MARCH/APRIL 2019

REGISTERED NURSE JOURNAL

FAITH, FEAR AND FLIGHT

Eight Canadian nurses evacuate Haiti but not their mission to help an impoverished community.

Queen's Park Day 2019 • RNJ digital launch • Celebrating success in LTC

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

RNAO

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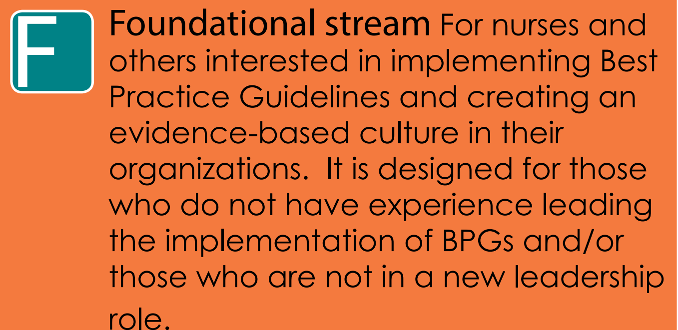
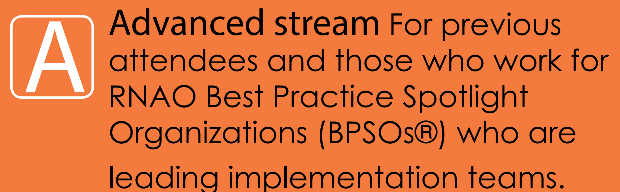
This clinical institute is for nurses and other health-care professionals who are leading practice change within their organizations, including the implementation of RNAO BPGs.


Foundational stream For nurses and others interested in implementing Best Practice Guidelines and creating an evidence-based culture in their organizations. It is designed for those who do not have experience leading the implementation of BPGs and/or those who are not in a new leadership role.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COVER PHOTO: TRACEY HOTTA

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EDITOR'S NOTE KIMBERLEY KEARSEY

Exciting new chapter for RNJ

LAST FALL, RNAO'S COMMUNICATIONS and IT staff gave a presentation to assembly members and the board of directors about the planning and initial design for RNJ digital (RNJ.RNAO.ca) (page 26). In that presentation, I talked about being a part of RNJ for more than 18 years now, and how I often think about the *Journal* as my second child. Both my son at home and his imaginary sibling are equally temperamental and challenging at times, but the pride I feel with both in my hands is unmatched.

At the April AGM, the RNAO team, on stage with CEO Doris Grinspun, officially launched RNJ digital. In that presentation, I shared with members how privileged I feel to have been a part of this publication's growth and evolution over the years. RNJ has received local and national recognition for its coverage of important health and nursing issues. And that attention to compelling story-telling, and insightful front-line nursing stories that have won us awards, will not change.

The decision to cease production of our hard copy (the last print edition will be May/June 2019) was not taken lightly. And like any decision made at RNAO, members were a big part of it. Many of you were excited at the AGM to try out the new platform and share your support for the move online. We thank you for your positive feedback, and your excitement to see the same great content in a new electronic environment.

In this issue, we bring you the incredible tale of eight Canadian nurses forced to return from their mission in Haiti as a result of political turmoil in that country (page 22). We also have a collection of stories about how RNs and NPs are making a real difference for residents in long-term care homes (page 12).

As we move online, we will continue to share these kinds of personal stories of members in all sectors of the health system. And thanks to the marvels of technology, we will also bring you more interactive features (photo galleries and videos) for events such as Queen's Park Day (page 16).

This exciting transition will continue to unfold in the months ahead, and as it does, we will stay true to our commitment to look to members to inform our decisions and help us build an even better RNJ.

Write to us at editor@RNAO.ca or visit RNJ.RNAO.ca to complete our "feedback" survey in the footer of each page. **RN**

CORRECTION: In the January/February 2019 issue of RNJ, it was incorrectly noted that RNAO membership associate Maureen Norton's home is Manitoulin Island, north of Lake Huron. In fact, Georgian Bay's Christian Island is the island she calls home. We apologize for the error.

PRESIDENT'S VIEW ANGELA COOPER BRATHWAITE

Advocating for healthy public policy: Our collective duty

QUEEN'S PARK DAY IN FEBRUARY included 160 members, 60 per cent of whom were first-time attendees. They met with 60 MPPs. RNAO members have a powerful collective voice. We are able to achieve great things for nursing, the health-care system and the health of Ontarians when advocating for healthy public policy. If we expect great things, we will achieve great things.

Following the success of this event, I want to build upon that momentum as we look ahead to another important advocacy event coming up on the RNAO calendar.

Preparations are now underway for Take Your MPP To Work. It is a time-honoured tradition for RNAO, with visits scheduled for May and June. There is no better time than now to invite your local provincial representative (MPP) to work with you since many of the politicians at Queen's Park are new to their portfolios and their roles as local representatives.

Policy advocacy influences policy decision makers (local, provincial, federal, and even politicians from other countries) to amend laws and make new laws, as well as to support nursing-led programs. It also influences health care and nursing leaders (administrators, CEOs, deans of nursing, chief nurse executives) to develop and implement healthy public policies and healthy work environments within their institutions. And it serves to mentor new graduates, nursing students and novice RNs and NPs on how to engage political leaders.

Effective advocacy builds our capacity to achieve the greatest good for all Ontarians. For example, RNAO successfully advocated for: increasing the minimum hourly wage from $11.25 in 2015 to $14 in 2018, and now we must keep pushing to continue increasing the minimum wage; keeping supervised consumption sites open, and now we must insist on having these in all communities in need; facilitating the authority for NPs to prescribe controlled substances, and now we want point-of-care testing and more; ensuring RNs continue to initiate psychotherapy as well as RN prescribing, which we must expand.

> "IF YOU ARE INTERESTED IN ORGANIZING A VISIT WITH YOUR LOCAL MPP, RNAO'S POLICY DEPARTMENT HAS A FANTASTIC TOOLKIT TO HELP MAKE IT A SUCCESS."

During Nursing Week, we must educate our elected officials, showing them where we work and what we do. This experience will be an eye-opener for many of them. For others, it will provide an eyewitness account of nursing practice in action, which is a powerful tool to inform them on nursing and health issues, and garner their support to move current and emerging issues forward.

Additional issues RNAO continues to advocate for include: reclaiming the role of the RN by ensuring new hires in acute care and cancer care are RNs, as well as all first home care visits are done by an RN; increasing access to care by fully utilizing NPs and increasing their numbers; strengthening primary care as an anchoring pillar of the new Ontario Health Teams; transforming long-term care funding and staffing to keep residents healthy and safe; Indigenous health; oral health; using an evidence-based response to overdose deaths; implementing universal pharmacare; protecting our environment; and strengthening our fiscal capacity.

If you are interested in organizing a visit with your local MPP, RNAO's policy department has a fantastic toolkit to help make it a success. Policy backgrounders are also available to facilitate your work. I encourage you to review them and remember to share stories from your clinical practice with visiting MPPs. Politicians always appreciate hearing from their constituents and they are grateful if you can paint a picture that helps them better understand a particular issue. It could be staffing levels in long-term-care, the importance of breaking down barriers so NPs can improve access to care, or why we need more RNs. The backgrounders provide the research and your stories demonstrate the important and meaningful work you do every day to save patients' lives, improve health outcomes and reduce health-care costs.

Please get in touch right away with RNAO's policy department (kdieleman@RNAO.ca) to organize a visit at your workplace. PG will be happy to connect you with your local MPP, help arrange the visit, and walk you through every step to ensure your visit goes smoothly.

I am calling all presidents, chairs and executive members of our regions, chapters and interest groups to put this plan into action. Let's make this year's Take Your MPP To Work the most memorable event you have ever participated in. Let's celebrate nurses and the work we do. You have earned the right to be "nursing advocates" by virtue of your commitment, diligence, forward thinking, visionary endeavours and collective voice. You can do it. Are you ready? **RN**

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

Follow me on Twitter @angelacooperbra

CONVERSATIONS WITH MEMBERS DORIS GRINSPUN

Revisiting the past to improve the future

On feb. 26, ontario health Minister Christine Elliott announced her plan for health system transformation. It includes the creation of Ontario Health (OH) with five regional offices, the formation of local Ontario Health Teams (OHT), and the consolidation of 35 public health units into 10 regional public health entities. Let's review this major health system reform.

OH is a central agency that brings together talent from the 14 Local Health Integration Networks (LHIN), Cancer Care Ontario, eHealth Ontario, Trillium Gift of Life Network, Health Shared Services, Health Quality Ontario, and Health-ForceOntario Marketing and Recruitment Agency. OH is being charged with overseeing all aspects of the health system.

A second layer is the formation of five regional agencies of OH, likely each with two large public health entities – a change that aligns with the 2017 expert panel report on public health.

The third layer is the formation of local OHTs. These are integrated teams of, at minimum, primary care agencies, hospitals, home care and other community agencies that jointly provide wrap-around services for a defined population.

RNAO has been calling for changes to Ontario's fractured health system for years. In particular, we have urged for a system that is person-centred, timely, and with the first point of contact in primary care. Overall, the government's vision for our health system is welcome news as health sectors – albeit improving – continue to work in silos. OHTs will overcome these silos and provide the public with a more responsive, effective and seamless experience.

