

MAY/JUNE 2019

REGISTERED NURSE JOURNAL

AGM 2019

RNAO members share the successes of the past year and look to the next.

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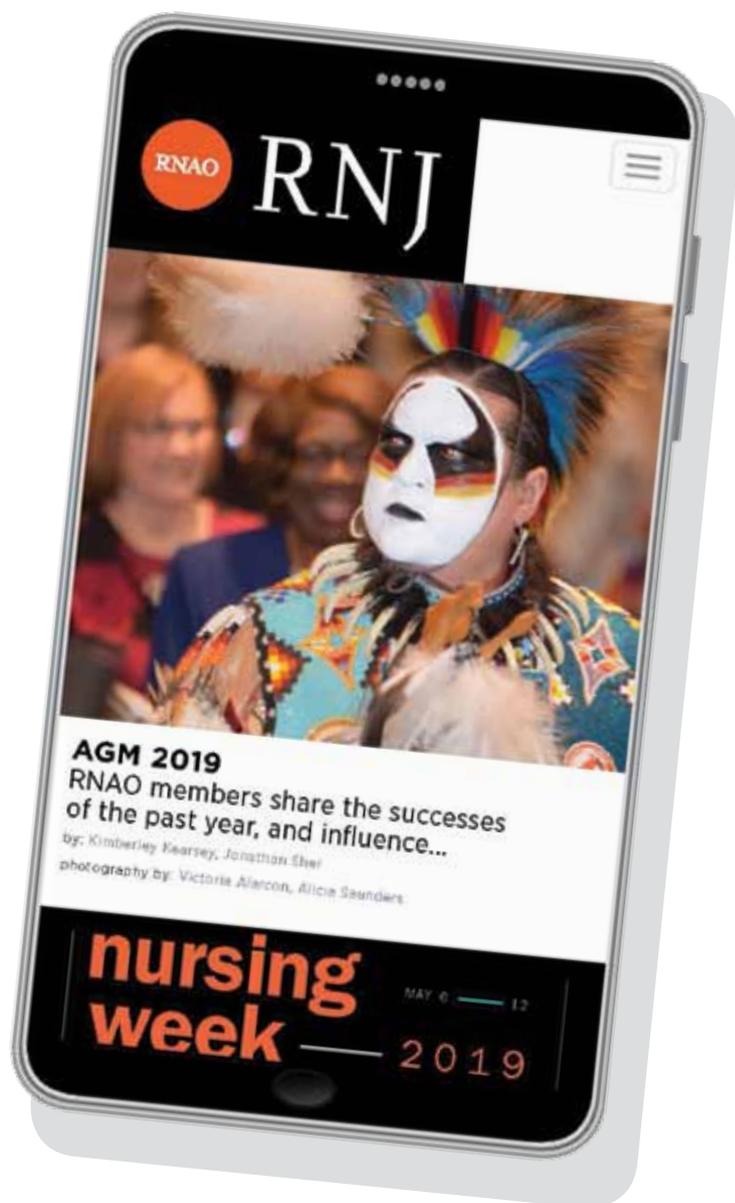
Beginning this summer, RNAO shifts to an **online-only format for RNJ**. To read more about the extensive consultations with members in the lead-up to this milestone move to digital, visit RNJ.RNAO.ca/feature/discover-digital

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PHOTOGRAPHY BY VICTORIA ALARCON,

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158 Pearl Street
Toronto ON, M5H 1L3
Phone: 416-599-1925 Toll-Free: 1-800-268-7199
Fax: 416-599-1926
Website: RNAO.ca Email: editor@RNAO.ca
Letters to the editor: letters@RNAO.ca

EDITORIAL STAFF

Marion Zych, Publisher
Kimberley Kearsey, Managing Editor
Jonathan Sher, Senior Writer
Victoria Alarcon, Communications Specialist/
Co-ordinator

EDITORIAL ADVISORY COMMITTEE

Piroska Bata, Yoyo Chen, Desmond Devoy, Regina Elliott, Chad Johnson, Joanne Laucius, Brad Manuel, Julie Rubel, Laryssa Vares

ART DIRECTION & DESIGN

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ADVERTISING

Registered Nurses' Association of Ontario
Phone: 416-599-1925
Fax: 416-599-1926

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EDITOR'S NOTE KIMBERLEY KEARSEY

Chasing change

THIS ISSUE OF THE *JOURNAL* MARKS A significant milestone in the history of RNAO. It is the last print edition of a member resource that dates back more than 90 years.

