based on the BPGs in their work. Currently, I'm also assessing the theoretical value of the Assessment and Management of Pain BPGs as part of my Doctor of Nursing Practice thesis.

Nurses need to realize that they can apply aspects of BPGs. Any small change toward evidence-based care is a good step. Being a member of RNAO has reinforced my belief that as a profession, it's important to grow knowledge and engage in life-long learning. Promoting and implementing the BPGs is critical for the advancement of our profession. Every day I am member of RNAO, I know I am helping create the future of nursing and that I am contributing to evidence-based practice."

KINDRED SPIRITS

By Ann Alsaffar, family practice nurse, Ottawa

"I joined RNAO when I first moved to Ontario from Ireland in 1992. I was a mother of an 18-month-old and pregnant with my second baby. RNAO was a way I could connect with my profession in a new province while I decided if I was going to return to hospital or public health nursing. I attended the AGMs when I could, and I always opted to room with a fellow attendee because it was a great way to meet new people.

One conference I roomed with a nurse who, like me, had come from Ireland. By coincidence both our husbands were from the Middle East and Muslim. We stayed up all night talking and sharing stories. She, like me, had four children, and she told me how her local church had asked her four boys to participate in the nativity play. I cried with laughter as she told me about her young Muslim boys wearing gingham tea towels on their heads – perfect in their role as Joseph and shepherds.

The next day at the assembly I stood and thanked RNAO Executive Director Doris Grinspun for the opportunities available through RNAO, for where else could an Irish Catholic nurse and Irish Protestant nurse share a room and enjoy the communality of their lives in Canada! Without the sense of community and terrific networking opportunities of RNAO I would have felt much more isolated in my profession. Connecting with others is always enlightening, and helped pave the way to my leadership role in the newly minted Canadian Family Practice Nurses Association – a great way for me to pay it forward!"

DID YOU KNOW
RNAO's Nursing Best Practice Guidelines are available in other languages. To date, various BPGs have been translated into French and Italian (and Japanese, Mandarin and Spanish are underway)!

MY SUPPORTIVE SHADOW

By Kathy Coulson, Advanced Practice Nurse, Palliative Care, Kingston General Hospital, Kingston, Ont.

"I was a member of the 'Big Six,' the nurses involved in an investigation into a number of baby deaths at The Hospital for Sick Children in 1982. In late 1983, when the Grange Inquiry was to take place, RNAO contacted us as interested parties, because it wished to have standing. Those of us who would be on the witness stand, myself included, jumped at the opportunity for support, including legal, financial and personal assistance support.

Participating in the Grange Inquiry was extremely stressful. The emotional impact of the deaths themselves was huge. Then to have relive them as we combed through the case files in preparation…but RNAO was with us every step of the way. The legal advice was crucial as we were badgered on the stand relentlessly. Knowing we had nurses' support from across the country, and internationally, was comforting. Through all this, we matured, learned, became more confidant, and most of us moved on in our careers.

A year later, however, I was seriously thinking of leaving nursing. I spoke with several nursing leaders, including

DID YOU KNOW
More than 2,293 members are part of the quarter century club (25 years of continuous membership), and 591 have Member Emeriti (40 years of continuous membership)!

Carol Ann Godard (Coordinator of Continuing Education) at RNAO. Carol Ann patiently answered my questions as I deliberated my decision. Thanks to her advice, in part, I decided to stay in nursing, and return to school. RNAO lent me some money interest-free to help pay some expenses. In 1989, I was asked by RNAO Executive Director Gail Donner to participate in various interviews related to the Grange Inquiry. I did so willingly, knowing that RNAO believed that I would tell 'it' as it is.

Over the years I did my share of mentoring to return the favour, and one particular relationship stands out. One of my consolidating students was struggling. She was nervous, and by the time I came back from vacation to finally meet her, she had been condemned by the other nurses. But my gut instinct told me she had great potential. She was eager to learn; she just needed some experience under her belt with positive feedback.

"I will always remember the difference I made to this student (she is now an excellent nurse), and how being a part of RNAO reminds me of what a great profession I have entered."