"HALLWAY HEALTH CARE CAN AND MUST BE ELIMINATED, AND FOR THIS TO HAPPEN, WE MUST IMPROVE ACCESS TO CARE IN ALL SECTORS."

While some bet the sky will fall with these changes, RNAO knows it will not.

Let's look back seven years to the release of our 2012 landmark report, *Enhancing Community Care for Ontarians* (ECCO), which recommended some of the same changes the government has recently proposed. The question – which was also top-of-mind when we released ECCO – is whether primary care will be the anchoring feature of OHTs. This is critical in order to build a system that better promotes health, prevents illness, including chronic disease, and delivers timely mental health services. The result is a healthier population, which saves people from unnecessary suffering, and also saves health-care expenses.

ECCO presents a comprehensive model for health system transformation that sees all sectors connected, with primary care as the anchoring feature. ECCO called for the dissolution of community care access centres (CCAC) and for the transitioning of then 3,500 RN care co-ordinators from CCACs into interprofessional primary care teams, retaining their compensation and benefits.

While the previous government did away with CCACs, the care co-ordination function and staff never relocated into primary care. Instead, they moved into the LHINs. This shift removed a redundant structural layer, but was insufficient to fully enhance clinical services for Ontarians.

The sky did not fall with the dissolution of CCACs and it will not fall with the dissolution of LHINs either. The more serious question is: Will clinical services improve for Ontarians? RNAO's answer is unequivocal. Services will only improve when we strengthen primary care and other community services. The fact is that there is no single health system in the world – that is high performing – without a robust primary care sector. Care co-ordination and RN care co-ordinators – now 4,500 – located in primary care, with an expanded, upstream role inclusive of health system navigation – alongside the 10,584 RNs, NPs and RPNs already working in primary care – will strengthen this foundational sector.

RNAO will continue to work with government to get it right. We will continue to insist that hallway health care can and must be eliminated, and for this to happen, we must improve access to care in all sectors. We need to act quickly by: strengthening primary care so fewer people end up in emergency departments; strengthening access and flow in hospital care by ensuring hospitals immediately fill the more than 10,000 RN vacancies they have hidden; designating NPs as most responsible providers more often; reducing hospital readmissions by mandating that RNs conduct all first home care assessments; strengthening the front and back ends of the health system by ensuring the new public health entities are fully funded by the province to deliver all of the services expected of public health; and enhancing access and care in long-term care by improving staffing and changing the funding formula to account for complexity and quality outcomes.

As we revisit ECCO to reflect upon our views in light of the government's plans, we will consult with members and release an updated report, along with a call to action and timelines. We will do so with just as much fanfare as we did in 2012. **RN**

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

BY JONATHAN SHER

From revulsion to love

RN ESCAPES WAR-TORN IRAN AND A REPRESSIVE MARRIAGE TO FIND SALVATION IN NURSING.

In her mid-30s and raising three kids on her own in London, Ontario, Farnaz Hamedi-Fijani applied to nursing school on a lark, then reacted quickly in 2006 when offered a spot at Arthur Labatt Family School of Nursing at Western University.

"I said no," she recalls.

Raised in the Iranian capital of Tehran by a father who demanded his daughter seek enlightenment and challenge, Hamedi-Fijani saw nursing through the lens of the broader, patriarchal society. "I wanted to become a medical doctor," she says. "Nurses were portrayed as subservient."

Just nine-years-old when sparks of revolution emerged in Iran in 1978, Hamedi-Fijani and an older sister weaved through protesters who were confronting tanks of the royal guard. Her sister issued an order: If guns fire, jump into the recessed drainage channel, and I will lie on and shield you.

Hamedi-Fijani was 16 when a 21-year-old employee of her father proposed. While she said no, two years later, he asked again, and by then, much had changed.

Her father had died, her family scattered. War with Iraq had left adults huddling in basements as missiles rained on the city. With the fearlessness of a teenager, Hamedi-Fijani ventured to the rooftops to see where they would strike. The man who proposed to her had fled through the mountains to Turkey, where he was accepted as a refugee.

Approached by Canadian officials, who offered him asylum, he agreed, but asked that his 'fiance,' join him.

PHOTO: PAUL MAYNE/WESTERN UNIVERSITY

Three things you didn't know about Farnaz Michalski:

1. She knits, crochets, and does crafts to remind her of the joys of her childhood in Tehran.
2. She uses dance as an emotional release and to connect with others.
3. She volunteered at London's Cross Cultural Learning Centre, teaching English to an immigrant from Iraq who was blind.

The Canadians agreed. Hamedi-Fijani agonized. She neither loved him nor wanted to marry.

"But I just wanted to get away," she says.

The two married and travelled in 1988 to London, Ontario, because of its modest size and its university. A year later, they had a child.

In 1991, Hamedi-Fijani was accepted into the health sciences program at Western University. Her husband refused to let her go. In 1996, they had twins. In 2000, they divorced.

"I had to choose my education over an oppressive marriage," she says.

Enrolling at Western, she majored in health sciences, and minored in social justice. She graduated in 2006, and applied to masters' programs. The head of health sciences approached grads to remind them the next day was the deadline to apply to nursing school. Hamedi-Fijani applied, but as a backup. Days later, she was offered a spot. When she said "no," a friend sounded the wake-up call: "Are you crazy? You have the opportunity of a lifetime. How are you going to support your family?"

Hamedi-Fijani decided to try a semester with the encouragement of a man she later would marry to become Farnaz Michalski.

"Nursing took me like a whirlwind....It was the perfect blend of hard sciences and humanities," she says. "It empowered me to act and practice everything that I had learned."

Completing the accelerated program in 19 months, Michalski graduated in 2008, moved to Toronto, and started working in 2009 at Humber River Hospital. She did stints in emergency care and mental health, while studying diabetic care at Mohawk College, then nephrology at Humber College in Toronto, and healing touch therapy at weekend courses.

In 2015, her children done with high school, Michalski and her husband returned to London, where she worked as a community health nurse with St. Elizabeth Health Care, an RN in palliative and alternative level of care patients at London Health Sciences Centre, and a part-time co-ordinator of clinical research at the Lawson Research Institute.

Already a member of RNAO, she joined the Complementary Therapies Nurses' Interest Group as its policy and political action officer. In 2018, she returned to Western to pursue a master of nursing science to investigate why acute care hospitals haven't adopted "healing touch" therapy.

Michalski won't forget her past or her heritage. The missiles that failed to dim her youthful ambition left scars. She gets scared each Canada Day when she hears fireworks.

But her focus is her future: "Home is where your heart is, and my heart is here.
I want to help make Canada a better place than what it was when I came." **RN**

JONATHAN SHER IS SENIOR WRITER FOR RNAO.

NURSING IN TH

Learning about concussions

Nipissing University nursing students Jacob Belanger (left) and Selena Sciuk talk about concussions with Grade 12 biology students at North Bay's St. Joseph-Scollard Hall high school in February.

PHOTO: GORD YOUNG/THE NUGGET

To raise awareness about concussion and its related symptoms, Nipissing University nursing students **Jacob Belanger** and Selena Sciuk led a one-hour presentation to Grade 12 biology students in February to talk about how to identify a concussion, and what to do if you have one. As part of a pilot program called Brain Waves – a partnership between Nipissing's nursing students and a national injury prevention charity called Parachute Canada – the pair addressed students at North Bay's St. Joseph-Scollard Hall. They shared insight about symptoms, long-term effects, and standards for concussion treatment. "Concussion awareness is crucial in this population to ensure they are seeking proper assistance following head trauma to avoid long-lasting effects and complications," Belanger says. Student athletes often carry a sense of pride in remaining physically healthy and uninjured, he says, which can lead to not reporting symptoms. Brain Waves was launched to inform high school students about the different parts of the brain and injury prevention. (*North Bay Nugget*, Feb. 27)

Health system transformation

Ontario Health Minister Christine Elliott announced on Feb. 26 that the provincial government hopes to make it easier for patients to navigate the health system by creating a central agency called Ontario Health (see more on pages 6, 10 and 17). "Nurses have been calling out our system's failings for years. It needs to be more attentive to people, better connected, easier to navigate and more cost effective," says RNAO President **Angela Cooper Brathwaite.** The new legislation, if passed, will fold 20 existing provincial health-care agencies into Ontario Health. These include Cancer Care Ontario, Health Quality Ontario, e-Health Ontario, Trillium Gift of Life Network, and HealthForceOntario. Direct services, including some provided currently by Local Health Integration Networks (LHIN) will be devolved to health providers who will work as members of local Ontario Health Teams (OHT) that bring together service providers in primary care, acute care and home care. (*The Manitoulin Expositor*, March 6)

