

REGISTERED NURSE JOURNAL

TICKING **Lyme** BOMB

As instances of Lyme disease continue to increase, greater awareness is needed among health professionals to help ease suffering.



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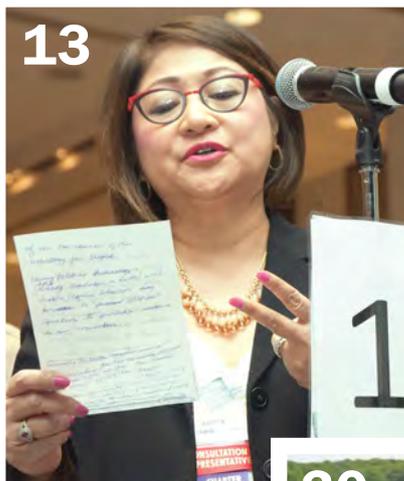
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BY DANIEL PUNCH



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EDITOR'S NOTE **KIMBERLEY KEARSEY**

Bravery behind every story

WHILE GREETING MEMBERS AT OUR communications booth at the annual general meeting (AGM) in April, I met several people who wanted to share their personal stories. Their raw emotions ranged from excitement at upcoming travel plans to help vulnerable people on another continent, to sadness and frustration around issues of suicide and workplace injury.

It's not easy to open up your personal life to people you don't know, and I'm truly moved and appreciative of those who do it. In most cases, it's to raise awareness of an issue that needs attention. And real-life stories are the best way to get that attention.

During the keynote presentation on the last day of our AGM, Louise White stepped up to the mic and told a room of 300+ people about her family's experience with addiction. It's hard to imagine the courage that takes. And she continues to share her story in this issue (page 12) and through speaking engagements and online forums in hopes it will help other families dealing with the same harsh reality that addiction does not discriminate.

Sue Faber is another member who has let down her walls and offered up the very personal story of her family's struggle with Lyme disease (page 22). She was at the AGM to present a resolution that she hopes will not only raise awareness but also lead to earlier diagnosis and better treatment of the disease. She told me that when she started to talk to colleagues at the AGM about how her experience led to the resolution, she got hugs and thanks from people who didn't realize the extent of the problem. Her interactions, she said, made her realize her vulnerability was worth offering up.

These personal anecdotes are vital to the stories we tell in this magazine. We need real people with real experiences to help us personalize bigger issues. Each first-hand account helps others realize that some of the most complex health and health-care issues come down to real people and real lives. There's no better way to impact policy and decision-making than by bringing these stories forward.

Thank you to all who are willing to open up to help others. Your generosity has not gone unnoticed. **RN**



REGISTERED NURSE JOURNAL

is proud to exclusively feature members of
RNAO on the pages of this magazine.



My pledge: to support, serve and advocate

IT IS A PRIVILEGE AND HONOUR TO serve as RNAO's 55th president. When Carol Timmings passed the ceremonial gavel to me during RNAO's annual general meeting (AGM), I pledged to support, serve and advocate. That is my motto for my presidency.

For those of you who don't know me, I am sharing a bit of my journey from the bedside to the boardroom. I began my career in clinical practice, working in different sectors and different roles, including public health and primary care. Following two decades on the front-lines, I became an educator and researcher. I was a member of RNAO's board of directors from 1996 to 1998 and returned in 2014 as member-at-large for nursing research. In 2017, I was voted in as your president-elect. These experiences – past and present – have allowed me to witness first-hand RNAO's monumental and inspiring transformation from a relatively quiet organization to a powerhouse.

Throughout my career, I have been aware that leadership is key to improving patient outcomes. During my earlier role as a director of nursing, I proposed that we use the Association of Women's Health, Obstetrics and Neonatal Nurses' standards to increase the budget, ensuring adequate staffing in the hospital's maternity unit and positive health outcomes for new mothers. Every nurse has the power to be a leader simply by advocating for their patients.

An important part of advocating for patients is recognizing Ontario's diversity. Based on my clinical observations, we can do a better job delivering culturally competent care. When the care we provide matches a patient's or resident's perception of their

“WE ARE 41,130 MEMBERS STRONG AND GROWING. IT'S MY GOAL TO HAVE 45,000 MEMBERS BY THE END OF MY PRESIDENCY IN 2020.”

health problems, incorporates their individual beliefs and practices into care planning, and meets their expectations for treatment, nurses are providing culturally competent care.

If you are not familiar with RNAO's best practice guideline [Embracing Diversity in Health Care: Developing Cultural Competence](#), I encourage you to read it. And if you are conducting clinical research on patients or families, I encourage you to include culture as a variable in your studies. Adding culture to research studies provides a comprehensive approach and improves the credibility of findings. If your organization lacks cultural competence policies, you may also want to facilitate the development and implementation of them in your work settings.

Another way we can advocate for patients is to continue speaking out about the policy recommendations outlined in our election platform, [Improving health for all](#). By the time you read this, the people of Ontario will

have already elected a new government. However, that does not change our resolve or our approach to our policy and political action. We will continue to engage all parties to ensure all our recommendations become policy.

Together with our board of directors and CEO, I will support you in advancing nurses as members of a vital, knowledge-driven, caring profession and significant contributors to health. We will do this by continuing to advocate for adequate numbers of RNs and NPs, and ensuring all practise to their full scope.

During my presidency, I will also continue to do what I have always done: promote the value of belonging to RNAO, the strongest professional association. We all have a role to play in stimulating membership, and we can achieve this together by encouraging colleagues, peers, nursing faculty, nursing students, staff nurses, administrators, executives, and former members to join RNAO. Nursing professors and instructors should also encourage their graduate nursing students to keep their RNAO membership and stay engaged in the association. Just think about the camaraderie, life-long friendships, professional growth, and opportunities to influence policy and practice, not

to mention RNAO's robust professional liability protection, which is included as a benefit of membership, and the Legal Assistance Program (LAP), which we can each choose to join.

We are 41,130 members strong and growing. It's my

goal to have 45,000 members by the end of my presidency in 2020. We can do it. And I want you to join me in achieving this important target.

Together we will build a stronger-than-ever RNAO and a stronger-than-ever Ontario.

Together we will resolve problems and issues.

Together we will make a difference in the health-care system and society.

We know we can do it because we know our collective voice has already made a difference.

Let's move forward with the same determination that has brought us unimaginable success. Let's show everyone what a committed and diverse group of RNs, NPs and nursing students can achieve.

Let us continue to be courageous, strong and a force to be reckoned with. **RN**

ANGELA COOPER BRATHWAITE, RN, MN, PhD (ADMIN), IS PRESIDENT OF RNAO.

Follow me on Twitter
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Members propel RNAO forward as a social movement

YOU MAY NOTICE THE NAME OF MY column has changed from *CEO Dispatch* to *Conversations with members*. As you read on, you will begin to understand the thinking behind this change, and hopefully you will become as fond of this new title as I am.

Recent developments at RNAO are behind this title change. When I met with staff and our board of directors to discuss specifics for this year’s annual general meeting (AGM), I began to take note of some developments in 2018 that I have not seen in previous years. One example: we had 187 consultation representatives register for this year’s event. In the end, despite life’s hurdles and less-than-desirable weather, a total of 149 consultation representatives participated on April 20, which marks a 15 per cent increase from last year and an unprecedented number for RNAO. We also had 13 resolutions approved for discussion at the AGM, which is the same number of resolutions as the last two years combined (see page 13 for our AGM coverage).

Our director of membership, Daniel Lau, also shared with me that for the past few months, Carrie Edwards, senior membership and services co-ordinator, and Patricia Hogg, project co-ordinator, have received more requests than ever before to notify members that their interest group and/or chapter is hosting a local or specialty event.

This increased involvement represents a tipping point for RNAO. We have more and more members joining, and more and more members who are actively engaging in activities. Comments like “...it’s difficult to move this chapter” or “I don’t have an executive,” are behind us, and

“I AM INSPIRED BY POWERED MEMBERS WHO ARE IN-TURN POWERING RNAO AS A WHOLE, PROPELLING OUR ASSOCIATION FORWARD LIKE NEVER BEFORE.”

this is thanks to an activist board, an energetic assembly, and 41,130 members who own RNAO and propel it forward.

I witness this vibrancy every time I have the privilege of visiting members. In particular, the enthusiasm was palpable during this spring’s Nursing Week visits to Humber River Hospital, Trillium Health Care, and SickKids. The positive buzz from clinicians and managers has reinforced for me that we need to write a second book together (our first was released in May, see page 11) that focuses on RNAO as a social movement that powers nurses to improve health for all.

As we continue to move this forward, we must remember there is one caveat with this type of social movement. It needs to be about something

bigger than any of us. It needs to be about members and the people they serve.