I've had my hands in the publication of this magazine for a fraction of that time, but I have to admit, after 18 years, it's hard to imagine creating content that will not ultimately find its way into the file boxes of back issues that line my desk.

RNJ digital (RNJ.RNAO.ca) launched formally in April, and the work behind the scenes began more than a year before that. At times, it's felt like an enormous learning curve for me as a print journalist. I acknowledge and appreciate everything the digital world has to offer, and I'm excited to expand on our offerings to members, but I'd be lying if I did not admit I already feel nostalgic for that tangible pile of paper that represents the work of so many great writers, designers and print experts.

Members have expressed excitement that RNJ will be searchable and portable in a way it never has been before. I share that excitement. I also share the sense of responsibility to be more environmentally conscious, and better positioned to provide information faster

and more frequently than ever before. It's what people expect, and it's the changing nature of publications. We know we need to keep pace if we want engaged and informed members.

In this issue, we bring you our coverage of two signature RNAO events: the AGM and Nursing Week. Each spring, we cram the pages of RNJ with photos and highlights from across the province. The move online means this snapshot of member activities and events will make its way to you a lot faster, and with one big difference in the coverage. There are only so many photos you can fit on a printed page. With digital, we can include so many more photos.

Everything you see in this final edition, including columns, features, the RN profile, and news, will be reflected in the digital edition. We may not be landing in your mailbox anymore, but we will continue to bring you great content online.

Thank you for the loyalty you have shown to RNJ. As we finalize our shift to digital, I welcome your insight on the change (editor@RNAO.ca). I look forward to your feedback as we build a new and improved member resource online. **RN**

CORRECTION: *Faith, fear and flight*, a feature about eight Canadian nurses forced to flee Haiti due to political unrest (published in the March/April 2019 issue of RNJ), incorrectly stated there is only one international airport in Haiti. There are two. We apologize for the error.





Using media to advocate for healthy public policy

THIS ISSUE OF THE JOURNAL includes coverage of RNAO's 2019 Annual General Meeting (AGM) (page 19). The event was a resounding success and also marked my first full year as president. I was so impressed because, among 800 attendees, we had members, representatives from 37 non-nursing stakeholder organizations, and 11 politicians and public servants, including the health minister and opposition party leaders. It was evident RNAO is a collective force and is well-regarded in and outside of Ontario. We were thrilled to also receive congratulatory messages for our accomplishments from the International Council of Nurses and Sigma International.

This year's theme – Speaking out for nursing. Speaking out for health – is RNAO's mandate and symbolizes who we are and how we approach our responsibilities as health professionals. We recognize the knowledge and skills that RNs and NPs possess, and we use that expertise to inform the changes and solutions needed to benefit those in our care.

An important part of speaking out is speaking to the media about the nursing and health issues we believe will make our health system more responsive and patient-centred. RNAO's ability to get its message out is impressive. Members are regularly featured in stories on radio, TV and in newspapers.

When RNAO leaders present before standing committees at Queen's Park, or when the association has something important to announce, it often issues a media release to notify reporters. This is an effective strategy for advocating for healthy public policy. We also engage the media on special occasions such as Nursing Week, Take Your MPP To Work, Queen's Park on

“MEDIA COVERAGE OF OUR STANCE ON PRIORITY ISSUES PROMOTES AWARENESS OF WHO WE ARE, BUILDS MOMENTUM, AND ENGAGES A BROADER AUDIENCE ABOUT OUR WORK.”

the Road, our annual Fall Tour, and our AGM.