Over the years, I have attended RNAO functions, locally and provincially, and I have been a voting delegate at several AGMs. I've presented at some of the RNAO sponsored conferences. I have also received my 25-year pin. In 2006, I went to China to present some work in Palliative Care and RNAO supported me.

RNAO has been by my side throughout most of my career. They've been the first place I've gone for support and guidance, and they've been there for time and time again. Trusting in them has afforded career-long security."

STRENGTH IN NUMBERS

By Ann Cook, ONTraC (Ontario Transfusion Coordinator), Blood Conservation Coordinator, Sault Area Hospital, Sault Ste. Marie, Ont.

"When I was learning to be a nurse, I had a mentor with never-ending patience. She shared her expertise and knowledge, and went out of her way to make sure I was exposed to new situations so I could learn by experience. She was an RNAO member and encouraged me to join once I started working. I did, and over the years, I've taken leadership workshops whenever they were offered.

The student felt so pressured, on one night shift during a quiet time on the unit, she burst into tears and told me she was going to quit. I felt horrible I hadn't been there from the beginning and we sat down and talked through her fears and insecurities. We came up with an action plan to tackle her problem areas (I reassured her things were not as bad as they seemed). Slowly we worked together to organize her thoughts in patient reports more clearly. She also appreciated learning how to approach work with a structured, flexible plan. Together, with her teacher, we plotted her progress. As each shift passed I watched how this once defeated student excelled. I could see her self-confidence growing as she continued to master her role as a nurse. I told her that when she graduated she should join the RNAO as she was just the type of professional that would enhance its membership.

I will always remember the difference I made to this student (she is now an excellent nurse), and how being a part of RNAO reminds me of what a great profession I have entered. Collectively, we should all strive to encourage the best in each other." **RN**

DISCOVER THE POWER *of* NURSING

RNAO's knowledge exchange "festival" promises to advance your professional credibility. **BY STACEY HALE**

For two long and trying years, Karen Campbell witnessed her 80-year-old war veteran patient suffer with debilitating and totally unnecessary pain – the result of heel pressure ulcers following a hip injury and unsuccessful surgery. Over the next decade, the veteran's needless misery weighed on the nurse's mind (although he eventually made a full recovery). So when Campbell, who is now an educator and researcher, got the chance to help develop RNAO's wound guidelines in the early 2000s, she jumped at it. "I think our patients deserve best practice and we have a duty and obligation to care for them using the best evidence." As part of her doctoral fellowship with RNAO, in 2007-08, Campbell also implemented the *Risk Assessment and Prevention of Pressure Ulcers* guideline at St. Joseph's Health Care in London. Before, 13.3 per cent of all acute orthopedic patients developed heel pressure ulcers. Now there are no cases.

This October 18-20 in Toronto, Campbell will be sharing her experience with hundreds of nurses at *RNAO's Knowledge, the Power of Nursing: Celebrating Best Practice Guidelines and Clinical Leadership* conference. To date, RNAO has created 42 Best Practice Guidelines (BPGs) on everything from asthma to breastfeeding using a combination of rigorous literature reviews and nurse experts. At the three-day conference, nurses will learn why the continual pursuit of knowledge is important; how to connect with resources including face-to-face networking and the latest literature; all while boosting the credibility of their *curriculum vitae*. Here's why you should be one of them.

KNOWLEDGE IS CRUCIAL TO CARE

Irmajean Bajnok, RNAO's Director of International Affairs and Best Practice Guidelines Programs, describes the conference as a huge "knowledge exchange festival." More than 200 presentations will take place over three days, where nurses will share research, ask questions and describe their experiences adopting evidence-based practice. "Our role is to make sure that what happens at the point-of-care is the best it can be." The reality is that about 25 per cent of what nurses do is actually counter to best practice, she says.

NETWORKING LEADS TO ADVANCEMENT

The conference offers terrific networking opportunities, including 20-minute poster presentations, where nurses gravitate through a busy trade-show-like crowd to learn about research that interests them. There's also break time, when the eureka moments happen, says Bajnok, who explains that solutions to clinical challenges are born in these coffee breaks and poster presentations. "It's such a great opportunity to create networks and learn informally ... sometimes when you see people gathered around a poster, immediately a network forms."