RNAO already attracts so much attention from nurses, politicians, the public and the media. This is because we take on difficult issues that others may shy away from: minimum wage and social assistance; care

more power as an association, we need to keep in mind the end goal. This is not about building power at RNAO for the sake of RNAO. This is about building power for the sake of the people we serve. And, with that power comes the opportunity for change that makes a difference for the health of people, the health care Ontarians receive, and the health of nurses.

We are building a social movement that can be overwhelming at times because it can feel like it takes on a life of its own. And that’s okay. RNAO members are driven when it comes to tough and sometimes controversial issues. The theme for this year’s AGM was Powering nursing to advance health. And I am inspired by powered members who are in-turn powering RNAO as a whole, propelling our association forward like never before.

This brings me back to the name change for my column. To fully power members, we must continue to engage in courageous conversations about policy change and gutsy advocacy that matters. These “conversations” are fuel for our work going forward. Let me know what you think. Email me at dgrinspun@RNAO.ca **RN**

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

Follow me on Twitter
[@DorisGrinspun](https://twitter.com/DorisGrinspun)

NURSING NOTES



PPE council member gets key to city of Toronto

Susan Gapka, a trans rights activist and member of RNAO's Patient and Public Engagement (PPE) council, received one of seven keys to the city from Toronto Mayor John Tory on May 17. She is the first transgender person to receive this honour. Gapka came to Toronto as a teenager and spent 10 years living on the street. She volunteered for Parkdale Community Health Centre's street outreach program 30 years ago while homeless, and became a member of its board of directors 10 years later, after finding housing. In this role, she helped create the first community based methadone clinic in Ontario. She founded the Trans Lobby Group, which lobbied for public funding for transition-related surgeries, as well as amending the *Ontario Human Rights Code* to include 'gender identity' and 'gender expression.'

"This, hopefully, is a metaphor that we can use this key to provide opportunities to those who lack access to a decent home, good health care, transportation, or food," Gapka says. "I'm hopeful that this may help achieve some of that."

RNAO was on-hand May 17 to celebrate Gapka's recognition from the city. As a member of the association's PPE council, RNAO looks to Gapka and others for insight on patient, family caregiver, and public engagement. This insight informs the organization's overall goals, including its healthy public policy work. The council is comprised of members of the public as well as health-care providers. Its goal is to focus on the patient lens of health care to help shape RNAO's values.

To find out more about the council, visit [RNAO.ca/resources/RNJ](https://rnao.ca/resources/RNJ) and read our feature article about the initiative in the Jan/Feb 2018 issue (page 22).

RNAO leaders send letter of thanks

In the aftermath of a deadly van attack that took place in the north end of Toronto on April 23, Sunnybrook Health Sciences Centre received trauma patients injured in the attack. RNAO President Angela Cooper Brathwaite and CEO Doris Grinspun sent a letter of thanks to Sunnybrook staff for their quick response to the tragedy.

RNAO "...takes great inspiration, energy and pride in your work and wants to acknowledge it publicly..."

the letter reads. It mentions Miranda Lamb, a team leader in the emergency department who told the media: "Everybody just went into the roles they needed to go into... Everybody was on task. We were in our bubble."

"Their capacity to respond quickly and calmly with stellar expertise and competency in the midst of a most difficult situation – for all staff, especially direct caregivers, including our nursing colleagues – is simply inspiring," the letter continues.

Read the full response at [RNAO.ca/Sunnybrookletter](https://rnao.ca/Sunnybrookletter)

Saskatchewan nurses produce documentary about AIDS

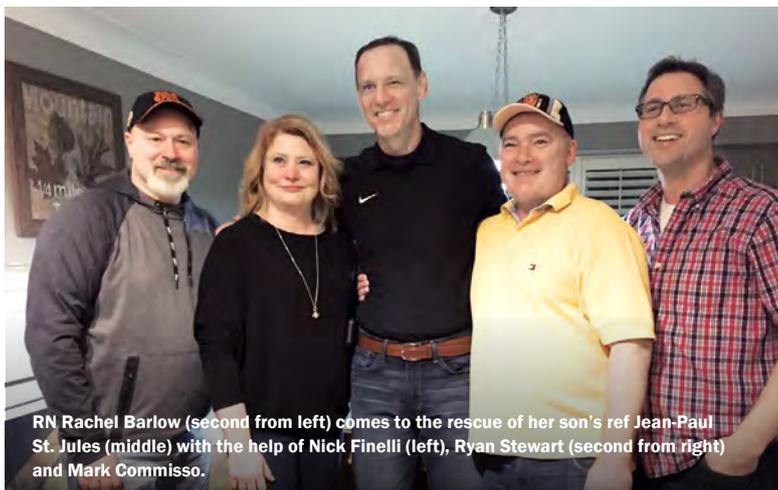
A documentary about HIV/AIDS in Saskatchewan was recently released with support from the Saskatchewan Union of Nurses (SUN). Saskatchewan has the highest rate of HIV and AIDS in the country. The film, which showcases the work of Saskatchewan RNs to combat the disease, is important, according to SUN, because many of its members are on the frontlines of the epidemic. The union is supporting the work because it sheds light on the reality of living with HIV. It also

helps to reduce the stigma associated with HIV/AIDS. According to the Public Health Agency of Canada, in 2015 Saskatchewan had an HIV diagnosis rate of 14 per 100,000 people compared to a national average of 5.8 per 100,000 people. Saskatchewan's ministry of health report, *HIV Prevention and Control 2016*, shows the rate of infection is higher in Indigenous populations, where 79 per cent of those diagnosed with the disease in 2016 self identified as Indigenous. Visit [YouTube.com](https://www.youtube.com) and search "Saskatchewan nurses on the front lines" to watch the film. **RN**

NURSING IN THE

Nurse to the rescue

When RN **Rachel Barlow** began watching her son's hockey game at Burlington's Central Arena on Friday, April 13, she did not expect to be called to the bench to look at a laceration on one of the player's noses, then to hear shouts from the ice that someone was down. "I turned around to see the ref (Jean-Paul St. Jules) face down on the ice and not moving," Barlow recalls. She bolted onto the ice, and when she reached him and turned him over, he was unresponsive with his eyes wide open. "I felt...for a pulse and it was very weak," Barlow recalls. The team trainer, who is also a firefighter, started to help by cutting St. Jules' shirt off, while Barlow began chest compressions. After two rounds of CPR, someone brought over a defibrillator. Placing the pads on his chest, the trainer shocked the man before beginning chest compressions again. EMS arrived soon after. By the end of the night, St. Jules, who had suffered a heart attack, was in stable condition in hospital. Although hailed as a hero by others, Barlow says she doesn't feel like one. "It's what we do as nurses. I consider myself extremely fortunate to be able to help people in their most vulnerable state." ([Burlington Post](#), April 17)



RN Rachel Barlow (second from left) comes to the rescue of her son's ref Jean-Paul St. Jules (middle) with the help of Nick Finelli (left), Ryan Stewart (second from right) and Mark Comisso.

PHOTO: CHRIS CHARD

Connecting families, creating supportive communities

To help parents and families of LGBTQ+ youth and adults, the Oxford County Rainbow Coalition has formed a support group that meets once a month. "I feel there is a need for a group such as this in our community, where people can feel very isolated in their experiences and have limited access to resources due to the size of our communities," says **Gayle Milne**, public health nurse and chair of the coalition. The group connects parents and families of LGBTQ+ youth and adults with other families that have similar experiences. They also provide opportunities for building peer support systems as well as educational opportunities. "I am very excited to see this group evolve and grow," Milne says. A report, released in 2017 and

compiled from a survey of the Oxford County LGBTQ Community, found 85 per cent of those who disclose their sexual orientation reported their parents were somewhat or very supportive of them. "I felt that was something to work with," Milne says. "We do need to include parents in the conversation and provide tools to be more supportive." The group meets once every month. Find out more at [Oxford County's Rainbow Coalition Facebook page](#). ([Woodstock Sentinel-Review](#), March 29)

Sudbury nurse helps refugees

On a mission to help the world's most vulnerable people, Sudbury RN **Julia Fedec** spent one year in the Democratic Republic of Congo and then six months in South Sudan. In collaboration with Doctors Without Borders,



Fedec oversaw nurses as well as some of the paramedical activities such as the lab, pharmacy and supply. At a camp in Bentiu, South Sudan, she helped care for a population of refugees that had surpassed 130,000, and continues to grow today. "What we focused on in the hospital was emergency care, so everything from pediatrics and malnutrition to maternity and obstetrics," Fedec recalls.