Call for more focus on immunization

With a measles outbreak in New York City last fall, and a number of confirmed cases in B.C. early this year, public health initiatives are more crucial than ever. The importance of immunization programs for children was a topic of discussion for Haldimand and Norfolk Health and Social Services in February as students in the area faced suspension for incomplete immunization records. The *Immunization of School Pupils Act (ISPA)* requires students in primary and secondary school to be immunized against diseases such as tetanus, polio, measles and mumps, or have a valid exemption on file. "It is thanks to these vaccines that diseases that were the leading cause of death 100 years ago now cause less than five per cent of all deaths in Canada," says RN **Sarah Titmus**, the Haldimand and Norfolk Health Unit's program manager for infectious disease. In 2017-18, the compliance rate in Haldimand and Norfolk was 83 per cent for 17-year-olds compared to 88 per cent the previous year. Titmus says the decrease can be attributed to an increase in the number of vaccines required (up from six to nine). "Ongoing immunization programs that ensure high coverage rates are needed to maintain low levels of vaccine-preventable diseases," she says. (*Simcoe Reformer*, Feb. 13)

E NEWS

BY VICTORIA ALARCON

Stroke survivor helps others

For RN **Susan Robertson**, a busy hockey mom, nothing was out of the ordinary. She was constantly on the go, taking her kids to practices or weekend tournaments for hockey and baseball. Then, at 37, she had a stroke. "I first went to the clinic with a sore left arm. They thought it was an arterial clot, so I went to the hospital," she says. "When I got there I had multiple pulmonary embolisms. I knew what was happening (in the emergency department), but lost the use of everything. I couldn't speak," she recalls. Robertson stayed in the hospital for three weeks and didn't fully recover her speech, mobility, or full use of her right side until a year later. The experience was frightening, she says. Now, thanks to a new program called Peers Fostering Hope, launched in Windsor in March, stroke survivors can meet with other survivors so they do not feel alone during recovery. Robertson has become a volunteer with the program, and hopes to help others going through the same thing she did. "I will be able to share my story and listen to theirs. I can provide support and give them hope that there is life after a stroke." (*Windsor Star*, Feb. 13)

PHOTO: NICK BRANCACCIO/WINDSOR STAR

Susan Robertson (left), an RN and busy hockey mom, was surprised to have a stroke at 37 that left her temporarily immobile on her right side and unable to speak.

Letter to the editor

*A letter by RNAO CEO **Doris Grinspun** was published in the* Ottawa Citizen *(April 5). In response to the province's announcement to defund Ottawa Public Health's (OPH) drug consumption site, RNAO is calling on the provincial government to restore funding for OPH as well as two other sites in Toronto.*

Ontario must fund life-saving health services

Given the reality that a poisoned drug supply is killing thousands of Canadians, Ottawa Public Health's (OPH) drug consumption site is helping to keep people alive. The OPH site is a necessary resource that allows the City of Ottawa to provide its residents with a safe, hygienic space to use intravenous drugs and be supported in accessing addiction treatment and other services.

It is promising to see a municipal government not only recognize the value of these sites but also fight to keep them open. It is unconscionable that provincial funding for OPH and two other sites in Toronto stopped last Friday. The Registered Nurses' Association of Ontario calls on the provincial government to heed the evidence, consult front-line staff and organizations responding to overdoses every day, and fund these life-saving health services. The lives of our loved ones, colleagues, clients and neighbours hang in the balance.

New mobile app for youth mental health patients

St. Joseph's Health Care London has launched a pilot project to connect local youth with mental health-care professionals. The TELE-PROM-Y mobile app allows patients and their health-care team to talk via secure video link, message back-and-forth, and schedule in-person appointments. Providers can also send questionnaires and advice to patients electronically. "Mental health services are all about relationships," says **Cheryl Forchuk**, project lead and research chair for Lawson Health Research Institute, part of London Health Sciences Centre and St. Joseph's Health Care London. "In our previous work with youth, they talked about how they really wanted to see the technology they use (daily) integrated into the care they're receiving. This is really what our goal has been," Forchuk says. The program includes 120 people who are 16

to 25 years old and living with symptoms of anxiety and/or depression. The two-year project will evaluate how well the mobile app is received, and whether it reduces the number of youth mental health hospitalizations and outpatient visits. (*The London Free Press*, Feb. 7)

High turnover a small blip for Bluewater

Higher staff turnover at Sarnia's Bluewater Health is said to be a result of the shift to a younger workforce says **Shannon Landry**, the organization's chief nursing executive. "Probably one of the biggest increases we've seen is the number of maternity leaves," she says. A recent report from the hospital's human resources department says half of Bluewater staff (more than 1,700 people) are millennials, born between 1977 and 1995. Parental leaves have gone from about 100 in 2015 to more than 130 for each of the past two years. That number is expected to continue to climb, notes Landry: "We are right now anticipating and looking at our staffing and our scheduling to ensure we...have that flexibility." The demographic shift to a younger workforce, she adds, is common across the health-care sector. The overall turnover rate at Bluewater stands at 9.6 per cent, up from 6.7 per cent five years ago. That rate also includes retirements and resignations, but Landry is not worried. Bluewater sees 18,000 to 20,000 job applications per year, she says. (*The Sarnia Observer*, March 20) **RN**

OUT AND ABOUT

INDIGENOUS BPG PANEL COMES TOGETHER

Members of the expert panel for the best practice guideline (BPG) *Promoting Nicotine Free Health and Wellness in Indigenous Parents, Families and Communities* met for the first time in person at RNAO home office in February. The group came together to discuss the launch of this first-ever BPG focusing on an Indigenous issue. The new guideline will recommend how to reduce and stop the use of commercial tobacco in ways that respect Indigenous cultures. The BPG is scheduled for release in the fall of 2020.

NURSING STUDENTS LEARN FROM THE BOARD

As part of a placement in February, nursing students from across Ontario attended RNAO's Queen's Park Day and met with the association's board of directors. RNAO President Angela Cooper Brathwaite (right) chats with (from left): Loreta Doga, Humber College; Chelsie Gibouleau, Ryerson University; Tehiysia Tello, University of Ontario Institute of Technology (UOIT); Elizabeth Radey, Nipissing University; Adriana Congi, University of Windsor; Terrisha Lawrence, UOIT; Mahnoor Javed, University of Windsor; and Emma Woodside, Western University.

RNAO WEIGHS IN ON BILL 74

(From left) RNAO CEO Doris Grinspun and senior policy analyst Lynn Anne Mulrooney visited Queen's Park on April 1 to present RNAO's submission on Bill 74, legislation that will re-organize the health system with the creation of Ontario Health and Ontario Health Teams. In their presentation, they highlighted RNAO's support for a person-centred, seamless health-care system with primary care as the anchor. To read more, visit RNAO.ca/Bill74submission

NURSING NOTES

Golden Girls Act to help seniors access shared housing

Progressive Conservative MPP Lindsey Park (right) with 'golden girl' RN and RNAO member Sandy McCully (centre) and RNAO CEO Doris Grinspun (left) at Queen's Park.

Seniors in Ontario often face a shortage of affordable housing and long wait lists for long-term care. Shared housing is an option for many seniors. In Port Perry, four women – two of them retired RNs – decided to move into a renovated home that would support their needs as they age. The four women, who have been nicknamed the Golden Girls of Port Perry, faced pushback from their municipal government regarding senior home-sharing because the building permit they presented to their local council violated zoning bylaws that did not allow for a communal dwelling. They voiced their concerns first to the Ontario Human Rights Commission, then to their MPP, Lindsey Park, who took their concerns one step further by introducing a private member's bill that, if passed, will ensure municipalities interpret the *Ontario Planning Act* in a way that encourages home-sharing by unrelated seniors as an affordable housing solution. *Bill 69*, also known as *The Golden Girls Act 2019*, was introduced by Park in January 2019, and passed second reading on Feb. 28. RNAO CEO Doris Grinspun shared nurses' support of the proposed legislation at a media conference on the same day at Queen's Park.

Hoskins' interim pharmacare report

In March, the federal government's Advisory Council on the Implementation of National Pharmacare released its interim report, which included three recommendations: create a national drug agency; develop an evidence-based list of prescribed drugs; and invest in drug data and information technology systems. The council, which is headed by former Ontario health minister Eric Hoskins, is expected to release its final report in June. While RNAO has long advocated for a national pharmacare strategy, it believes the council needs to go further than the interim recommendations it released in March. "The federal government must ensure that all Canadians get equitable access to medication," says RNAO President Angela Cooper Brathwaite. With the release of the interim report, Hoskins said current drug coverage is "...inadequate, unsustainable and leaves too many Canadians behind." RNAO agrees, and has outlined its suggestions for next steps. The public system must: create universal coverage of medically necessary drugs via a single-payer system without user fees or other costs to Canadians; implement full coverage immediately; tame drug costs by creating a national agency to negotiate prices and resist excessive patent protection; and ensure appropriate prescribing. Further work on a national pharmacare strategy must also be grounded in the fact that a single-payer system is more equitable and cost-effective. To find out more, visit RNAO.ca/pharmacare_interim_report

Studying the science of cannabis

Beginning in May, 2019, McMaster University will offer a new, three-course certificate program – one of the first in Canada – focused on the science of cannabis. Health-care professionals, first responders, educators, and social and community service professionals are among those expected to benefit from the program, which offers an evidence-based approach to understanding the substance and its therapeutic applications, as well as potential risks and harms. The program is offered through the university's continuing education arm and students must complete all three courses to qualify for the Science of Cannabis Certificate of Completion. "We know the scientific study of cannabis is something that individuals from physicians to social workers to first responders will be interested in," says Lorraine Carter, Director of McMaster Continuing Education. "The program will help demonstrate how cannabis research interacts with fields such as addictions, mental health and public policy." To find out more, visit mcmastercce.ca **RN**

A celebration of **success** in LTC

While the Ontario government plans to add 15,000 beds to long-term care, and refurbish 15,000 existing beds, the sector also needs to follow the lead of innovative nurses who are driving improvement.