Media coverage of our stance on priority issues promotes awareness of who we are, builds momentum, and engages a broader audience about our work. RNAO has effectively used media to speak out on: hallway health care; health system transformation; the opioid epidemic and the need for supervised consumption sites; the need to hire more RNs; and the imperative need to stop replacing RNs with less qualified staff.

During the October board meeting and the February assembly meeting, members of RNAO's communications team provided tips and tools to enhance interviewing skills by offering examples from previous

interviews, and asking board and assembly members to analyze them and provide feedback. This was a meaningful and very enjoyable exercise. They also provided hands-on sessions on social media, another way we get our messages out.

One of the key points of these training sessions was to review [RNAO's media relations toolkit](#) for important information to help

prepare for radio or TV interviews, and practical tips on how to write a media release or a letter-to-the-editor. Staff in the communications department can also provide background information on issues, key messages, and coach you on preparing for an interview.

Some useful things to consider: write out your key points before the interview; present your key points at the beginning of the interview; don't use nursing jargon or complicated terminology; describe a story or example from your practice (without disclosing patient names) to increase understanding of the topic; and keep it simple.

If you are the chair or president of your chapter, region or interest group, you

may be called upon to give an interview on a particular topic or health/nursing issue in your community. If you have never given an interview, try rehearsing your points in advance. Commit those points to memory so you don't have to read them during the interview. This will help you gain confidence and enhance your flow of thoughts, allowing for a more natural conversation with the media.

During RNAO's annual Fall Tour earlier this year, I was asked to give several interviews (TV, radio and newspaper), which were arranged through home office. Since I've had previous experience, I did not use the media toolkit to prepare. Instead, I relied on RNAO's policy backgrounders to refresh my knowledge on key issues, making me well-prepared for my interviews.

Success builds upon success. And the more you do an activity, the better you become. So, I encourage all members to get involved in giving interviews and writing letters-to-the-editor. You will be amazed how effective a communicator you can become.

Expect great things and great things will occur. The rest is up to you; knowing home office staff is at your side. **RN**

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

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Changing habits – from working solo to working in teams

THANK YOU TO THE MANY MEMBERS who responded to my [last column](#) on Ontario's health system restructuring, and the creation of Ontario Health Teams (OHT). It was one of those columns that went through several reiterations because, on an almost daily basis, I was receiving information on how Ontario's restructuring plans would unfold.

RNAO has been privileged to be an informed and important partner in the process. In fact, on more than one occasion, we influenced the outcomes. A case in point is the integration of primary care as a mandatory piece of the OHT application process, which we pursued until it was achieved.

About 158 teams provided letters of intent to participate as OHTs by the deadline of May 15. RNAO was honoured to be asked for, and to provide, letters of support to numerous Best Practice Spotlight Organizations (BPSO). We are even prouder to now be working with potential OHT teams to use best practice guidelines (BPG) to unify evidence-based practice and the BPSO approach to ensure evidence uptake, implementation, measurement and sustainability.

BPSOs are uniquely positioned to support health system transformation because they are experienced at providing better, more co-ordinated and authentic patient-centred care. Through their commitment to evidence-based practice, and the

rigorous requirements of the BPSO designation, BPSOs have: prioritized the patient-care experience; engaged staff, partners and communities; demonstrated leadership at all levels; participated in performance measurement; and

“RNAO IS COMMITTED TO PROVIDING BPSOs WITH ALL THE SUPPORTS THEY NEED TO BECOME A PART OF OHTs, AND TO SHARE THEIR STRENGTH AND KNOWLEDGE IN A WAY THAT WILL ENSURE THESE TEAMS ARE A SUCCESS STORY.”

utilized the results to support processes for ongoing quality improvement and continuous learning.

RNAO is committed to providing BPSOs with all the supports they need to become a part of OHTs, and to share their strength and knowledge in a way that will ensure these teams are a success story. This commitment is vital because, at the end of the day, the success of OHTs depends as much on the government's vision and funding as on individual providers' and organizations' commitment to make them a success. RNAO has already rolled up its sleeves to make Ontario shine. Ontarians deserve nothing less.