Despite the pressure of overseeing a team of nurses that sometimes exceeded 250, Fedec was determined to help the thousands who relied on the hospital, and whose situations were often quite tenuous. "I really encourage people who are interested (in travel nursing) to have a look and see how they can contribute, whether it's donating (to a cause) or applying themselves (to travel)," says Fedec. ([Sudbury Star](#), April 15)

Good mental health, pre- and post-partum

In honour of World Maternal Mental Health Day on May 2, dozens of expectant and current mothers, along with their kids, headed to Orillia Soldiers' Memorial Hospital to support one another. **Jaime Charlebois**, the perinatal mood disorder co-ordinator at the hospital, and one of the event organizers, says

E NEWS

BY VICTORIA ALARCON

one in five women is affected during pregnancy (or in the year that follows) by perinatal mood disorders that vary in severity and manifest in different ways. Diagnoses range from anxiety to depression, and in rare instances, psychosis. “Our rates in north Simcoe/Muskoka are seven per cent higher than the provincial average,” Charlebois notes. She suggests the high rates may be related to poverty, and also isolation as a result of limited transportation in some areas. “Our moms and new families are determining the health of our new generations, and we need to provide...more support,” Charlebois adds. ([BarrieToday.com](#), May 2)

PC representative missing from AGM line-up

In an [interview with CP24](#), RNAO CEO **Doris Grinspun**

commented on Ontario PC Leader Doug Ford’s absence at the 93rd Annual General Meeting (AGM) in April. “Nurses were expecting him to come. We knew that he may not be able to (and) we understood Jeff Yurek was going to come (in his place), but he was a no-show,” says Grinspun, adding that every single year the leader of the opposition has come to RNAO’s AGM. Then premier Kathleen Wynne attended the event on April 20, making several health-care announcements, including news of funding for a wound care centre of excellence, which RNAO will lead, and funding for an RNAO program that will offer pre- and post-natal care for Indigenous women in communities affected by tobacco use. NDP Leader Andrea Horwath was also in

attendance for the opening ceremonies on April 19, sharing her party’s election platform, including a promise to double the annual funding for First Nations housing, and to build 30,000 supportive housing units. (April 20)

Beating cancer

Known to her pediatric oncology patients as Patty Cakes, **Patty Jansen** has worked as a nurse for more than three decades at Kingston’s Cancer Centre of Southeastern Ontario, a place she calls her second home. “I always say: Here, we spend about this much time on cancer,” she says as she holds her fingers a couple of centimetres apart. “The rest of the time is making sure the family has... all of the supports they need so they can look after their child and they can be here for them.” Jansen, along with her colleagues, helps families navigate the winding and often long road of treatment, including taking time off work, finding financial resources, making sure their loved one’s life stays as normal as possible, informing and caring for other family members, and much more. Although children often respond to cancer treatment better than adults, with fewer side-effects, 15 per cent do not make it. The centre is hoping that, with effective screening processes and new research advancements, cancer will one day be viewed as curable. ([Kingston Whig-Standard](#), April 27)

Nurses fail on physical activity guidelines

Whether it’s in the morning, afternoon or evening, **Lesli Richmond**, an RN of 30 years, says she is on the road driving to see clients or busy with paperwork, leaving little time for exercise. “I’m usually in my car (at) about 7:30 in the morning, and I’m usually on the road until six at night,” says Richmond. “Then at night, I usually do anywhere from two to four hours of paperwork. So I don’t get a lot of chances for exercise.” Richmond’s experience is not unique among nurses. According to a study published in the *International Journal of Nursing Studies*, 77 per cent of hospital nurses do not meet current physical activity guidelines, which recommend 150 minutes of moderate to vigorous activity a week. “We’re tired, and we’re stressed, and we’re burning out,” says Richmond, who, as a former acute care nurse, is not surprised by the results. According to the co-author of the study, Jennifer Reed, the lack of activity puts nurses at greater risk for cardiovascular disease. With that are risks for obesity and high blood pressure. To combat this, Richmond says workplaces, senior management, and policy-makers need to be aware of the issue, and need to develop strategies where physical activity is part of the daily routine. ([CBC News](#), May 8) **RN**



PHOTO: FRANK MATYS/METROLAND

Jaime Charlebois, a perinatal mood disorder co-ordinator in Orillia, helps to organize an event to raise awareness of World Maternal Mental Health Day.

Nursing Week 2018

Nurses across the province celebrate the profession with activities in and around their own communities and workplaces...

Shining a spotlight on BPSOs

Five RNAO Best Practice Spotlight Organizations (BPSO) hosted events for Nursing Week to celebrate the work of champions across the province implementing best practice guidelines (BPG). (PHOTO 1) IABPG Associate Director Heather McConnell (left) was at St. Michael's Hospital in Toronto on May 8 to participate in its poster walk and to congratulate the hospital for being one of the BPSOs to implement the most BPGs. (PHOTO 2) Stephanie Kim, RNAO long-term care co-ordinator for LHIN 11-Champlain (centre), was at Perley and Rideau Veteran's Health Centre in Ottawa on May 7 to chat with residents about their knowledge of best practice, and how it impacts their care.



Nurses take their politicians to work

To celebrate Nursing Week, and for a glimpse of life on the frontlines, 50 politicians participated in 35 site visits with nurses across Ontario.



MPP candidates from three of the major parties visited Mississauga's Credit Valley Hospital on May 10. PC candidate Nina Tangri (second from left), Liberal candidate Bob Delaney (second from right) and Green Party candidate Abhijeet Manay (right) joined RNAO CEO Doris Grinspun (centre) for a visit with nurses on a surgical unit, including Nicole James (left) and Dian Williams (third from left).



Graduates mark milestone with visit from RNAO president

(PHOTO 4) RNAO President Angela Cooper Brathwaite (second from right) offered a keynote presentation to graduates of the CARE Centre for Internationally Educated Nurses on May 11. Pictured (at left and right, respectively) are graduates Marie Antonette Maceda and Ian Lacamento, as well as CARE Executive Director Ruth Lee, one of this year's RNAO Lifetime Achievement Award winners.



Celebrating the 2018 Nightingale Awards

(PHOTO 5) Once each year, the *Toronto Star* honours an Ontario nurse with its Nightingale Award, handed out at RNAO's career expo during Nursing Week. Taking home the honour this year was Sue Coffey (second from right), associate professor at the University of Ontario Institute of Technology (UOIT). In addition to the top prize, several nurses are recognized as honourable mentions. This year, those honourees were (from left) Holland Bloorview Kids Rehabilitation Hospital RNs Caron Gan and Catharine Petta, and Karen Smith, a patient care manager at the Ross Tilley Burn Centre, Sunnybrook Hospital.



Celebrating RNAO's first book launch

(PHOTO 3) Irmajean Bajnok (seated), former director of RNAO's IABPG program, visited Humber River Hospital on May 7 for a book signing following the release of *Transforming Nursing Through Knowledge*, which she co-authored with RNAO CEO Doris Grinspun. Although the book was available in April, there were several book signings during Nursing Week, and an official launch party at RNAO home office on May 10.

Declaring Nursing Week in Sudbury

(PHOTO 6) Members of RNAO's Sudbury chapter hold the formal declaration of Nursing Week 2018 with (from left) Brian Bigger, Sudbury's mayor, Paul-André Gauthier, local executive member and chair of the chapter's planning committee for Nursing Week, Suzèle Jambakhsh, Local 2 Ontario Nurses' Association (ONA) representative, and David Groulx, chapter president.



Premier Kathleen Wynne (right) and RNAO CEO Doris Grinspun (centre) speak with a mother during a visit to the Hospital for Sick Children (SickKids). Wynne made an announcement during that visit that her government is committed to hiring 3,500 more nurses, including 2,500 in hospitals, and one additional RN in each long-term care home.



NDP candidate Jennifer French (right) attended a Durham-Northumberland breakfast meeting on May 11. She met with local members Rhonda Seidman-Carlson (lower left), Marianne Cochrane (upper left), and Mary Lynch (upper right) to discuss RNAO's platform, *Improving health for all* and hear their experiences working in Ontario's health-care system. RN

FAR from home

PERSONAL EXPERIENCE LEADS RN ON PATH TO HELP FAMILIES COPE WITH ADDICTION.

AT TORONTO'S MOUNT SINAI Hospital, RN and lactation consultant Louise Lemieux White reviews the chart for a new mom who has just had her first baby and is struggling with breastfeeding. It says she uses cannabis.

"Five years ago, I would have ignored that. I was naive and feared what I did not know," White admits. But today, knowing what she knows about addiction, she decides to address her patient's drug use and listen to her story. In 2014, White's then 14-year-old daughter was struggling with an addiction to drugs and alcohol, and needed 15 months of treatment to get to a place where she would not need to self-medicate to relieve her emotional pain.

"Having that knowledge and empathy allowed me to have that conversation (with my patient)," says White, who approached the woman with a sense of understanding, not judgment.

White credits the experiences in her own personal life that have allowed her to become the nurse and person she is today. And she's not afraid to talk about those experiences.

White's nursing career started in 1986 after graduating from the French Nursing Diploma Program at Algonquin College in Ottawa. She began working in the surgical infant unit at the Children's Hospital of Eastern Ontario.