BY JONATHAN SHER

NP Clara Nisan is director of clinical services for Mackenzie Health LTC in Richmond Hill.

PHOTO: STEF + ETHAN

When NP Clara Nisan became director of clinical services at Mackenzie Health long-term care (LTC) home in Richmond Hill in 2015, she made use of an interprofessional team and instituted changes that reduced emergency department transfers by 45 per cent. In the three years since, that trend has continued, with annual reductions averaging 31 per cent.

The transformation of this 168-bed home is just one of the remarkable improvements worth celebrating in LTC across Ontario. In fact, there are plenty of good-news stories in homes large and small, from the bustling GTA to a converted house in the north that serves a geographic area the size of Germany. Media tend to focus on what's going wrong in LTC, but to map a path towards improvement, we bring you three examples of what's going right in this challenging but inspiring sector.

These facilities and locations vary, but share common challenges and encouraging results thanks in no small part to the leadership of NPs and RNs.

Nisan's path to Mackenzie Health began in 1979. She worked in the community and an ICU/CCU in Israel before coming to Canada, where she would work 24 years at Baycrest Health Sciences. In 2014, Nisan earned her designation as an NP-PHC (primary health care) from Ryerson University. While her path to becoming an NP was long, the destination was never in doubt: she wanted to advocate for geriatric patients.

"This is my passion," she says.

She realized that passion thanks to a confluence of good things.

Mackenzie Health's LTC home is managed by UniversalCare Canada Inc., which funds two directors of care, tasking one with administration so Nisan can focus her considerable energy and expertise entirely on caring for residents. "I don't have to discipline anyone or hire or fire people," she says.

Her experience is not the norm.

Most LTC homes have a single director of care who is responsible for everything, and is helped by an assistant director of care (an RN) because that is how they are funded by the ministry of health. But the support and unique structure at UniversalCare has provided Nisan with various opportunities to build capacity and to leverage partnerships with RNAO.

RNAO's help has been invaluable, she says, from best practice guidelines (BPG) to the facility's partnership with LTC BPG co-ordinator Sue Bailey, who visits several times a year to teach staff how to integrate BPGs. Bailey is one of 14 RNAO LTC co-ordinators who work within regions across the province to support the success of BPGs.

"RNAO (has provided) excellent access to us since the beginning," Nisan says of BPGs and Bailey. That help is especially useful at a facility that goes above the norm in many ways. In fact, this LTC home:

- shares a building with the hospital run by Mackenzie Health, so the home has as many as 30 hemodialysis residents who can access dialysis treatment available one floor below
- cares for 18 residents who depend upon gastrostomy tubes to be fed
- provides palliative care so residents who require it don't have to be transferred to hospital

- works with a pharmacist so its interprofessional team is able to control 94 per cent of residents' pain
- funds all registered staff to attend two full days of education provided by external clinical specialists, including RNAO leaders

Nisan says she started to offer medical cannabis two years ago, in part to reduce the use of antipsychotic medication that had been given without appropriate diagnosis. Since then, the number of residents receiving cannabis has grown to 17, she says. Of 168 residents in care as of earlier this year, only eight are being given antipsychotic medication without a diagnosis of psychosis.

Nisan made use of an RNAO webinar focused on cannabis use in LTC to create a prudent way to slowly wean residents off antipsychotics and start the use of cannabis oil. Before the switch, some residents with dementia would scream in pain all day and night. The change has been transformational, Nisan says.

"No physician wanted to touch (medical cannabis)," she says. "(Our work here) is a great success story."

But for all the success Mackenzie Health has seen, Nisan admits she has concerns for the sector overall. The standard model of care doesn't meet the growing acuity of residents, she says. Most directors of care are so busy with administrative tasks, they have much less time to care for residents. And limits to RN scope of practice in LTC mean many vital decisions must be made by physicians, many of whom only visit homes once a week, Nisan says. If the condition of a resident receiving palliative care quickly changes, for example, an NP can make treatment adjustments immediately so the resident doesn't suffer waiting for a weekly assessment by a physician.

Having an NP at every home would be a game-changer, she suggests.

"I can prescribe controlled drugs or palliative care. I provide care immediately by working with our physicians who are not on site. I evaluate residents immediately," she says.

That approach not only benefits residents, their families, and the staff who care for them, it also saves the health system the cost of treating more people in acute care settings. "Every day it's saving the system money," Nisan says. Better, more timely care in LTC also reduces the bottleneck at hospitals that have been so over-strained by demand that hallway nursing has become commonplace, she adds.

While NPs have the skills and knowledge to improve care at LTC homes, they also must be strong managers who make use of every member of the health-care team so each is valued and each is focused on what they do best. The team includes personal support workers (PSW) as "...our first eyes," Nisan says. "I'm empowering them. Teamwork is winning. You can't do everything by yourself."

One PSW, while helping a resident take a shower, discovered a lump in the resident's breast, and that early detection of what turned out to be cancer helped the resident to survive, Nisan says.

Improvement in LTC led by an NP has been the experience too of Kaitlan Laviolette, who, since September 2016, has been the attending NP at two LTC sites under the umbrella of Holland Christian Homes in Brampton. Like Nisan, she also earned her NP designation at Ryerson University, but her journey there was shorter. After graduating with a BScN in 2008 from the University of Ottawa, Laviolette worked nearly seven years at the Hospital for Sick Children in Toronto, the last four in its pediatric critical care unit.

NP Kaitlan Laviolette splits her time as attending NP at Faith Manor and Grace Manor, two sites of Holland Christian Homes.

"This is (one reason) why **BPGs** are so important. A lot of them focus on prevention. They are going to decrease the financial burden on the health system by a huge percentage… (All LTC homes) should be using **RNAO BPGs**."

KAITLAN LAVIOLETTE

She is among the first cohort of NPs funded to work in LTC by Ontario's health ministry.

The former Ontario liberal government was convinced by RNAO to commit funding for 75 nurse practitioners. By the time Queen's Park changed hands after the provincial election in June 2018, only 50 NPs had been hired. RNAO CEO Doris Grinspun was informed by the health ministry in April that the funding for the remaining positions would soon be released.

Before the dedicated NP funding was made available, few NPs worked in LTC and their talents were spread thin. For example, in the central west region, which includes Brampton, there are about six NPs for 23 homes. Having an attending RN for two homes increases the continuity of care, Laviolette says.

From 2017 to 2018, the number of resident transfers to emergency departments dropped 21 per cent at Faith Manor, one of the two sites at which Laviolette is attending NP. The drop was comparable at Grace Manor, the second site she leads. Between the two homes, that means 36 fewer trips to hospital.

Laviolette sometimes is frustrated she is the only NP for both homes, each with 120 residents. "If there were two of me, our numbers would be even better," she says.

Her goal is in line with what RNAO has also set as an expectation of the Ontario government since releasing its 2016 *Mind The Safety Gap* report. Recommendation seven (of a total of eight) urges the funding of one NP for every 120 residents.

The legislation that funds new NP positions only guarantees 70 per cent of their time will be spent providing direct care to patients. While she uses the balance of time on tasks that help residents, such as creating policy and tracking results to improve quality, Laviolette thinks she could accomplish even more if all her time was spent on clinical care.

To educate staff, Laviolette has turned to RNAO. She became the lead for Holland Christian Homes seeking Best Practice Spotlight Organization (BPSO) designation. All of the organization's homes will complete the required three-year process in 2020 if they successfully implement three BPGs. They will focus on guidelines about preventing falls, preventing abuse and neglect, and managing pain.

The focus on preventing falls began with a new way for staff to check residents regularly. Rather than poke their heads in rooms, they scrutinize risks that might lead a resident to move suddenly or get out of bed. The process is called "purposeful rounding."

Is the resident in a comfortable position? Are they hungry? Do they have the TV remote within reach? Do they need to use the washroom?

From October 2018 to February 2019, the percentage of hourly checks at which purposeful rounding was used jumped from 76 to 95. Total falls (per month) declined from 19 to 10, and that was for just one 60-bed unit where the new strategy rolled out. Holland Christian Homes plans to expand the new practice to all residents.

The benefit to residents is massive, Laviolette says, since any fall can lead to fractures and death. Even those residents who survive a fall can struggle more with mobility and a diminished quality of life.

A reduction in falls saves resident suffering, and also saves the health system money. "This is (one reason) why BPGs are so important. A lot of them focus on prevention. They are going to decrease the financial burden on the health system by a huge percentage," Laviolette says. "(All LTC homes) should be using RNAO BPGs."