LEARNING RESULTS IN CAREER GAINS

Karen Ellis-Scharfenberg, Associate Director of the RNAO Centre for Professional Nursing Excellence, says employers look for dynamic, well-rounded people and attending this event will show that you've gained clinical knowledge, but also an understanding of issues in health care at a global level. **RN**

TO REGISTER GO TO HTTPS://COMMERCE.RNAO.ORG/MEETINGS/MEETINGS_REGISTER.ASP.

SNEAK PEEK

Satisfying your appetite for knowledge will be a snap at this event.

RESEARCH ABOUNDS More than 200 presenters from five different countries will delve into key findings on patient care.

PRESENTATIONS INFORM Strong clinical leaders with a proven track record of improving patient outcomes will share their stories.

EXCITING KEYNOTES Among others, Doris Grinspun, Executive Director of RNAO, presents for the first time ever the results of her Ph.D. dissertation, "The Social Construction of Caring in Nursing," helping us make visible the complex work of nurses.

ILLUSTRATION: SANDRA DIONISI

POLICY AT WORK

RNAO's Katie Dilworth (far left) spoke out in favour of caloric disclosure on menus.

Caloric disclosure a necessity

RNAO is throwing its weight behind a private member's bill that would require chain restaurants in Ontario to post calorie counts on their menus. The bill, introduced by NDP Health Critic France Gelinas at the beginning of June, would require certain food establishments (with five locations or more and gross annual revenues of $5 million) to disclose the calories of the foods and drinks they serve.

Katie Dilworth, a nurse with Toronto Public Health and President of RNAO's Community Health Nurses' Initiatives Group explained (at a media conference) why the legislation is necessary to help individuals and parents make healthy food choices. Increasingly, hectic schedules and the demands of competing commitments have changed Canadians' eating patterns, leaving them to rely on restaurants for their meals. Dilworth noted that people can't make informed decisions if caloric information is not available. Recent reports show that the fitness levels of Canadians have dropped dramatically in the past 30 years, and that one in four children is either overweight or obese.

RNAO was among a dozen organizations that signed a letter urging the Ministers of Health and Health Promotion to pass Gelinas' bill into law. If passed, Ontario would become the first province to legislate calorie labeling on menus. Before the legislature adjourned for the summer, the bill passed first reading. We'll keep you posted.

Shortcomings in retirement home regs

The government's plan to regulate Ontario's retirement homes received a passing grade from RNAO. The legislation, introduced by Minister for Seniors Gerry Philips in the spring, sets out new regulations to enforce care and safety standards, and mandate emergency plans, infection-control procedures as well as police background checks for staff – moves RNAO and other groups have been demanding for years.

But during a day-long hearing into Bill 21, RNAO's Executive Director Doris Grinspun pointed out two fundamental concerns. In its submission, RNAO argued the legislation doesn't limit the level of type of care retirement homes can provide, which could lead to a two-tier health system. RNAO says a cap is needed to prevent a de facto privatization of long-term care.

RNAO is also concerned about the legislation's self-regulating model, arguing there isn't enough oversight to guarantee seniors and community members are adequately represented. Without such a guarantee, RNAO fears that many of the retirement homes' owners, multinational chains, could dominate the regulatory authority leaving residents without a voice.

Workplace violence bill needs work

RNAO applauded the introduction of Bill 168 – long awaited workplace violence legislation that went into effect on June 15 – as a step towards improving workplace safety. However it remains concerned about two aspects of the new law.

Although workplace harassment is addressed by the legislation, the bill doesn't recognize harassment, such as bullying, intimidation and threats, as a form of violence.

The law also fails to address the power imbalances that can give rise to violence. For example, in hospitals, nurses continue to be excluded from sitting on Medical Advisory Committees (MACs). MACs are barriers to collaborative practice because they reinforce inequitable power relations between physicians and other health-care professionals. RNAO wants them replaced with Inter Professional Advisory Committees (IPACs).