She treated everything from wounds and burns to tumours, learning a lot about infant care

along the way. After six months, White left Ottawa for a position at the Hospital for Sick Children (SickKids) in Toronto to expand her knowledge in neonatal surgery.

"It was a higher level of illness and intensity of care," she says, noting one aspect of the role was to develop relationships with the

her husband, who took a job in London, England.

During her break from nursing, White focused on her growing family and reassessed what she wanted to do professionally. She knew she wanted to continue working with babies and parents, but also believed she had a gift for

bed," she says, adding she felt isolated, judged and stigmatized because addiction is seen by many as a moral failing. Desperate, White found a residential treatment centre in the U.S. and sent her daughter away to begin her recovery. She has been drug and alcohol free ever since.

Something needed to be done about the lack of support for parents in the same situation, she says. That's why, in 2016, White and Angie Hamilton, a parent whose son had a similar experience, teamed up to form the grassroots Canadian registered charity, [Families for Addiction Recovery \(FAR\)](#). Their goal is to support families and protect individuals, particularly youth and young adults. They want to change the face of addiction by ending stigma and advocating for evidence-based treatment. "(We would like) to bring awareness and be a movement for social change," says White.

At 53, White now balances her work as a lactation consultant with her busy schedule advocating for an open-minded approach to individuals with addiction. Supporting parents and families is a big part of what she does as the co-founder of FAR.

"I'll keep on that slow road to progress and see what happens... because I know I can make a difference," White says. **RN**

Three things you didn't know about Louise White:

1. She's an avid tennis player.
2. She loves to travel to the UK.
3. She has a five-month-old Portuguese Water Dog named Indie.



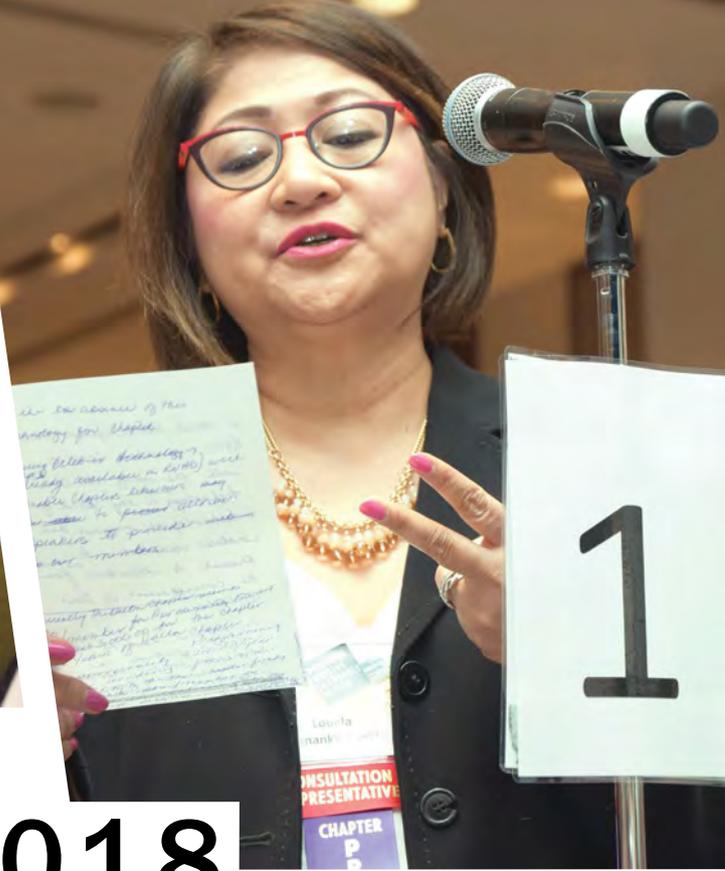
parents of the infants she cared for. Despite learning a lot in her position, she knew additional education would help her to provide better support to parents.

In 1989, White left SickKids to pursue her BScN at McMaster University, working part-time at Toronto General Hospital on an adult intensive care unit. Two years later, she graduated and accepted a position as case manager for a Toronto home-care organization. In that role, she oversaw nurses and services for clients who required in-home care. But the position was short-lived. She put her career on hold in 1992 to begin her family. Shortly after this, White followed

teaching. In 2003, now back in Canada, she became a certified childbirth educator and began teaching at Mount Sinai Hospital before earning her certification as a lactation consultant in 2006.

It would be less than 10 years later when White would discover her young daughter's drug and alcohol addiction. "In a few months, we were facing a daughter who did nothing but look for her next fix," White explains. "When we were seeking some help in our province and in our city, we found that there wasn't any. There were long wait lists... over a year for a residential

VICTORIA ALARCON IS EDITORIAL ASSISTANT FOR RNAO.



AGM 2018

Powering nursing to advance health

BY KIMBERLEY KEARSEY

PHOTOGRAPHY BY
VICTORIA ALARCON, ALICIA SAUNDERS, MARION ZYCH



Premier **Kathleen Wynne** (centre) takes a moment to chat with members following her address and subsequent Q&A on April 20.

Powering nursing to advance health

Stephanie Bowa and Charlie Baraluk, first- and third-year nursing students at UOIT and Sault College, respectively, may be studying in different parts of the province, but they, like more than 700 other RNAO members from diverse settings, found common ground when they came together in April for RNAO's 93rd Annual General Meeting (AGM).

Hinting at the theme for this year's event – Powering nursing to advance health – Bowa and Baraluk, who were finalists in a contest to attend the AGM for free (sponsored by affinity partner HUB International), say they left the experience feeling motivated to learn more about the impact they can have on the profession by getting involved in their professional association. In fact, Baraluk says his involvement this year has inspired him to consider applying for the student position on RNAO's board of directors next year.

The enthusiasm of these young nursing students was unmistakable, and so too was the spirit of the large crowd of RNs, NPs and nursing students who signed up to attend the AGM. The association hit a few record numbers with attendance overall, with more consultation representatives than ever before, and with more than a dozen resolutions up for discussion.

The energy of invited guests was also palpable. Then Premier Kathleen Wynne, NDP Leader Andrea Horwath, and Liberal MPPs John Fraser and David Zimmer participated with the same enthusiasm we see from politicians each year at the AGM. A powerful video from Annette Kennedy, president of the International Council of Nurses (ICN), and a moving letter from Sigma Theta Tau International Honor Society of Nursing president Beth Baldwin



Stephanie Bowa (right) and **Charlie Baraluk** were the two student finalists who received an all-expense-paid trip to attend the AGM from HUB International.

Tigges, added to the celebrations. Both congratulated RNAO for its contributions to nursing, health and health care at home and abroad. Kennedy also urged Ontario to stop replacing RNs with lesser prepared health providers.

Visitors from Nova Scotia, Belgium, China, Colombia, Jamaica and Spain were an important part of the opening procession. Each raised their flags as they were recognized among the newest 14 Best Practice Spotlight Organization (BPSO) designate organizations. They were joined by established designates from Australia, Chile and Italy.

Things wrapped up on April 21 with a compelling panel discussion about cannabis, and the future of nursing practice with the legalization of the drug. The panelists (see photo on page 20) provided unique perspectives, followed by a Q&A that touched on the need for education, and some of the ethical questions around the new legislation. Moderated by RNAO CEO Doris Grinspun, the panel made for a perfect ending to the event.

For these and other highlights from AGM 2018, visit RNAO.ca/AGM-live for a collection of videos and photos not featured here. **RN**

Ontario NDP Leader **Andrea Horwath** shows off her copy of *Transforming Nursing Through Knowledge*, the just-released book about the evolution of RNAO's best practice guidelines program. She and other guests at the opening ceremonies received a copy.





David Zimmer, then minister of Indigenous relations and reconciliation (left) and Bob Bell, deputy minister of health (right), join the opening ceremonies with RNAO's then-president Carol Timmings and CEO Doris Grinspun (left and right, respectively).



Undergraduate nursing student associates (from left) Vigne Sridharan, Saepom Cho, Alysha Mattos, and Megan Pople settle in for the start of AGM 2018.



(L to R) Former provincial chief nursing officer Kaiyan Fu, former RNAO IABPG director Irmajean Bajnok, and RNAO past-president Gail Paech socialize and network at the President's Banquet on April 20.



Attendees at the President's Banquet grab fun mementos from the photo booth for a quick picture before dinner.

Designates celebrate milestone

Fourteen of RNAO's newest Best Practice Spotlight Organization (BPSO) designate organizations joined the procession at the AGM opening ceremonies to receive formal recognition for their commitment to evidence-based practice and implementation of best practice guidelines (BPG). Designation as a direct or host BPSO comes with RNAO support, mentorship and consultation on BPG dissemination, implementation, uptake, sustainability and evaluation. To find out more about the association's 125 direct BPSOs and seven host BPSOs, together representing 700 health-care and academic organizations, visit RNAO.ca/BPG/BPSO...