Attending NPs in LTC help, but the true value depends upon the approach of those who own and/or manage LTC homes. Holland Christian Homes is extremely supportive, Laviolette says, but some homes don't allow NPs to practise to their full scope.

"A lot of NPs face red tape within their own organizations," Laviolette says.

Even supportive organizations face bottlenecks that slow care. At her homes, blood is scheduled once a week, and if labs are needed sooner, additional costs are incurred and results are often not back until late at night or the next day. An x-ray can take 48- to 72-hours and an abdominal ultra sound, two weeks. Wait times sometimes force staff to transfer a resident to hospital so he or she doesn't decline.

RN Bradley Lance is acting administrator for a 20-bed LTC home in Sioux Lookout.

Being stretched for resources – that's old hat for Bradley Lance, an RN in Sioux Lookout who last month was moved from that community's acute care hospital to serve as acting administrator at the 20-bed William A. "Bill" George Extended Care Facility, which serves 34 communities in northern Ontario.

"We're seeking more than 20 (additional) beds," says Lance, who hopes a bigger facility and satellite sites will allow elders to stay closer to home.

At Bill George LTC, part of Sioux Lookout Meno Ya Win Health Centre, Lance says small changes can make a big difference. One example is dental care. Poor-fitting dentures lead to problems, from infections to residents losing their appetite and their resilience, which in turn can lead to behaviour that places them and others at risk.

These problems were overcome at Bill George thanks to the use of RNAO's oral care BPG and the efforts of a dentist, oral hygienist and staff to correct dental problems.

In just four months in 2016, the percentage of residents with oral care plans jumped from less than 30 per cent to 100 per cent. The provision of oral care jumped 50 per cent. Over time, improvements

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New faces at RNAO's biggest policy event of the year renew energy and boost excitement for change.

Queen's Park Day 2019

STORY BY JONATHAN SHER
PHOTOS BY VICTORIA ALARCON, ALICIA SAUNDERS, MARION ZYCH

While power changed hands at Queen's Park in June of 2018, and a new Conservative government took the reins after 15 years of Liberal government, RNAO's advocacy remains as passionate and as effective as ever.

That was evident at Queen's Park Day on Feb. 21, when 160 RNs, NPs and nursing students visited the legislature to meet with more than 60 members of provincial parliament (MPP) from all parties whose leaders later spoke and answered questions.

The June 2018 election brought many new faces to an annual event that will celebrate two decades next year. Among them: Doug Downey, the Progressive Conservative MPP from Barrie-Springwater-Oro-Medonte, and parliamentary assistant to Finance Minister Vic Fedeli.

Downey's mother was a nurse and he saw how hard she worked, he told RNAO assembly leaders Amanda Fountain, Cherie Durksen and Erika Fifield as the four talked of pressing needs in health care over breakfast.

Residents in long-term care (LTC), the nurses said, sometimes go to hospital and incur the risk of a transfer because lab services in LTC are often only offered a couple of days a week. "I'd like to be able to care for them at their (nursing) home," said Fountain, president of RNAO's South Simcoe Chapter.

There simply isn't enough staffing to toilet residents regularly, an assault to their dignity and a trigger for aggressive behaviour that hurts patients, staff, and the bottom line, said Durksen, South Simcoe's communications executive network officer (ENO).

The Conservative government has committed to adding 15,000 new beds in long-term care homes over five years, but Downey said he has seen first-hand that the problem is not just a lack of beds, but the quality of care. Some homes fall short of what residents need and deserve, he commented. "I went to two homes owned by the same company and there were huge differences."

RNAO has urged the government to change the way it funds long-term care, so homes that improve the health of residents – and by doing, decrease their case mix index (CMI) – don't lose funding. RNAO is also calling for changes in the way homes are staffed, so there is one NP for every 120 residents, and a staffing complement of at least 20 per cent RNs, 25 per cent RPNs, and no more than 55 per cent personal support workers.

At an adjacent breakfast table during the morning portion of the February event, another first-time MPP, Terence Kernaghan, a New Democrat representing London North Centre, discussed primary care with RNAO Region 2 board representative Morgan Hoffarth (now president-elect), and Brenda Hutton, RNAO assembly leader.

Primary care must be strengthened, Hoffarth said, and to do that, RNs must be allowed to practise to their full scope. Kernaghan agreed, saying the current system too often makes hospitals a first resort. "It's antiquated," he said. (continued on page 19)

Health system restructuring plans announced after RNAO meets with MPPs

Just five days after RNAO members gathered at Queen's Park to engage MPPs and advocate for changes that will improve health and make our health system more effective, the Ontario government announced its plans for health system restructuring. Some of the changes it proposes dovetail with changes the association has long sought.

The government's plan will eliminate Local Health Integration Networks (LHIN) and redirect oversight to Ontario Health, a new and broad agency that will bring together Cancer Care Ontario, Healt Quality Ontario, e-Health Ontario, Trillium Gift of Life Network, and HealthForceOntario. Direct services, including some provided currently by the LHINs, will be devolved to health providers who will work as members of local Ontario Health Teams. These new teams – RNAO expects around 80 of them at maturity – will bring together, at a minimum, primary care clinics, hospitals, home care, mental health, and long-term care to provide wrap-around services for patients.

RNAO insists primary care play a lead role in order to show what can happen when primary care is made the foundation of the health system. The government has promised that the 4,500 RNs who are co-ordinating home care from the LHINs will be relocated to interprofessional primary care teams. This has been an ask for RNAO since it first released the 2012 landmark report, *Enhancing Community Care for Ontarians* (ECCO) (see page 6 for more details).

"By placing primary care at its core, Ontario will promote health, prevent disease, delay and better manage chronic illness, and provide more seamless care," says RNAO CEO Doris Grinspun.

I am grateful both for her counsel and her friendship, and I look forward to working with (Doris) and RNAO in the years to come."

CHRISTINE ELLIOTT, HEALTH MINISTER

1 RNAO Durham Northumberland Chapter members grab a moment following their breakfast meetings to pose with President Angela Cooper Brathwaite (third from right). They are (from left): Sepelene Deonarine, Regina Elliott, Dhara Shah, Beatriz Jackson (then Region 8 representative on the board of directors), and Kathleen Pikaart.
2 Health Minister Christine Elliott (right) opened up the afternoon session. Although tight-lipped about plans for health system transformation – some of which were unveiled later – she did hint at doing more than just adding beds to long-term care, promising to also boost quality of care in the sector.

> **The job's not done – it needs to get finished. Point-of-care testing for nurse practitioners – get it done."**

JOHN FRASER,
INTERIM LIBERAL LEADER

3 Before his keynote address in the afternoon, when he urged the government to complete initiatives started when his party was in power, interim Liberal Leader John Fraser (right) met for breakfast with (from left) Ellen Shipman, Una Ferguson (then interest groups' representative on the board of directors), and Erin Rajhathy.
4 A large group of nursing leaders, including CEO Doris Grinspun (third from left), met with Liberal MPP Mitzi Hunter (centre, in gray) over breakfast. Engaging Hunter on pressing political issues were (from left): Erin Kohlmetz, Lhamo Dolkar (then Region 7 representative on the board), Alicia Moonesar, Selvi Krishnadasan, Sonia Chin and So-Yan Seto.
5 This year's event was a first for Green Party Leader Mike Schreiner, who is the first and only member of his party to win a seat in the legislature.

(continued from page 16)

During the event's afternoon presentations, RNAO leaders heard from, and asked questions of, party leaders and Ontario Health Minister Christine Elliott.

The interim leader of the Liberal Party, John Fraser, urged the government to follow through on initiatives started, but not finished, by his party. Some of those initiatives include changes that RNAO has pressed all governments to adopt.

Scope of practice and RN prescribing were examples he used. "The job's not done – it needs to get finished. Point-of-care testing for nurse practitioners – get it done. RNAO has been asking for years," he said.

Elliott's return to the podium was familiar even if her role is new. She previously served as Ontario's first patient ombudsman, and before that was MPP and, for six years, her party's health critic.

Of RNAO CEO Doris Grinspun, the minister said: "I am grateful both for her counsel and her friendship, and I look forward to working with Dr. Grinspun and RNAO in the years to come, as well as with your President Angela Cooper Brathwaite."

Mostly tight-lipped about the government's plans for health system transformation – unveiled five days after the event – the health minister did hint her government would do more than add beds to long-term care. It would try to boost quality too.

"It is a concern," she said in response to a question from then RNAO board member Lhamo Dolkar. There will be changes, she assured attendees, but those won't be finalized until after the Long-Term Care Homes Public Inquiry, established in August 2017, delivers its recommendations this July.

"(We) will take (those recommendations) very seriously," Elliott said.

The minister also expressed support for RNAO's best practice guidelines work with Indigenous peoples.

Also pushing hard for change was NDP leader and official opposition Andrea Horwath, who said Ontarians should be concerned that the provincial government spends less per patient on health care than does any other province: "Sometimes it feels as if our world class health-care system is hanging by a thread."

The NDP leader says that RNAO's prescription for change is the right one: "Your vision for health care in Ontario is a bright one, it's an inspiring one, it's realistic, and I share your belief." **RN**

JONATHAN SHER IS SENIOR WRITER FOR RNAO.