The next stage for OHTs will be for those successful organizations – selected by the provincial government to proceed to the full application phase – to submit a comprehensive and detailed plan.

The province will announce the OHT early adopters in the fall, and we will keep members informed along the way.

RNAO has already hosted two webinars, with more planned. In May, more than 100 chief nurse executives and chief nursing

wrap around services specific to the needs of each person.

If all goes well, health-care professionals and organizations will be able to say they have broken the habit of working in silos, and have begun to work more effectively in teams.

On this topic of habits, I want to remind you that this is your last hard copy issue of *Registered Nurse Journal*. Going forward, your professional publication will be digital and will become more and more interactive as we build on the platform and hear from members about what works and what doesn't work online. This is a change for many of us, including me. I often like to have everything in hard copy, even though I am a passionate environmentalist.

Interestingly enough, I don't think this shift will be a difficult one for me in terms of breaking old habits. In fact, I find myself going more and more to my Blackberry (yes, I am still loyal to Blackberry) for my news and updates. I'm sure many of you will enjoy reading RNJ even more now that it's digital. If there are specific features you like, create a folder with your own RNJ library for reference in the years to come. I know I will be doing that. **RN**

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

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[@DorisGrinspun](#)

NURSING NOTES

NP represents Canada on international board

NP and former RNAO policy analyst Valerie Rzepka (far right) has joined the board of directors of the World Association for Disaster and Emergency Medicine (WADEM) Nursing Special Interest Group. In the role, she will collaborate with an international team of nursing experts to improve practice and knowledge around disaster nursing. Rzepka first got involved in disaster nursing in 2004. She co-founded and is now executive director for the Canadian Medical Assistance Teams, a grassroots humanitarian relief organization. Rzepka applied for the position with WADEM because she finds there is too much focus on the medical model in disaster response: "I feel there needs to be a lot more of a nursing presence because nurses are the ones delivering most of the care during a disaster." The special interest group includes representatives from Botswana, Canada, Israel, Japan, Tanzania and the U.S.



Workplace violence BPG launches

The second edition of RNAO's best practice guideline ([BPG on violence, harassment and bullying](#)) against health workers is now available online. This edition combines two previous guidelines: *Preventing and Managing Violence in the Workplace* (2009) and *Workplace Health, Safety and Well-being of the Nurse* (2008). It also delves into bullying more directly than the previous BPGs, and addresses the serious health issues bullying can cause. Issues of violence and harassment in the workplace continue to put health-care workers and quality care at risk, and developing prevention strategies is vital to reducing negative incidents, says Henrietta Van hulle, one of the two expert panel co-chairs. "There are a variety of prevention efforts that

can improve potential negative outcomes related to workplace violence," she says. "It is my hope this BPG will ensure caregivers are cared for, so they can provide the kind of exceptional care that led them to a health-care career."

This BPG marks RNAO's full transition to the GRADE methodology, placing the association at the forefront of international standards. Visit [RNAO.ca/BPG](#) for your free download.

Recognizing work with Indigenous communities

In May, RNAO member Barathi Vengadasamy received an [Indigenous Services Canada Award of Excellence in Nursing](#). The honour recognizes the dedication and initiative of nurses "...to improving the health of First Nations and

Inuit," Seamus O'Regan, minister of Indigenous Services, said in a media release. Former RNAO member Janet McKenzie, a First Nations Cree nurse practising in her home community, was also recognized. The work of this year's winners is "...an inspiration, and improves the quality of life in the communities you serve," O'Regan said. Vengadasamy and McKenzie were nominated by their peers.