Leeds, Grenville & Lanark District Health Unit, Ontario



Résidence Saint-Louis Residence (Bruyère), Ontario



Renfrew Victoria Hospital, Ontario



Pioneer Ridge, Ontario

The UWI School of Nursing, Mona, Jamaica



Scarborough and Rouge Hospital, Ontario



La Universidad Autónoma de Bucaramanga (UNAB) - El Programa de Enfermería, Colombia



Investén-isciii, Spain (Host)



Southlake Regional Health Centre, Ontario



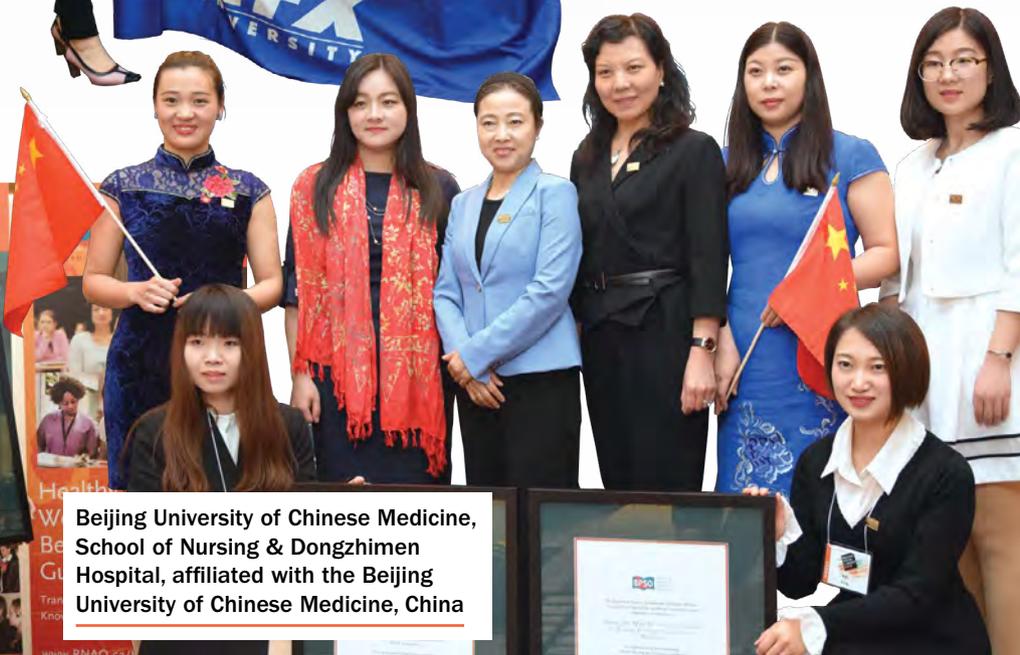
St. Francis Xavier University, Nova Scotia



University of Antwerp, Department of Nursing and Midwifery, Belgium



St. Joseph's Care Group, Ontario



Beijing University of Chinese Medicine, School of Nursing & Dongzhimen Hospital, affiliated with the Beijing University of Chinese Medicine, China

And the award goes to...

RNAO's annual Recognition Awards were handed out to members who are passionate about their professional association and are regarded as strong and inspired leaders. Read their full biographies at RNAO.ca/recognitionawards...



Sarah Ellis, chief nursing officer and BPSO lead at Grey Bruce Health Unit, and winner of the 2018 Leadership Award in Nursing Administration, says everyone has the capacity to be a leader with the right support and encouragement.

Sheila O'Keefe-McCarthy, recognized in April with the Leadership Award in Nursing Education (Academic), says being an educator means learning as much from her students as they learn from her.



For **Gillian Strudwick**, who has mentored a variety of nurses, from RPNs to RNs, advanced practice clinicians, managers, specialists, and nursing students, the Leadership Award in Nursing Education (Staff Development) was a welcome surprise.



Marilou Gagnon helped open and operate a pop-up overdose prevention site in Ottawa (the first in Ontario). Her continued efforts to speak out about supervised injection services, harm reduction and HIV have led to this year's Leadership Award in Political Action.



Claudette Holloway's Leadership Award in Student Mentorship is the culmination of 25 years of nursing experience through which the former RNAO board member says she realized mentoring students of all ages strengthens her own nursing career.



RNAO's 2018 Student of Distinction award went to **Gwendolyn French**, a Brock University student who does not shy away from speaking out at RNAO events about social determinants of health and health equity.



This year's Leadership Award in Nursing Research was presented to **Doris Howell** (below, left) for her extensive work to help cancer patients improve their health while living with and beyond their disease.



Interest Group of the year

In less than three years, RNAO's **Ontario Correctional Nurses' Interest Group** (OCNIG) has grown from 113 members to 579. "We've done an incredible job...sharing our concerns, our knowledge, and our expertise with correctional decision-makers," says its president Shirley Kennedy. Those efforts were acknowledged with the 2018 Interest Group of the Year award. On hand to celebrate were OCNIG members (L to R): Angela DiMarco (president-elect), Natania Abebe, Vanessa Mesaglio, Nancy Zuliani, Amber Mahoney, Kennedy, Rosemary Galbraith, Maggie Northrup, Nicole Baker and Wence Asonganyi.





Chapter of the Year

According to Irene Molenaar, president of RNAO's Hamilton chapter, the local executive is a powerful team. "We are a force to be reckoned with," she says. The chapter took home the award for Chapter of the Year. Representing the group at the AGM were (L to R): Lisebeth Gatkowski, Kimberly Jones, Lisa De Panfilis, Chelsey Henderson, Molenaar, Elizabeth Stec, Bahar Ighani and Trish Haycock.

President's Banquet

Five RNAO Recognition Awards were handed out at the President's Banquet on April 20. (From left) Ruth Lee received one of two Lifetime Achievement Awards, Andrea Zides took home the President's Award in Clinical Practice, Isabelle Wallace became the newest inductee into the HUB Fellowship program, Paula Manuel received the Award of Merit, and Cathy Crowe was the second of two Lifetime Achievement Award winners.





▲ **Therefore be it resolved that...**

Members discussed and debated 13 resolutions at this year's AGM. All 13 were carried, and focused on (in order): Lyme disease; spiritual dimensions of care; child and youth mental health; clinical nurse specialists; the cost of caring; psychotherapy and OHIP coverage; health-care professionals and the tort system; support for a northern, rural and remote nursing orientation program; proactive education for dealing with workplace violence for nurses; palliative care as an issue of the public's health; wound care resources; nursing infrastructure and public-private partnerships; and initiatives to support BScN education at Seven Generation Education Institute, serving learners in north-western Ontario. To read the full text of the resolutions, sign in to myRNAO.ca and click on "volunteer resources." Links to the resolutions, including backgrounders and references, can be found under "volunteer leaders, consultation representatives."

▲ **Carol Timmings** (right) stepped down from her role as president and received an orchid as a gesture of thanks from incoming President **Angela Cooper Brathwaite** at the close of the AGM on April 20.



▶ The closing keynote panel discussion on April 21 brought together knowledgeable and respected voices to discuss *The legalization of cannabis: What does it mean for nursing practice?* They are (from left): The Honourable **Ratna Omidvar**, Senator for Ontario; **Amy Archer**, palliative pain and symptom management consultant for the Victorian Order of Nurses; **Colin MacRae**, mental health nursing professor in the University of New Brunswick-Humber College collaborative nursing program; and **Jann Houston**, director of strategic support for Toronto Public Health.

THE LOOK OF change

Since the beginning of the year, we have been exploring how *Registered Nurse Journal* has changed over the decades. Not only has its look changed, its frequency has as well. In this third part in our series, we look at how the priorities of the association helped shape the *Journal's* content. BY KIMBERLEY KEARSEY



When *The Registered Nurse* was re-envisioned in 1989, the member communications cluster – a group specifically created to shape and direct RNAO communication with its members – decided to shift from a members-only publication – focused on RNAO issues – to a publication that addressed a broad range of nursing roles and workplace issues. The circulation jumped to 80,000 working nurses in an effort to attract new RNAO members. By 1991, the cost to produce and distribute the magazine became too expensive, and the association went back to its focus on member issues, and its circulation of 16,000 members, plus 10,000 non-members. The external publishing company enlisted to produce the magazine worked in close partnership with a core group of editorial advisors at RNAO (above). Today, this group is known as the editorial advisory committee, and although the committee members have changed, the mandate has not. The group still plays an important role in critiquing each issue and providing valuable input for future issues.

The editorial advisors of the early 1990s stayed true to the vision that the magazine would include more content from members. The *RNAO News* section was created as a standing feature that could be pulled out of each issue and hung on

workplace bulletin boards. This section included chapter and interest

group news, details on professional development opportunities, local events, volunteer opportunities, surveys, meeting updates, event listings, news on meetings with politicians, obituaries, and much more.

Outside of the bite-sized bits of information in this pull-out section, the magazine's content focused primarily on research, education, administration, and practice issues. There were more reference lists, notes and suggested readings than there were photos, although we started to see the inclusion of more colour images when they did appear.