RNAO has sought changes to Ontario's workplace legislation for years. Its call to action was accelerated by the 2005 murder of RN Lori Dupont. She was killed at work by her former partner, physician Marc Daniel. **RN**

Notice of AGM2011

HILTON TORONTO ON FRIDAY, APRIL 8, 2011

Take notice that an annual general meeting of the Registered Nurses' Association of Ontario (hereinafter referred to as 'association') will be held at the Hilton Toronto hotel commencing the evening of Thursday, April 7 for the following purposes:

- To hold such elections as provided for in the bylaws of the association.
- To appoint auditors.
- To present and consider the financial statements of the association (including the balance sheet as of October 31, 2010, a statement of income and expenditures for the period ending October 31, 2010, and the report of the auditors of the association thereon) for the fiscal year of the association ended October 31, 2010.
- To consider such further and other business as may properly come before annual and general meetings or any adjournment or adjournments thereof.

By order of RNAO Board of Directors

David McNeil, RN, BScN, MHA, CHE
President

CALL FOR RESOLUTIONS

DEADLINE: Monday, December 6, 2010 at 1700 hours (5:00 p.m.)

Do you want to shape nursing and health care? As a member of your professional association you can put forward resolutions for ratification at RNAO's annual general meeting, which takes place on Friday, April 8, 2011. By submitting resolutions, you are giving RNAO a mandate to speak on behalf of all its members. It is important to bring forward the many pressing nursing, health and social issues that affect nurses' daily lives and the public we serve. RNAO members represent the many facets of nursing within the health system. You play a vital role in ensuring nurses' voices are heard, and in advancing healthy public policy across the province and elsewhere. RNAO encourages chapters, regions without chapters, interest groups and individual members to submit resolutions for ratification at the 2011 Annual General Meeting or at any time before the deadline. Please send materials to Penny Lamanna, RNAO Board Affairs Coordinator, at plamanna@rnao.org.

Important to note:

- the resolution must bear the signature(s) of RNAO member(s) in good standing for 2011.
- a maximum one-page background-er must accompany each resolution (this one page is to INCLUDE references) and the font used must be no smaller than Arial 10 or Times New Roman 11. Margins on this one page must also be reasonable, e.g. an absolute minimum of 0.7 margin all around.
- all resolutions will be reviewed by the Provincial Resolutions Committee.

For clarity of purpose and precision in the wording of your resolution, we recommend that each resolution include no more than three 'Whereas'; and preferably only one, but never more than two, 'Therefore Be It Resolved.' Please refer to the following successful 2010 resolution for guidance:

- WHEREAS there is a strong correlation between tobacco use and socio-economic status, especially among the unemployed and those with little or no education; and
- WHEREAS smoking is a significant contributing factor in the rate of chronic diseases such as heart and lung disease, cancer and gum problems and ultimately in the death of thousands of Ontarians annually; and
- WHEREAS smoking cessation aids have been proven to increase a smoker's chance of quitting; and
- Ontario's public drug plans, which cover the cost of medications and related services for over 2.8 million of the most vulnerable people in our province, do not cover the cost of smoking cessation aids;
- BE IT RESOLVED that RNAO lobby the provincial government to include all smoking cessation aids on the provincial drug formulary under Ontario's drug benefit programs. **RN**

CALL FOR NOMINATIONS 2011-2013 RNAO BOARD OF DIRECTORS (BOD) AND BOARD COMMITTEES

DEADLINE: Monday, December 6, 2010 at 1700 hours (5:00 p.m.)

As your professional association, RNAO is committed to speaking out for health, speaking out for nursing. YOUR talent, expertise and activism are vital to our success. For the 2011 year, RNAO is seeking nominees for:

- President-Elect
- Regional Representatives for all 12 Regions
- Provincial Nominations Committee (2 vacancies)
- Provincial Resolutions Committee (3 vacancies)

Being a member of RNAO has provided you with opportunities to influence provincial, national and international nursing and health-care policy, to discuss and share common challenges related to nursing, nurses, health care, social and environmental issues, and to network with numerous health professionals dedicated to improving the health and well-being of all Ontarians. Joining as a member of RNAO Board of Directors will provide you with an extremely rewarding and energizing experience. You will contribute to shaping the present and future of RNAO. You will also act as a professional resource to your constituency. Please access the nomination form on RNAO's website. If you require further information, please contact Penny Lamanna, RNAO Board Affairs Coordinator, at plamanna@rnao.org **RN**

For more info visit www.rnao.org.