Leadership award for former RNAO president



In June, Vanessa Burkoski received a 2019 [Nursing Leadership Award](#) from the Canadian College of Health Leaders. The RNAO past-president, who is chief nurse executive for Humber River Hospital (HRH), as well as chief for its People Strategy, was recognized for her vision and leadership in the execution of several HRH initiatives, including: a patient safety plan; the creation of patient care councils that allow teams of patient and family advisors to collaborate with care providers on quality improvement initiatives; and the launch of an annual scholarly practice day to recognize innovation among staff. The award acknowledges Burkoski for her ongoing commitment to excellence in patient-centred care, innovation and leadership. **RN**

NURSING IN THE



PHOTO: RNAO

Public health funding at risk

RNAO CEO **Doris Grinspun** joined a number of health-care professionals at a media event May 13 to call for a stop to planned cuts to public health that were part of the provincial government's first budget, released in April. By the end of May, Premier Doug Ford announced the cuts would not apply to the current fiscal year. For full details on changes to public health, and RNAO's advocacy on this issue, see *Policy at Work* on page 28.

[\(City News, May 13\)](#)

Hospital adopts senior friendly strategy

Sault Area Hospital is improving care for seniors through an Ontario Senior Friendly Hospital Strategy. "You can have a 65-year-old who is athletic and living a great life, and a 65-year-old who has a lot of morbidities and is fairly handicapped in their life," says **Liz Ferguson**, the hospital's VP of clinical operations and chief nursing officer. Using the strategy – which launched in 2011 to improve the experiences and outcomes of hospitalized seniors by preventing physical and mental decline – the hospital is creating a geriatric rehab unit and increasing staff education on falls. As a result, the number of falls is decreasing, and falls not previously detected are now being spotted. "We know seniors fall," Ferguson says. "Our goal is to

make sure they fall safely."

[\(Sault Star, April 25\)](#)

A glimpse of care in a rural setting

To better understand what it means to practise in rural communities, medical students from Western University spent four days working alongside health-care professionals in Leamington in May. **Yvonne Bauer**, a staff nurse at Erie Shores Hospital, says the experience is important because health care is different in rural areas. "In the city, for an MRI, you have to go down two floors. In rural settings, you have to go 45 minutes for an MRI," she says. During the visit, students shadowed Bauer and other health-care providers to learn about the nuances of rural care, such as the close bond between patients and practitioners. The experience was part of a placement called

the 21st Discovery Week, which takes place at the end of the first year for all undergraduate students in Western's school of medicine and dentistry. According to the Canadian Institute for Health Information, six million Canadians live in rural and remote communities, making up almost 20 per cent of the population.

[\(Kingsville Reporter, May 28\)](#)

Advisory council calls for national pharmacare plan

A report, released on June 12 by the Advisory Council on the Implementation of National Pharmacare, is being celebrated for its call to implement a universal, single-payer, national pharmacare plan. "(RNAO has) been pushing for this for a long time," says RNAO CEO **Doris Grinspun**. "You cannot have healthy people if they don't have

universal access to medications." In 2018, Canadians spent \$34 billion on prescription medication through a patchwork of provincial and private drug plans. The report warns that by 2027, in the absence of a pharmacare plan, those costs could rise to \$55.8 billion. "It costs us a lot more not to have (a plan). Both from a financial perspective and access to health care perspective, this is essential, necessary and urgent," says Grinspun. Former Ontario health minister Eric Hoskins, who headed up the advisory council, predicts Canadians could save roughly \$5 billion a year once the recommended plan is fully implemented by 2027. He is calling for a phase-in, with essential drugs covered by 2022, and additional medications added by 2027. [\(The Craig Needles Show, Global News Radio, June 13\)](#)

E NEWS

BY VICTORIA ALARCON

Drug strategy needed in Brockville

To curb youth crime in Brockville, public health officials are speaking out in support of a municipal drug strategy. A multi-agency task force identified drug and alcohol use as one of the contributing issues behind the rise in youth crime, with the others being location, environment and family background. **Jennifer Adams**, an RN and harm reduction co-ordinator for the Leeds, Grenville and Lanark District Health Unit, spoke to Brockville council's finance and administration committee in May about how drug strategies are founded on prevention, harm reduction, treatment and public safety. "It is rooted in science. It is based in compassion," says Adams, adding that these strategies bring together different partners to address the causes of drug use. **Jennifer Labelle**, a public health nurse at the same health unit, says South Grenville (a county in Brockville) implemented a drug strategy in April 2017. It has improved youth crisis response times, and also provides students with awareness sessions. ([Brockville Recorder & Times, May 22](#))