A first for Green party leader

A decade after he made his first ripple as a candidate for the Green Party of Ontario, Mike Schreiner, who represents the riding of Guelph, was greeted with warmth and applause during his Queen's Park address.

The first and only member of his party to win a seat in the legislature, Schreiner was embraced for his sincerity, passion and humour. "A lot of people ask me about managing my caucus and I just want to tell you, it's a challenging job," he said. "I want to be really clear today that 100 per cent of our Green caucus is 100 per cent behind public health care and the work that RNAO does."

Schreiner became leader of the Green party in 2009, and in his first campaign that year garnered less than seven per cent of the vote. It was no small task for a party outside the mainstream, but still area codes away from the halls of power at Queen's Park.

Three elections later, he earned a historic win in Guelph in June 2018, receiving more votes than his two closest rivals combined.

The invitation from RNAO to speak at this year's event is a testament to the approach the association takes at Queen's Park, working with every political party and government to further the interests of health care in a manner that is strictly non-partisan.

"I surround myself with passionate people who are committed to doing the right thing," Schreiner told RNAO members in February. "You are committed to doing the right thing. Please call me a friend of nursing any and every day."

> **"[Nurses] are committed to doing the right thing. Please call me a friend of nursing any and every day."**
>
> MIKE SCHREINER, GREEN PARTY LEADER

more on next page ▶

RN at Queen's Park year-round

While Queen's Park Day is a once-a-year event for the RNAO assembly leaders who come each February, for one RN, it was just another day at the office. Sasha-Lee Allen was around the legislature too on Feb. 21, but she was on the job, working as an occupational health nurse to MPPs, staff and visitors, a post she began in August 2018 to cover a parental leave.

A graduate that same year of the nursing program at Oshawa's University of Ontario Institute of Technology (UOIT), Allen says she was attracted to occupational health because, while nurses provide great care to others, they don't always look after their own health needs. The same is true of employees generally, she says.

Before she graduated, she had her final placement in occupational health at the Scarborough Health Network, General hospital. "If we are not able to be well ourselves, nurses are not going to be able to provide proper care to others," the 33-year-old RN says.

The opening at the "Leg" (as she calls Queen's Park) was a perfect fit. Allen loves political advocacy, and attended Queen's Park Day in 2018 as a nursing student. "My passion is political advocacy," she says.

Allen also takes pride in treating every patient the same, from cabinet ministers to visitors. "Equality is a big thing," she says.

With an occupational health nurse like Allen available at Queen's Park all the time, politicians might hear a bit more of a pitch about how hallway health care in hospitals can be reduced by adopting changes supported by RNAO. "They're more prone to listen to me…It's a start," she says.

"Your vision for health care in Ontario is a bright one, it's an inspiring one, it's realistic, and I share your belief."

ANDREA HORWATH, NDP LEADER

6 Sasha-Lee Allen, a 2018 nursing graduate and RNAO member, works at Queen's Park as an occupational health nurse to MPPs, staff and visitors.

7 NDP Leader Andrea Horwath addresses members on Feb. 21, suggesting to those in attendance that nurses' vision for health care is a bright one that she too shares.

8 Pressing political leaders with pointed questions during the afternoon Q&A are Louela Manankil-Rankin (Halton) (front) and Maria Casas (Sudbury).

9 First-time NDP MPP Terence Kernaghan (right) talks politics and mental health over breakfast with Brenda Hutton (left) and Morgan Hoffarth (then Region 2 representative on the board). Both nurses work in mental health in London, which includes the riding Kernaghan represents.

10 Conservative MPP Doug Downey, parliamentary assistant to Finance Minister Vic Fedeli, meets for breakfast with long-term care RNs (from left) Amanda Fountain, Cherie Durksen and Erika Fifield, who press him about the need to improve staffing and funding in the sector.

11 Liberal MPP Marie-France Lalonde (left) shares some one-on-one time over breakfast with May Tao (centre) and Linda Trinh Vu.

12 NDP MPP Jennifer Stevens (centre) wraps up her breakfast meeting with nurse leaders (from left) Nathan Kelly (Region 3 representative on the board), Mahoganie Hines, Holly Rogers, Laura McBreairty, Kerrie Pickering and Morgan Lincoln.

13 Ontario Labour Minister Laurie Scott (centre), who is also an RN, sits down over breakfast with (from right) RNAO President Angela Cooper Brathwaite, Jill Staples, Beatriz Jackson (then Region 8 representative on the board) and Lauren Allison (then student representative on the board).

FAITH, FEAR AND *FLIGHT*

Eight Canadian nurses evacuate Haiti but not their quest to help an impoverished community.

BY JONATHAN SHER

LEFT-HAND PAGE: Members of the Hope Grows Haiti mission lay out a Canadian flag to help a struggling helicopter pilot find them for an emergency evacuation.

BOTTOM: Marie Nieminen (left) visits with Rose, an elderly Haitian woman who has no family and once lived in a crumbled shell of a house. The mission built her a new home and offers her food and medical support.

Too scared to sleep and jolted to her feet by each unfamiliar sound near the wall of the Hope Grows Haiti mission, RN Marie Nieminen prayed that the medical expedition where she had found her life's purpose was not going to become the place where she would die.

Nieminen was the team leader among eight Canadian nurses stranded at the remote mission this past February, when the Haitian capital of Port-au-Prince exploded in waves of political violence that killed several, forced the Canadian Embassy to close, and made perilous the 90-minute drive from the compound to the island's only airport.

None of the nurses knew exactly what was going on. Days after arriving outside the impoverished community of Petit Paradis, their only link to the world was the odd text message from someone back in Canada. The nurses had no access to television, internet, news reports, or this dire advisory from the American state department: "There are currently widespread, violent and unpredictable demonstrations in Port-au-Prince and elsewhere in Haiti...Protests, tire burning, and road blockages are frequent and unpredictable. Violent crime, such as armed robbery, is common," the advisory read. "Local police may lack the resources to respond effectively to serious criminal incidents, and emergency response, including ambulance service, is limited or non-existent."

The 53-year-old Nieminen did know this: weeks earlier, her doctors had discovered a heart arrhythmia serious enough to investigate and later delay surgery unrelated to her heart. She had left from her home in Ajax for the week-long trip to Haiti Feb. 6 with a 10-day supply of medication that if reduced too quickly, or stopped suddenly, would create medical risks.

When Nieminen learned violent blockades would prevent her team from getting to the airport for their return flight on Feb. 13 (Air Canada only flies to and from Haiti on Wednesdays) she cut her daily dosage in half. By Feb. 18, with medication for just one more day, Nieminen began suffering from symptoms that come when someone is weaned off too quickly.

That evening, she heard first-hand a warning given to mission owners Gord and Heather Rodin, who had planned to spend additional weeks rather than flee the enterprise they created in 2006 and the compound they built in 2013. With Nieminen watching, a trusted Haitian friend and volunteer told the Rodins that word had spread around the island that their mission had medical supplies, money, gasoline and other things of value. They needed to evacuate the next day because their compound, guarded by security personnel with no weapons, could soon become a target.

> *"I was more frightened than I ever have been.*
>
> **I didn't sleep that night. Every noise, every time I saw a flashlight, I got up to take a peak (outside)."**
>
> MARIE NIEMINEN

"I was more frightened than I ever have been," says Nieminen, whose 27-year-old daughter Kirsten was among the eight volunteer nurses. "I didn't sleep that night. Every noise, every time I saw a flashlight, I got up to take a peak (outside)."

The warning from their trusted Haitian employees led the owners of the mission to do something they had never done since starting their work on the island in 2006 – they decided to leave early. "We had stayed before through hurricanes and riots but the word had come out that missions run by non-Haitians would be targets," says Heather, who also serves as executive director for Hope Grows.

Nieminen's fear, for the moment, competed with the sense of purpose she had felt when in 2016 she helped to create the mission's medical clinic on the first of six or seven trips to Haiti's Petit Paradis, a village already poor before an earthquake and tsunami in 2010 killed seven community members and knocked down homes.

Such work was a key reason Nieminen wanted to become a nurse in the first place. In fact, she wrote about the pull to work in less developed countries in 1986, when she applied to study nursing at Centennial College in Toronto. Nieminen wanted to volunteer abroad after finishing her studies, but months before graduation, she met a man whom she'd marry in a year. Within two years, she would have Kirsten, the first of her three children.

Before she would step foot in Haiti, Nieminen would join RNAO and experience a wide-ranging career that included working in

ON FEB. 8, CANADA ISSUED A TRAVEL ADVISORY, WARNING CANADIANS TO AVOID ALL TRAVEL TO HAITI, AND WRITING: "ACCESS TO THE TOUSSAINT LOUVERTURE INTERNATIONAL AIRPORT MAY BE DIFFICULT AND COULD BE BLOCKED...CRIMINAL ACTIVITY IS ESPECIALLY PREVALENT (IN) DOWNTOWN PORT-AU-PRINCE, WHERE ARMED GANGS OPERATE."

FIVE VIOLENT DAYS LATER, CANADA CLOSED ITS EMBASSY.

burn and intensive care units at hospitals, teaching nursing students, working in a plastic surgery clinic, and eventually starting her own aesthetics business.