There was a legal issues section published on a regular basis, as well as the new *Portrait of Leadership* feature, which profiled legends in nursing. These included the likes of Florence Nightingale, Jean Gunn, Florence Emory, Sister Mary Jones, Isabel A. Hampton Robb, and Elisabeth McMaster.

Rounding out each issue were feature articles that touched on broader topics such as violence against nurses, liability protection, public health and safety priorities like helmet safety, and even the odd How-To article, in one case about planning an all-candidates meeting or debate. It's hard not to notice that much of this content is still relevant today.

Watch our next issue for more highlights from the 1990s. **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR FOR RNAO.

In pictures...

Magazine photography has advanced by leaps and bounds over the last 20 years. Images in print may have been limited in the 1990s, but here are a few that stood out...



After launching RNAO's new representative Donna Rothwell, publisher and editor to part-time chairperson of the journal's laboration with Jim Davidso toe Bruce McDougall to "en



RNAO members were introduced to RNAO's future vision by a group of "Trekies" at the Association's Annual General Meeting. Long Range Planning members in the guise of Star Trek characters (from left) are Deborah Kyle, Donna Rothwell and Shauna Fenwick.

- 1** In February 1992, then board member and chair of the editorial advisors group, Donna Rothwell (centre), introduced assembly members to the new magazine editor Bruce McDougall (left) and publisher Jim Davidson.
- 2** At the 1993 AGM, Rothwell (centre), alongside past-president Shauna Fenwick (right) and Deborah Kyle, dressed in Star Trek gear and hosted a presentation that had them arriving on earth to help members "boldly go" where none had gone before in their strategic vision for the future of RNAO.

Find more unique content and photos online at RNAO.ca/RNHistory

Ticking Lyme bomb

Increased awareness of Lyme disease among health professionals will help alleviate some of the suffering associated with the illness.

BY DANIEL PUNCH

In tears, Sue Faber pleaded with her doctor to give her one more chance.

“Please,” she implored during a July 2015 appointment. “Is there anything else you can think of that might be wrong with me?”

For 14 years, Faber, a Burlington RN with expertise in both emergency and community case management, had struggled with mysterious and debilitating symptoms. She had seen half-a-dozen specialists who put her through every test imaginable. Each one came back negative.

In 2015, she was juggling a part-time job, a master’s degree program, and three frequently sick young children. She was desperate for answers.

Reluctantly, her doctor agreed to order one more round of blood work. She handed Faber the requisition form, then immediately took it back. We may as well add Lyme disease, she said, since there was so much hype in the media.

Faber admits she didn’t know much about Lyme disease at the time, and doesn’t remember learning about it in nursing school. She didn’t realize it then, but her doctor’s last-second decision was a breakthrough in her long journey toward a diagnosis. It would eventually lead to treatment that relieved her symptoms, but not before she spent thousands of dollars and felt she was failed by the Canadian health-care system. It would also thrust her and her

family into a heated controversy about the nature and transmission of Lyme disease, and inspire her to rally together other nurses to advocate for Lyme sufferers.

The arrival of warmer weather in Canada didn’t always trigger media hype about Lyme disease, an infection reported to be caused by the *Borrelia burgdorferi* bacteria, typically transmitted to humans via tick bites. Until the 1990s, Lake Erie’s Long Point Provincial Park was the only area in the country with ticks carrying the bacteria. But rates of Lyme infection have risen dramatically in recent years – from 143 in 2010 to nearly 1,000 in 2016, according to the Government of Canada – and infected ticks have spread across the country.

Public health authorities are now warning Canadians to be on the lookout for signs of a tick bite, including a round, red “bullseye” rash. A resulting Lyme infection could come with symptoms like extreme fatigue, fever, headache, heart problems, and issues with short-term memory. As Lyme becomes more prevalent in Canada, patients and health professionals are questioning whether education and awareness about the disease have kept pace. Many Canadian health-care providers have little or no experience with patients who have Lyme disease, and the two-stage blood test commonly used to diagnose it has been criticized as inadequate by sufferers of the illness, as well as some specialists.

Faber doesn’t recall ever having a tick bite or bullseye rash, so it was surprising when her blood test came back positive for Lyme disease. Her doctor was also surprised, telling her it was almost surely a false positive. But when Faber began researching the disease, it all finally added up. The crushing fatigue that made her collapse after coming home from work, the pain that migrated all over her body, and the “brain fog” that sometimes made it tough to remember her kids’ birthdays – these were all common symptoms.

Faber says she spent the next few months dealing with skepticism and outright dismissal from the Canadian health-care system. On the advice of other Lyme sufferers, she paid to see an American doctor who sent her blood to Germany for testing that came back positive. Unfortunately, the Canadian medical community disagreed. She was referred to an infectious disease specialist who confidently told her she did not have Lyme disease and recommended she try yoga and meditation to help alleviate her symptoms.

Faber continued advocating and eventually a diagnosis of late-stage chronic Lyme disease was confirmed by her Canadian infectious disease doctor. She began antibiotic treatment in January 2016, and her symptoms eased almost immediately. She felt hope for the first time in years that she would get better.

Unfortunately, that hope was short-lived. Within six weeks of her treatment ending, the



Sue Faber (left) and Catherine Kinsella pour over research materials to support their ongoing work on Lyme disease.

“

We **listen** to our patients, we **advocate** for our patients, and we **care** for our patients. I believe we, collectively, can be a **BEACON OF HOPE** for Lyme sufferers, and we can also be a **VOICE FOR CHANGE**.

– SUE FABER

”



Sue Faber (left) has been back and forth to Ottawa to push for change with LymeHope co-founder Jennifer Kravis.

symptoms returned. She went back to her Canadian infectious disease specialist hoping for another course of antibiotics. Instead, she was told she was cured, the treatment was over, and her symptoms were no longer caused by Lyme.

Frustrated, Faber chose to pay for additional antibiotic treatment in the U.S. She has been taking antibiotics on and off since April 2016, and says her symptoms have improved to the point where she can function and work part-time as an RN care co-ordinator. Though she feels better, she is dismayed by how Canadian doctors refused to accept she could have Lyme disease, then refused to believe her symptoms could be ongoing.

Faber had stumbled upon one of the most hotly debated questions in health care: whether Lyme disease can be a chronic illness.

On one side are organizations like the Infectious Disease Society of America (IDSA), which publishes popular guidelines for treating Lyme. IDSA recommends a single course of antibiotics, saying it will cure more than 95 per cent of patients. While IDSA acknowledges that some patients will have lingering symptoms after treatment, it says there is no biological evidence to prove the existence of chronic Lyme disease and advises against ongoing antibiotic treatment.

On the other side are a growing number of health professionals, patient advocates, and

groups like the International Lyme and Associated Diseases Society (ILADS) that recognize chronic Lyme disease. According to ILADS, 40 per cent of Lyme patients end up with long-term symptoms. Its guidelines recommend that health professionals use their clinical judgment and provide longer-term antibiotics if needed.

Caught up in the “Lyme wars” are people like Faber and fellow RN Catherine Kinsella.

In the summer of 2013, after her own rocky road finally led to a diagnosis, Kinsella was prescribed antibiotics to treat the Lyme disease that – on top of the typical flu-like symptoms – caused neurological symptoms associated with bell’s palsy, a condition in which the muscles on one side of your face become weak or paralyzed.

Kinsella suspects she contracted Lyme while hiking at a provincial park near Kingston in the spring of 2013, ten days before she got sick. Warning signs were posted on the trail, so she checked for a tick bite after the hike. She didn’t find anything. Even as a nurse, she says Lyme disease wasn’t on her radar back then. She wonders if her disease trajectory may have been different if she had more education about it.

Her symptoms improved with treatment, and she was able to return to work part-time after months on sick leave. But they returned shortly after finishing her course of antibiotics. In a follow-up appointment, Kinsella’s infectious disease doctor told her

the symptoms could linger for up to a year, but she was no longer infected with Lyme disease and the treatment was adequate.

“And that was the end of that. Here I was going downhill without a doctor,” she recalls.

Fortunately, she wasn’t alone. She found strength at Lyme disease support meetings in the Hamilton area, where she lives and works as a research assistant. The meetings were full of people with similar chronic symptoms, many of whom were never officially diagnosed. She was struck by the trouble everyone seemed to have accessing health services in Canada. “I think we’re decades behind in our knowledge about this disease,” Kinsella says.

Determined to get better, she found a new doctor who continued her treatment, and she eventually felt like herself again. She was also determined to raise awareness about Lyme disease and promote new research so others wouldn’t have to struggle as she did.

That passion led her to meet Faber on Facebook in 2016. The pair bonded over their shared desire to research Lyme disease and advocate for better care. “I knew I had to use my experiences and my expertise as a nurse... to help others,” Faber recalls.