CALENDAR

AUGUST

August 8-13

HEALTHY WORK ENVIRONMENTS SUMMER INSTITUTE

Hockley Valley Resort, Orangeville, Ontario

SEPTEMBER

September 15

PRECEPTORSHIP FOR NURSES WORKSHOP

Sudbury, Ontario, Live. Available by OTN across Ontario

September 23-24

RNAO BOARD OF DIRECTORS MEETING

RNAO Home Office, Toronto

September 25

RNAO ASSEMBLY MEETING

Hyatt on King, Toronto

September 26-October 1

CHRONIC DISEASE MANAGEMENT FALL INSTITUTE

Westin Prince Hotel, Toronto

OCTOBER

October 18-20

KNOWLEDGE, THE POWER OF NURSING CONFERENCE: CELEBRATING BEST PRACTICE GUIDELINES AND CLINICAL LEADERSHIP

InterContinental Hotel, Metro Toronto Convention Centre Toronto

Unless otherwise noted, please contact events@rnao.org or call 1-800-268-7199 for more information.

NOVEMBER

November 4-6

NURSE PRACTITIONERS' ASSOCIATION OF ONTARIO CONFERENCE

Doubletree by Hilton, Toronto

DECEMBER

December 6

PREVENTING AND MANAGING VIOLENCE IN THE WORKPLACE WORKSHOP

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FOR THE MOST CURRENT INFORMATION ABOUT THE NURSING EDUCATION INITIATIVE, PLEASE CONTACT: RNAO'S FREQUENTLY ASKED QUESTIONS LINE 1-866-464-4405 OR EDUCATIONFUNDING@RNAO.ORG

CLASSIFIEDS

CERTIFIED PROFESSIONAL CANCER COACH TRAINING

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TB: WHAT WE KNOW...AND WHAT LIES BELOW

November 15 & 16, 2010, Delta Chelsea Hotel, Toronto, Ontario. An initiative of the Tuberculosis Committee, The Lung Association. For more information please visit www.on.lung.ca/tbconf or email registration@eventives.ca.

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• topics include transformational and quantum leadership, emotional intelligence and organizational culture

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 BY CARI MAYHEW

ILLUSTRATION: SANDRA DIONISI

What nursing means to me…

"As a registered nurse for patients with chronic illnesses, I'm regularly challenged to give people the skills they need to look after themselves. Turns out nothing gives me quite the same sense of professional satisfaction as watching patients slowly but surely attain a sense of control over their ailing health.

One woman in particular stands out. I was working in a rheumatology clinic when I met Bernadette. The 23-year-old had just been diagnosed with rheumatoid arthritis, which causes painful inflammation and joint destruction. She was devastated about having a chronic condition, and was about to face her first trial. She'd been prescribed a very effective medication that needed to be injected twice a week. She was petrified of needles.

DROP US A LINE OR TWO
We'd love to hear about what nursing means to you. Your story could appear in *RN Journal*. Email editor@rnao.org.

When I told her I'd been asked to teach her how to give herself intramuscular injections, she turned ashen and burst into tears. She exclaimed: "I hate needles, they hurt so much, there's no way I can do it!" When she realized she had little choice, she was scared but resolved to learn.

Passing along the knowledge to Bernadette was one thing (an injection, given with good technique – a swift confident move of the wrist, puncturing the skin, pushing the plunger, discharging the medicine – should not hurt). Giving her the confidence she would need was another thing altogether.

Step by step, I began to educate her. I started with a diagram of the skin's anatomy and explained the function of the different layers and where the needle needed to go. Then we moved on to how to pull back and push in on the plunger using an empty syringe, and other helpful techniques. Bernadette gave her first injection to an orange, and while she practised, we perfected the angle of the needle.

And then the big day arrived: Bernadette was ready to give herself an injection. Sitting in front of me, her hands shook a little as she swabbed her thigh with an alcohol wipe. I sat on the edge of my chair, waiting to jump in if she needed help, but holding back, knowing that it was up to Bernadette to take the next step.

She drew in a big breath, held the skin and pierced it, pushed the plunger, and withdrew the needle, in one smooth move. I don't think she let out her breath until she was finished. She exhaled and said, "Wow, I did it!"