Nieminen's business is her livelihood, but the Haitian mission is her life's work. Each time she returns, she sees children, parents and elderly community members who have transitioned from malnutrition to better health, from helplessness to hope.

Her efforts captured the attention of another registered nurse and RNAO member, Tracey Hotta. The two met taking aesthetics courses in May 2017, and Hotta travelled to the Haiti mission at that time with her daughter Rachel, and her daughter's friend, a nursing student at Trent University. They did so despite the threat of the Zika virus, the students using birth control because that virus poses its greatest threat to developing fetuses.

Hotta was stunned by what she saw. Some families were sleeping on floors in plywood homes with neither plumbing nor running water. Children not only lacked basic shelter, food and medical care, they often went without the comfort of being held by parents who had so many kids and faced so many burdens.

"We pick them up and sing to them," Hotta says.

Her first trip was so spiritually rewarding, Hotta returned this past February, this time with another registered nurse and RNAO member, Charline Ramgotra. While Hotta and Nieminen were pleased to see improvements in the children and the elderly they had met previously, Ramgotra was stunned by the depths of poverty.

"How can they live like this?" Ramgotra says.

Her surprise was matched by her admiration of the mission and the work it was doing. In addition to the medical clinic, Hope Grows Haiti mission has created a school with English and music classes and a feeding program for children and elderly, helps to build homes, provides clothing and offers bible study.

A day after the nurses arrived in Haiti, protests began Feb. 7 in the capital. Political violence isn't new to Haiti, where protesters accuse the government, led since 2017 by President Jovenel Moïse, of engaging in corruption while doing nothing to combat poverty.

On Feb. 8, Canada issued a travel advisory, warning Canadians to avoid all travel to Haiti, and writing: "Access to the Toussaint Louverture International Airport may be difficult and could be blocked...Criminal activity is especially prevalent (in) downtown Port-au-Prince, where armed gangs operate."

Five violent days later, Canada closed its embassy.

The following evening, Feb. 14, Moïse spoke publicly, but rather than resign to quell the unrest, he was defiant.

With Canadian officials offering no help, the group of eight volunteer nurses did what came naturally – they took action. They continued to help Haitians while seeking private helicopters that could shuttle stranded Canadians to the airport. Unsure how much that would cost, they arranged for a GoFundMe page. Quickly, the page raised more than $19,000, double what they sought, so the nurses earmarked the extra to the mission and booked a helicopter for the morning of Feb. 18. It was the last day for which Nieminen had medication.

The next morning, the helicopter pilot struggled to find them, at first because he had been given incorrect coordinates, and later, because his helicopter was too far off the coast to easily see the small compound. Each time he flew near, the nurses waved brightly coloured sheets and clothes, and even laid out a Canadian flag.

Finally, about noon, the helicopter descended.

"When the helicopter touched ground, a lot of us started crying," Nieminen says.

Uncertain what to expect at an airport that is chaotic and dangerous at the best of times, the nurses were relieved to find it nearly empty, with staff waiting to help them board a waiting Air Canada plane.

Back on home soil, Nieminen, Hotta and Ramgotra say their ordeal has left them even more determined to return to help a mission that has provide incredible help to people who need it.

Says Ramgotra: "We all said we'd be back." **RN**

JONATHAN SHER IS SENIOR WRITER FOR RNAO.

(From left) Charline Ramgotra and Tracey Hotta visit a small Haitian village to provide care and support to community newborns and families.

BPG CORNER

Members of Hôpital Montfort's BPSO team include (L to R): Annie Boisvert, Kim Lortie, Suzanne Robichaud, Marcelle Thibeault, Bernard Leduc, Ann Salvador and Sophie Parisien. Also on the team, but not pictured here: Nathalie Boudreau and Sara Leblond.

Francophone first

RNAO has named its first Best Practice Spotlight Organization (BPSO) Host that will be responsible for bringing francophone organizations into the BPSO movement. Hôpital Montfort, Ontario's francophone academic hospital, offers health services in both official languages to more than 1.2 million people across eastern Ontario.

This BPSO designation comes after many years of partnership that has seen Hôpital Montfort implement nine best practice guidelines (BPG). The hospital has become a go-to source for francophone organizations in Canada and around the world.

"What RNAO has developed is a jewel for us," says Suzanne Robichaud, chief nursing officer and vice president in charge of clinical services. The hospital continues to expand its use of BPGs with plans next year to add pain management and the prevention of suicide, she adds. "My vision is to become a lab of exemplary practice."

That aim is already being realized with some francophone organizations coming to Montfort, which is based in Ottawa, from as far away as Switzerland and the northeast African nation of Djibouti, Robichaud says.

This work with RNAO is critical, Hôpital Montfort CEO and family physician Bernard Leduc says. "Because we are the only francophone teaching hospital in Ontario, it's crucial we adopt best practices in all areas."

That work has garnered attention, especially in Quebec, he says.

The hospital readily embraced RNAO and its BPGs because of its strong nursing leadership, he adds. "It's a great partnership."

Ostomy guideline marks milestone

In April, RNAO released *Supporting Adults Who Anticipate or Live with an Ostomy*, the next edition of the 2009 best practice guideline (BPG), *Ostomy Care and Management*. This edition provides nurses and other members of the interprofessional team with evidence-based recommendations to support patients, enhance access to care, promote positive outcomes, and enable patients to better manage their condition.

The guideline's expert panel recommends that people who have or expect to have an ostomy consult with nurses who specialize in wound, ostomy and continence as

continued on page 29

DISCOVER DI

As people continue their insatiable appetite for information and resources at their fingertips, those of us in publishing have been in the throes of a shift from traditional paper products to digital offerings. Monthly journals, magazines and newspapers that once occupied office shelves and filing cabinets of the average reader have largely moved to digital format in an effort to stay on trend, and to also save countless trees in the process.

RNAO has embraced this reality, and is pleased that *Registered Nurse Journal* has officially become RNJ digital (RNJ.RNAO.ca). The formal launch of this new platform took place during the 2019 Annual General Meeting (AGM) in April.

The new RNJ digital offers members the same great content 24-hours-a-day, seven-days-a-week, and in easy-to-search format. This means the *Journal* you are holding in your hands right now will cease to exist in hard copy following the publication of the May/June 2019 issue.

"I am thrilled we are walking the talk of environmental responsibility by saving more than three million sheets of paper annually, as well as the greenhouse gas emissions that come from transporting hard copies to our homes and offices across Ontario," says RNAO CEO Doris Grinspun.

Although RNJ will no longer come off a printing press, members will not miss a thing. Content will continue to be produced and alerts will continue to go out by email when the newest issue is available online. Accessing new content – as well as back issues of the traditional hard copy – is as simple as logging in to RNJ.RNAO.ca. In fact, the login is identical to that created to access all RNAO services and benefits at myRNAO.ca. The launch of RNJ digital was one of the first tests of RNAO's single sign-on feature, which means members only have to sign in to myRNAO.ca once to access all RNAO online resources, including RNJ.

For years, the association has offered digital access to RNJ, dating back to January/February 2004. Back issues can be downloaded in PDF format, and the CEO and president columns can be read online. Beginning in 2016, full access to the current issue became available on myRNAO.ca

So, how did we get to where we are today?

As is customary at RNAO, members played an important role in this transition. The core development team at home office, which includes members of the communications and IT departments, began the development process in late-2017. Last fall, the team was asked to present its plans for a new RNJ digital at the October assembly meeting. The feedback from assembly members across the province was constructive and informed next steps as the development continued, glitches were fixed, features were added or removed, and design was finalized.

Many of the ideas and suggestions raised by the assembly were implemented, while some longer-term goals were set for ideas in need of more in-depth consideration and research.

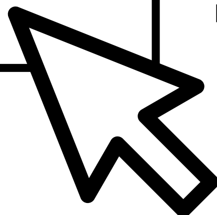
In February 2019, the team made a second presentation to the assembly, reporting back on the work that had been completed, and generating more discussion and feedback on the usability of the site in advance of its launch in April.

A "soft launch" was initiated in mid-February, which involved RNAO home office staff, the assembly, and 5,000 randomly selected members of the association. An email notification with links to RNJ.RNAO.ca was circulated to the different groups, noting RNJ was available online to view, and that a feedback form with three questions would allow for comment and insight to inform changes and enhancements prior to the formal launch. At the end of March, an additional 5,000 randomly selected RNAO members received the notification with links to RNJ.RNAO.ca, and were asked to weigh in on the things they liked about the site, and any areas for improvement.

This feedback during the soft launch was helpful from a development standpoint, in terms of the look and feel of the site, and also in terms of any potential glitches with single sign-on. Staff, the assembly and members responded positively to the new platform. Member reaction during the official launch at the AGM – which included a formal presentation and dedicated space for members to relax, browse the site, and ask questions – also showed that members are strongly in favour of the decision to go digital.

Change, while exciting, can sometimes be difficult. A shift away

GITAL



RNAO launches its renewed and revitalized RNJ.