By that time, Faber had three more reasons to take up this fight: her kids. While researching her own illness in November 2015, she read about studies indicating that untreated pregnant women could pass the *Borrelia burgdorferi* bacteria to their children, causing them various physical and cognitive

symptoms. Could this be why her daughters were often so sick?

Like chronic Lyme disease, congenital transmission is not widely accepted in the medical community. Faber was unable to find a doctor in Canada who would test her kids because they'd never had a tick bite. Again, she paid out-of-pocket in the U.S., and all three of her daughters, aged 7, 13 and 15, tested positive for Lyme disease antibodies.

Out of options in Canada, Faber paid for treatment for her two (symptomatic) daughters from a pediatrician in Connecticut.

She says they both improved significantly within a month of starting treatment, but it didn't come cheap. Between her treatment and her daughters', the family has spent more than \$40,000. Faber recognizes she is lucky to have had the option to pay out-of-pocket. Not every family can afford that kind of care. Knowing this strengthened her resolve to do whatever she can to improve Lyme care for all Canadians.

In January 2017, Faber met with then federal health minister Jane Philpott to share her family's story. Inspired by that meeting, she started the "[Lyme letters](#)" campaign, reaching out on social media to encourage people from across the country to send her their stories about Lyme disease and their struggles with diagnosis and care. Letter after letter came to her doorstep, and her inbox flooded with emails. Within a few months, she amassed 2,700 personal stories. It was around this time she teamed up with retired lawyer Jennifer Kravis to create [LymeHope](#), a not-for-profit organization dedicated to education and outreach on Lyme and related diseases.

In February, as the letters continued to pour in, the federal government released a draft

framework for a new Lyme disease strategy. Though it included a significant investment in research, Faber and Kravis were disheartened that none of the issues and concerns they had heard from Canadian Lyme sufferers were addressed, including inadequate testing, alternate modes of transmission, and persistence of infection. In response, LymeHope launched a petition that same month on which they've since received nearly 60,000 signatures to get these issues on the government's agenda. Many people also shared their personal experiences in the comments section of the online petition, allowing Faber to amass more than 14,000 Canadian Lyme stories.

In the spring of 2017, Faber and Kravis went back and forth to Ottawa three times with binders full of these personal stories. They shared them in meetings with MPs and were invited to speak as witnesses at the Parliamentary Standing Committee on Health. Around that time, Faber and Kinsella also met two RNAO colleagues who suggested the association could help get the message out: CEO Doris Grinspun and Halton chapter executive member Opal Robinson. Grinspun encouraged them to write a resolution about Lyme disease for the next annual general meeting (AGM) and Robinson invited Faber to share her story at the chapter's November meeting.

Nurses at that meeting were alarmed by the challenges Faber faced accessing health services for her family, and decided to take action. They voted to support a resolution on Lyme disease, seeking to raise awareness and amplify the voice of patients. "We wanted to bear witness to the suffering of these patients...and bring their story to the rest of

RNAO," says chapter president Louela Manankil-Rankin.

In the weeks that followed, Faber, Kinsella and Manankil-Rankin co-authored a resolution that urges RNAO to "...advocate, at all levels of government, for Lyme disease prevention programs and the rights of all patients with symptoms consistent with Lyme and/or co-infections to receive evidence-based, patient-centred care for both acute and multi-systemic chronic presentations of the disease in Canada; emphasizing health-care provider education that acknowledges alternate modes of transmission, persistence of infection, and integration of a collaborative clinical model inclusive of ILADS guidelines in the treatment of this illness."

The resolution was carried on April 20. "I'm so proud to be part of a profession that supported me and lifted me up," Faber says, noting that several colleagues at the AGM approached her with hugs and thanks for bringing the resolution forward.

Both Faber and Kinsella will continue to work on Lyme disease research. Faber also meets regularly with government and public health officials, and attended a roundtable discussion on Lyme disease with federal MPs in May. Both nurses say they are hopeful a shift in policy is on the horizon.

If things are going to get better for Canadians with Lyme disease, Faber says nurses will be a critical part of the solution. "We listen to our patients, we advocate for our patients, and we care for our patients. I believe we, collectively, can be a beacon of hope for Lyme sufferers, and we can also be a voice for change." **RN**

DANIEL PUNCH, FORMER STAFF WRITER FOR RNAO, DOES FREELANCE WRITING IN THE U.K.



Ontario's new chief nurse

Michelle Acorn talks about the “amazing opportunity” she’s been given to have an impact on nursing across the province.

BY DANIEL PUNCH

In January 2018, veteran NP and long-time RAO member Michelle Acorn became Ontario’s provincial chief nursing officer (PCNO). She arrived at Queen’s Park with three decades of nursing experience in various roles at Lakeridge Health in Whitby and Oshawa, and a commitment to life-long learning that includes a doctor of nursing practice (DNP) degree from D’Youville College and four years as a lecturer at the University of Toronto.

As PCNO, Acorn is tasked with providing leadership and strategic advice to the government and Ontario Public Service (OPS) on a wide range of nursing issues. *Registered Nurse Journal* caught up with her to discuss her career, the transition into this role, and her vision for the future of nursing in Ontario.

Registered Nurse Journal (RNJ): Tell us about why you got into nursing.

Michelle Acorn (MA): My nursing path was influenced from birth. I was named Michelle after a nurse who made a difference for my mother when I entered this world. I was also fortunate enough in my early teens to work in long-term care. It was a privilege to learn from, support and care for seniors.

RNJ: Why did you want to become Ontario’s chief nurse, and what does this appointment mean for your career?

MA: Three or four colleagues sent me the job posting and encouraged me to apply. I thought: This role is everything I want to do right now, and what a difference I can make in terms of impact on the nursing community.



(Getting the job was) surreal. It’s exciting to think about what an amazing opportunity this will be. At the same time, you can’t imagine what it was like to leave Lakeridge Health after 29 years and four months. (Working in a hospital), I can make a difference at a clinical level. But I wanted to make a difference from a leadership role in terms of strategic planning and decision making.

RNJ: As an NP, you’re certified in both primary care and adult care. You have also held many leadership roles, and have taught nursing at the university level. How will this diverse experience influence your work?

MA: I have experience across all health sectors, including acute and post-acute care in hospitals, primary care clinics, corrections, and long-term care. That unique blend of advanced nursing practice as a clinician, educator, scholar, innovative leader and systems influencer will help shape my role as PCNO.

Thanks to my experience, I also understand (Ontario’s nurses) and can relate to them. I remain practising clinically...in the community...and I do some correctional work with young offenders. I think that’s important. I need to be able to connect with patients, connect with families, and connect with all classes of nurses to be on the leading edge of information and change. That’s going to impact my advice (to the ministry).

RNJ: Tell us about your first few months in the role, and your goals going forward.

MA: My early focus was building our team and establishing the office of PNCO (as well as) engaging and connecting with nurses. Navigating the OPS is a little daunting as a newcomer, but I am learning and figuring my way through.

A priority focus (going forward) will be to strengthen and forge key relationships with both internal and external nursing partners as well as others in the broader health-care community. (I am also) liaising with other jurisdictional PCNOs and nursing leaders across the province and Canada, because I need to make sure I know my partners. We are currently mapping the nursing landscape and horizon to pin down specific goals. I'm only a few months into it, (but) we know exactly where we want to go.

RNJ: What are some major challenges facing nursing and health care in Ontario that you want to tackle as the province's chief nursing officer?

MA: A key challenge (is) preventing violence in the workplace. Nurses are being hurt and harmed, and we have to think about their safety. We need to make appropriate policy to prevent violence against nurses and have safety checks in place. In my first month as PCNO, I was named the divisional leader of a joint task force between the ministry of health and ministry of labour (seeking to address violence against health workers).

Additionally, our nursing workforce is aging. Health workforce planning, (including) recruitment and retention will be pivotal, especially in rural, remote and underserved areas.

RNJ: How will your history of involvement with RNAO help you in this new role?

MA: I have been an active member of RNAO since my graduation in 1987. As past-president of the Nurse Practitioners' Association of Ontario (NPAO) (while it was an interest group of RNAO), I acquired leadership and governance experience. Opportunities to co-chair RNAO best practice guidelines, and as a member of the expert working group created by RNAO to develop the NP utilization toolkit, shaped further expertise to inform my PCNO role. I have a respectful relationship and have received support from RNAO and other nursing associations in the past, present and into the future.

RNJ: What advice do you have for other nurses looking to enter leadership positions?

MA: Go outside of your clinical comfort zone. Start slowly by getting involved in committee or council work. Grab opportunities to participate in working groups or in advisory capacities.

Embrace the opportunity to be a preceptor, charge nurse, team leader, program champion or educator. Secure a mentor for coaching and leadership development. Get involved in professional organizations and external LHIN activities. Have those courageous conversations, challenge the status quo, and be a disruptive innovator. **RN**

“ (Working in a hospital), I can make a difference at a clinical level. But I wanted to make a difference from a leadership role in terms of strategic planning and decision making. ”

DANIEL PUNCH, FORMER STAFF WRITER FOR RNAO, DOES FREELANCE WRITING IN THE U.K.