Witnessing her relief and joy, I was immensely gratified, as I am on every occasion when patients recognize they are neither helpless nor passive in their own care. I'm constantly struck by how collaborative nursing can be with patients, and I look forward to every opportunity to inspire confidence in my skill and in those I'm passing skill along to." **RN**

CARI MAYHEW IS A RN, BSCN IN THE HEMODIALYSIS DEPARTMENT AT SUNNYBROOK HEALTH SCIENCES CENTRE IN TORONTO, ONT.

RESPOND TO THE CALL.

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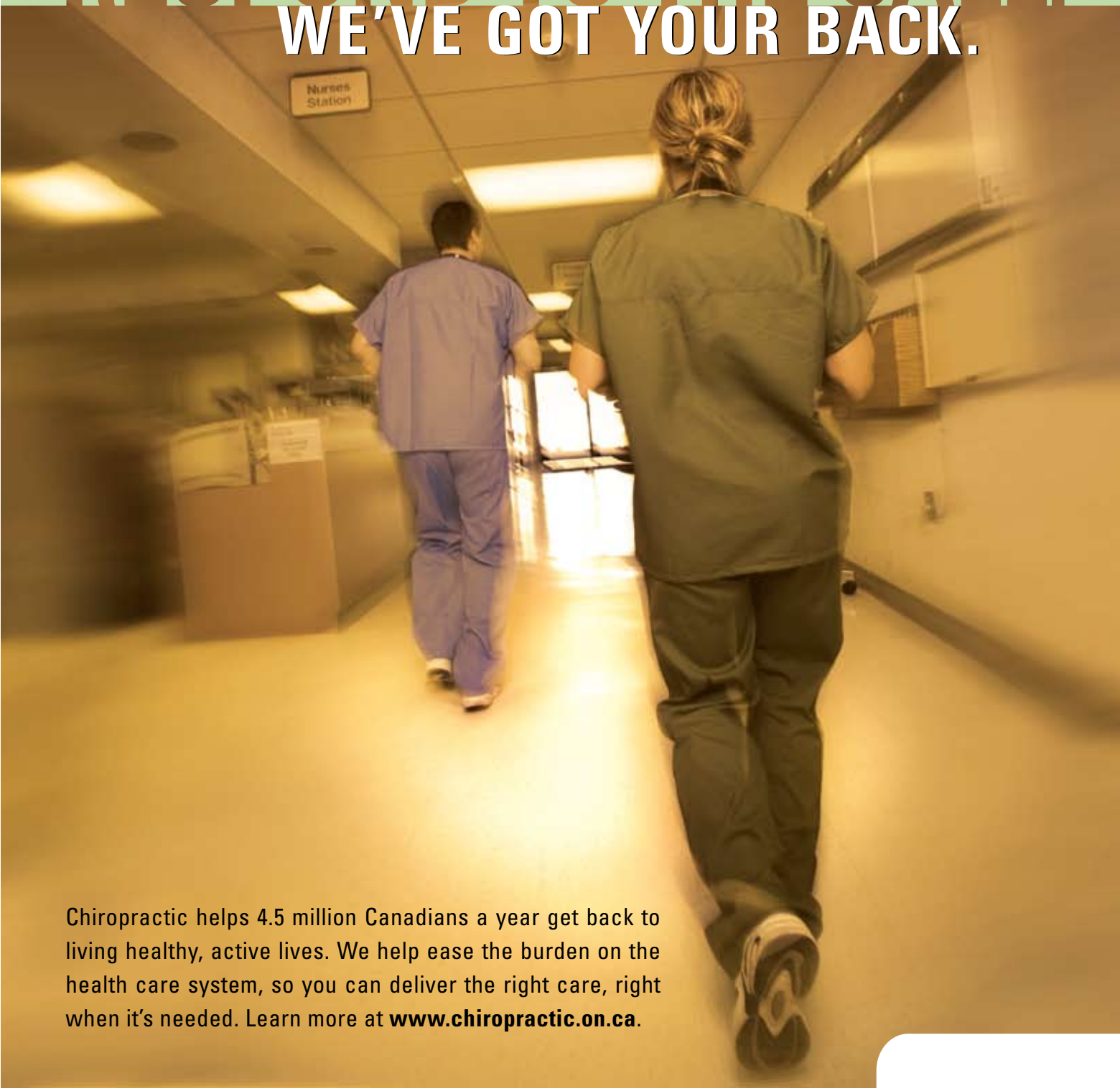