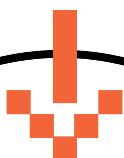
BY KIMBERLEY KEARSEY

from the hard copy, for some, means less portability because online connections in the farther reaches of northern Ontario can sometimes be limiting. RNAO acknowledges these challenges. And to address them, RNJ digital has a built-in feature that allows visitors to print articles as PDFs so these hard copies can be tucked away in a bag or binder and read when a connection is unavailable.

We are looking forward to ongoing, insightful feedback from members as we continue to shape and evolve your RNJ digital with the implementation of innovations never seen before. And, as always, the lines of communication are open at RNAO, and your views are always welcome. Share your thoughts by responding to the three quick questions using the "feedback" link in the footer of each page online. Or write to editor@RNAO.ca **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR FOR RNAO.

1 RNJ digital launched in April with full access to back issues dating to January/February 2018.
2 During the 2019 AGM, (L to R, standing) Mike Watson, Kimberley Kearsey and Olga Gabrieleva join CEO Doris Grinspun (at podium) to share with members some RNJ history, the thinking behind the design of the new platform, and the benefits of going digital.
3 The team behind RNJ digital includes (L to R, front row): Olga Gabrieleva, Lola Slade, Marion Zych, Victoria Alarcon, Samuel Jan, Kimberley Kearsey, and (L to R, back row) Jonathan Sher, Alicia Saunders, Mike Watson, and Louis-Charles Lavallee.



The **May/June 2019** issue of RNJ will be the final print edition of RNAO's flagship publication. Members will continue to receive email notification when a new issue is available, and will be able to access all of the new content at **RNJ.RNAO.ca**

have reduced hospitalizations and mortality while improving the quality of life for residents.

What the facility lacks in beds, it makes up for with close partnerships with all those providing care in a small community. "This is the wonderful thing about being in a small town, working for a small organization," Lance says.

These collaborations have helped the organization achieve RNAO BPSO designation, which it officially received in April thanks to the implementation of BPGs focusing on oral care, falls prevention, pain management, continence and wound care. Most nurses in this remote community depend upon RNAO as a lifeline to better care, and Lance, who uses the association's toolkits and participates in its workshops, is one of them.

"It's backed by science. It's backed by evidence," he says of the association's work. "You know you can rely on RNAO."

There's no doubt Ontario needs more long-term care beds, he says, but the challenge ahead is not just one of quantity but of quality. The acuity of residents has surged but the funding model is decades behind.

That's the same message from LTC homes in southwestern Ontario, where, for a decade, their needs have been looked after by BPG LTC co-ordinator Beverly Faubert. Ontario funds LTC homes based on the acuity of residents. When homes use BPGs to improve care and lessen acuity, they lose funding.

"You have to lay off your staff, which is what they have done," Faubert says. That's why she is grateful RNAO is insisting that government urgently change the way it funds homes so those that improve care and lessen acuity keep their funding to re-invest in care. **RN**

JONATHAN SHER IS SENIOR WRITER FOR RNAO.

RNAO's PRESCRIPTION TO IMPROVE LONG-TERM CARE ▼

RNAO is urging government to improve quality and outcomes in long-term care by:

- transforming funding models so LTC homes that improve outcomes and decrease the acuity of residents no longer lose funding. Such homes should be able to reinvest savings in the care of residents.
- requiring homes adopt relevant RNAO BPGs if they are found not to be compliant with ministry of health inspections
- legislating a minimum of four hours of nursing and personal care per resident, per day
- legislating no less than one attending NP for every 120 residents, and ensuring a skill mix of at least 20 per cent RNs, 25 per cent RPNs, and no more than 55 per cent PSWs

 (continued from page 25)

members of an interprofessional team. This means that, before surgery, these specialized nurses educate and counsel patients.

The panel also recommends health service organizations standardize care for ostomy so interprofessional teams counsel patients on how to care for themselves, adapt new approaches to daily living, and deal with potential complications. The interprofessional team should also plan discharge based on the readiness of patients, then schedule home visits and telephone calls within four weeks of discharge.

The BPG includes strategies to prevent one of the the most common complications of ostomy: when one or more loops of the intestine protrude through the abdominal wall, creating a bulge around the peristomal skin, something called parastomal hernias.

The panel recommends providers assess the quality of life in persons who have or expect to have an ostomy and focus on areas such as self-identity, sexuality and psychological well-being.

This latest guideline marks a milestone for RNAO's BPG program, which is improving and streamlining how it formulates questions and researches recommendations so BPGs prove even more useful. Using a proven methodology called GRADE from this BPG onwards – including all next editions and new ones – each BPG panel will harness the expertise of its members to craft pointed practice recommendations for the most salient issues they want to tackle. RNAO's guideline development methodologists then turn those into the research questions for systematic review. Expert panels tether recommendations more closely to evidence and report the strengths and limitations of each recommendation. The new approach results in fewer and sharper recommendations. In the case of this new ostomy BPG it has six rated recommendations, instead of the 26 included in the 2009 version.

For a free download, visit RNAO.ca/BPG/guidelines/ostomy.

Newest BPSO cohort

In April, RNAO honoured its newest cohort of BPSOs in long-term care representing 18 nursing homes, and one organization in Jamaica.

The Ontario organizations are: Grove Park Home; Tilbury Manor; The Perley and Rideau Veterans' Health Centre; William A. George Extended Care Facility; the Regional Municipality of Halton and its homes: Allendale, Post Inn Village, and Creek Way Village; Woodingford Lodge and its homes: Ingersoll, Woodstock, and Tillsonburg; and the Regional Municipality of Niagara and its homes: Linhaven, Gilmore Lodge, Northland Pointe, Deer Park Villa, Upper Canada Lodge, Woodlands of Sunset, Meadows of Dorchester, and Douglas H. Rapelje Lodge.

The international BPSO is: University Hospital of the West Indies in Jamaica. The south Australian branch of the Australian Nursing and Midwifery Federation renewed its commitment as a BPSO. **RN**

NPs gather to exchange knowledge, network

RNAO's inaugural Nurse Practitioner (NP) Institute, March 19 to 21 in Niagara-on-the-Lake, saw more than 100 NPs and health leaders in attendance. Among the speakers: Ontario's Deputy Health Minister Helen Angus (seated, second from the left), who offered a glimpse of the health-care landscape from a government standpoint. Mae Katt, an NP from Temagami First Nation (seated, left), is co-chair of RNAO's Nurse Practitioner Interest Group (NPIG), and played a central role throughout the event. Also in attendance: RNAO policy analyst and NP Andrea LeBlanc-Millar (seated, second from right), and RNAO CEO Doris Grinspun (right). The event covered policy issues relevant to the practice of NPs in all sectors, including presentations on scope of practice, research, self care and health system reform. Watch for a more in-depth feature about the Institute in the May/June issue of RNJ.

IN THE END BY IRENE MOLENAAR

What nursing means to me…

"Are you the nurse?" I heard a frail woman ask. I had just entered her room on the internal medicine ward. It was dark. "Yes, I am," I replied, and gave her my first name. She told me her name was Donna.

"I am hungry," she said. "I have not had anything to eat or drink in a few days, can you help me?"

I asked her why she hadn't eaten, and it became quickly apparent she could not swallow well. I heard a soft cough as she talked, and her inability to clear her throat. I saw her dry lips and sunken skin.

Glancing around, I saw the sign that hung above her bed to remind all those who entered the room not to give her anything to eat or drink.

I sat on the edge of her bed and took her hand. "Tell me some more," I said.

She started to tell me how she came to the hospital and then suddenly could no longer eat or drink. I promised to look into it. "Ok," she said, "but are you coming back?" I told her it would take some time to find things out, but that I would be back.

Mid-morning, Donna's family arrived to see her. I took them aside to voice my concern that their mom, who was palliative and at high risk for aspiration pneumonia, could not afford to lose more weight. I also spoke with Donna's speech language pathologist, who had assessed Donna a few days earlier, and determined it was not safe for her to eat or drink.

"Would you mind looking at her again?" I asked. "The family is concerned about her well-being and she asked me if she could eat."

With the family present, Donna was assessed again. There was great risk, yet she was adamant. The family was torn between what their mom wanted and what was safe. I called the physician to explain the situation, and he too was concerned. Yet, I was not willing to give up.

When I saw Donna again, she told me: "All these people came to see me, but I have not seen any food or drink. You promised."

She was right. I gave her a drink of water through a straw. She swallowed. There was no cough, no choking. "This is the best water I have had," she told me. "It looks promising," I replied. Our next test was with applesauce, which I gave to Donna with the speech language pathologist present. With focus and concentration, she swallowed slowly. It went down with no issues. Then we tried pudding. Butterscotch. One small spoonful at a time.

Donna saw the importance in taking it slow. The family knew there was a risk of aspiration, but they felt Donna was willing to accept that risk. We developed a strategy that allowed her the foods that were safe to eat. In the last weeks of her life, Donna was able to have quality time with her family as they were now able to bring her favourite foods from home.

"I am eating and drinking now. Thank you," she told me as she took my hand and kissed it. **RN**

Irene Molenaar, an RN for more than 32 years at Hamilton's Juravinski Hospital, has her CNA certification in gerontology.

ILLUSTRATION: JULIA BRECKENREID

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