Michelle Acorn (second from right) was a special guest at the opening ceremonies of AGM 2018, where she chatted with other attendees (from left) Gurjit Toor, RNAO evaluation manager, Arlene Burla de la Rocha, RNAO's 2016 HUB fellow, and community care RN Carolyn Davies.



POLICY AT WORK



RNAO President Angela Cooper Brathwaite (left) responds to questions at a Queen's Park media conference to mark the start of Nursing Week 2018. She is joined by ONA President Vicki McKenna (centre) and RNAO CEO Doris Grinspun.

Ontario needs more RNs

Representatives of RNAO joined forces with the Ontario Nurses' Association (ONA) at the start of Nursing Week to issue an important call in the name of patient safety. At a media conference at Queen's Park, the two nursing organizations revealed that 10,000 RN positions are currently vacant in provincial hospitals. They said the

vacancies are leaving patients without access to the expert care of RNs and vulnerable to increased risks of morbidity and mortality.

The two associations urged all political parties to commit to making RN staffing a health-care priority by including a promise to immediately post and fill the RN vacancies as part of their election platforms. They also stipulated that all new hires

in acute and cancer care hospitals should be RNs.

Ontario lags behind other provinces when it comes to the number of RNs. Figures show there are just 703 RNs per 100,000 people compared to 839 RNs per 100,000 in the rest of the country. Action will begin to fix this deficit.

The vast majority of hospital patients have complex care needs and there is clear evidence

linking the care provided by RNs with improved patient satisfaction, better health outcomes, and lower health system costs. Find out more, and sign RNAO's [action alert](https://rnao.ca/news/ontario-patients-need-more-rns), at [RNAO.ca/news/ontario-patients-need-more-rns](https://rnao.ca/news/ontario-patients-need-more-rns)

Action and advocacy in the lead-up to the provincial election

RNAO members took their responsibility as advocates for nursing, health and health care to new heights during the provincial election campaign. A total of eight all-candidates debates were organized throughout the month of May by members of Peel, Chatham Kent, Lambton, Windsor Essex, and Middlesex Elgin, as well as regions six and seven. Home office staff helped to co-ordinate the events and prepared media advisories to promote the debates. The resulting media coverage served to advance RNAO's election platform [Improving health for all](#). The platform contains recommendations in five key areas: access to nursing care, Ontario's health system, living standards, the environment, and fiscal capacity. **RN**



Liberal, Green, NDP and PC candidates (L to R) participate in a panel discussion hosted by RNAO's Chatham Kent chapter.

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the NURSING STATION

a blog for nurses



Where can RNs, NPs and nursing students go to share their thoughts and experiences, and even a few laughs about their practice?

RNAO is proud to welcome you to the Nursing Station.

This brand new blog will showcase the voice of Ontario's nurses via personal anecdotes, thought-provoking editorials, and fun content all nurses can relate to. Whether you want to discuss the joys of the job, the future of the health system, or the best shoes to wear on a 12-hour clinical shift, the Nursing Station will have something for you.

Be sure to check it out at RNAO.ca/blog

As a nurse-driven initiative, your stories will bring the Nursing Station to life. RNAO is inviting nurses at all stages of their career to submit content. If you have an idea for a blog post, please contact nursingstation@RNAO.ca to discuss.



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IN THE END

BY CRYSTAL MCLEOD



What nursing means to me...

FROM SMALL VILLAGES TO BACKWATER HAMLETS, GATHERING PLACES FOR THE agricultural community have always been my home. So when I graduated with my nursing degree, I saw no better way to start my career than to take care of the people I know best: farmers.

I began nursing in two separate cities in southwestern Ontario. I worked in a community hospital in one, and in a long-term care centre in another. My knowledge of rural nursing grew because of the farmers I got to know through my practice. In fact, my patients helped me realize that nursing, to me, is a practice informed and guided by the community I serve.

By attending fall fairs, helping neighbours muck horse stalls, and immersing myself in an agricultural society, I began to understand health from the perspective of farming communities. I also learned when soybeans are ready for harvest, and how to spot the difference between Jersey and Holstein dairy cattle.

Reflecting on this, I can't overlook one particularly special experience: my reign as the 2014-2015 Bruce County Queen of the Furrow, a leadership position for young women who are interested in agriculture, and show promise in public speaking. Across Ontario, there are nearly 25 Queens crowned each year to champion agricultural causes.

Raised in a farming family, I thought I could champion a love for rural living. However, not long after being crowned, the nurse in me (who was still practising) realized my focus would be to champion the cause of rural health. Farmers, who don't usually fuss over health, inadvertently supported my cause by openly discussing health-related issues when I mentioned I was an RN. The politicians and members of the media that I met would also discover I was a nurse, and ask my

thoughts on rural health issues, such as the high rate of occupational injury among farmers, or the challenges retaining health-care professionals in rural areas.

Eventually, I came to realize how inseparable my nursing career was from my role as Queen, and decided to make the most of this unique opportunity. I embraced every conversation with the public at agricultural events as a chance to learn more about rural health from the patient perspective. I wanted to know what farmers thought was lacking in their health care, how they felt about reduced access to specialized health services, and what they wanted to see in terms of management of chronic lung disease after long-term exposure to agricultural pollutants. When my year-long reign was over, I handed the crown to the next Queen, realizing I had formed a strong idea of what nursing means to me.

My experience as Queen of the Furrow may seem strange to anyone outside of an agricultural community. It was strange for me too at times. Yet, several years later, I view the experience as being quintessential to who I am as a nurse.

Hearing directly from the community gave me knowledge of what patients expected from my care, how they valued their health, and what obstacles they encountered when pursuing rural health services. Today, rural care is the focus of my research as a master's student at Western University. This knowledge continues to inspire my passion for rural nursing long after my crown was passed down. **RN**

CRYSTAL MCLEOD CURRENTLY WORKS IN THE ICU AT WINDSOR REGIONAL HOSPITAL. SHE HOPES TO GO BACK TO RURAL NURSING ONE DAY.

JOIN OUR TEAM



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

RNAO represents RNs, NPs and nursing students across Ontario. Since 1925, the association has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public they serve. To contribute to this important work, why not consider joining our team?

Director of Nursing and Health Policy

RNAO is seeking an outstanding professional to join its senior management team as director of nursing and health policy. Reporting to the CEO, you will proactively identify critical issues in nursing, social policy, and health care that impact the role of nurses and the health of the public. You and your team will develop policy, write position papers, develop advocacy plans, and present findings and recommendations to the CEO, board of directors, and other stakeholders. Your ability to identify emerging issues, clearly articulate ideas, and present evidence-based arguments will contribute to the formulation of association strategies that are congruent with RNAO's mission.

An understanding of the political landscape and process as it relates to policy development and realization is essential to the position. You are experienced working with a range of stakeholders in the health and health-care sectors, including nurses, other health providers, governments, and the public. You have superior writing and communication skills that will enable you to persuasively communicate and advance RNAO's strategic objectives.

The successful candidate will be a registered nurse or nurse practitioner who holds a master's degree in a relevant field, with five years of progressive experience in the field of nursing and health policy at a senior level. A PhD is an asset. Salary commensurate with experience.

Project Lead

Commercial Tobacco Intervention in Indigenous Communities

RNAO is seeking a committed, knowledgeable and passionate registered nurse to join the International Affairs and Best Practice Guidelines (IABPG) Centre team.

This is an excellent opportunity to contribute to RNAO's mission to advance healthy public policy and promote the full participation of RNs, NPs and nursing students in improving health and in shaping and delivering health services now and in the future.

In this role, you will lead the development of ongoing professional partnerships with Indigenous communities to support the development and implementation of a guideline on commercial tobacco use by Indigenous people (on and off reserve). You will focus on equitable access to services and supports for pre- and post-natal women and their families.

You will lead collaboration initiatives, and build and maintain relationships with community stakeholders and external partners to provide support, education and

resources. You will also assist with execution of key deliverables, including guideline development, report preparation, knowledge exchange events, and preparation of program materials for dissemination. You will represent RNAO in a variety of settings with other stakeholders and the government.

This is an initiative funded by the ministry of health and long-term care.

The successful candidate will be a member of RNAO and the College of Nurses of Ontario (CNO). A master's degree is an asset. You will bring lived experience and in-depth knowledge of Indigenous cultures and communities to this role. Ability to speak an Indigenous language is an asset. This is a full-time position commencing immediately and running through to March 31, 2019, with the possibility of extension. Salary commensurate with experience. RNAO is a member of HOOPP.

Please submit your cover letter and resume by email to humanresources@RNAO.ca or by fax to **416-599-1926**

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