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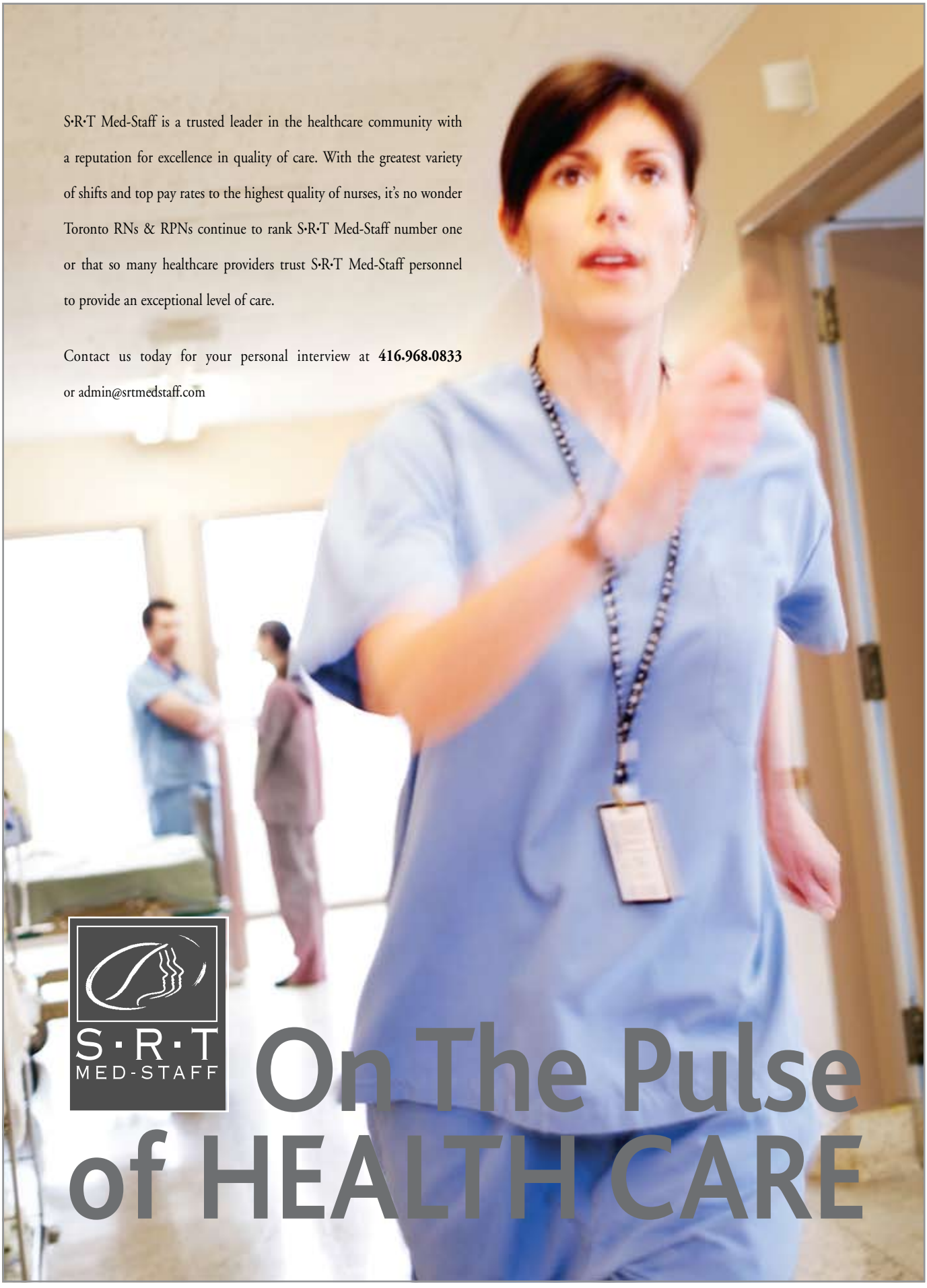

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