New hospice coming to Smiths Falls

A new hospice will soon be coming to Smiths Falls Rideau Community Health Services. The facility will be the first of its kind between Kingston and

Ottawa. "I think the community would benefit from it," says CEO **Michele Bellows**. "It gives patients and families another option for end-of-life. Right now, your options are hospital, travel to a hospice, or die at home." Bellows says the area has already been approved for four hospice beds. However, she would like to see the number of beds increase. More than six, or as many as 10 would be ideal. Currently, there are no hospice beds in Perth, Merrickville or the Smiths Falls corridor. And although Perth & Smiths Falls District Hospital offers palliative care, Bellows says it is not the same as a hospice. ([Smiths Falls Record News, May 27](#))

St. Lawrence College honoured

At Synapse 2019, a nursing symposium held at St. Lawrence College in Cornwall in May, the college's nursing program was celebrated for its achievements and strides over the years. "It's to celebrate the work we do," says **Julie Dyke**, professor at the Cornwall campus. The college is celebrating the 10th anniversary of its first graduating class from the School of Baccalaureate Nursing, and its 14th anniversary of its collaboration with the nursing program at Laurentian University. Faculty, college partners and nursing students offered presentations on numerous nursing education approaches and



RN Jennifer Adams (right) speaks to Brockville council's finance and administration committee about supporting a municipal drug strategy.



St. Lawrence College nursing professor Julie Dyke (right) joins Synapse 2019 sponsor Andre Pommier (left) in congratulating Kingston RN Rebecca Hart, who walked away with an event prize.

strategies to improve patient care. "I found it very inspiring," says Dyke. ([Kenora Daily Miner, May 23](#))

Strategic health plan in the works

David McNeil, RNAO past-

president and president of the Brant Community Healthcare System (BCHS), is leading a new committee he hopes will create a revitalized vision for the organization. "Our goal is to co-create a strategic plan with the community," says McNeil.

NURSING IN THE NEWS

Letter to the editor

New grad **Josee Duewel** writes a letter to [Sioux Lookout Bulletin \(April 23\)](#) about protecting the environment and residents from the dangers of littered needles.

Sioux Lookout needs a safe consumption site

To the residents of Sioux Lookout: With spring right around the corner, something that is on the forefront of all of our minds is the number of littered needles that will be emerging in our parks, streets and walkways. This is an issue that citizens of Sioux Lookout have been dealing with since the rise of opioid addictions in our region. There are several harm reduction programs aimed towards those individuals who inject drugs, such as the needle exchange program. In 2018, the Northwestern Health Unit provided 120,339 clean needles to individuals in Sioux Lookout, which is 20,000 more than the previous year, and 133 naloxone kits. They have also provided needle disposal kits in high traffic areas to encourage the appropriate disposal of those needles. Residents may also call upon the health unit to dispose of needles if they are found in public areas. Despite these efforts, there are still an abundance of needles being found on the streets. How can Sioux Lookout effectively deal with this issue that is posing a danger to our environment and the health of our residents?

One suggestion is to create a safe consumption site, where individuals can use drugs in a manner that is safe, supervised, and out of public places. Although this suggestion seems to be unorthodox, we cannot ignore the fact that people are using drugs in our community. We could argue that there needs to be more intervention to stop the drug use, and I agree, there should be, however there are always going to be individuals who will use drugs, and this needs to be addressed. There are several sites across the country that have already implemented this harm reduction strategy with a high level of success. In areas where there are safe consumption sites, there has been a reported decrease in overdose deaths, injection related disease transmission, and needle litter. Collaboration from our local health unit, government, and police services is essential as there are several factors that need to be addressed and considered in order to move forward with an application for a safe consumption site, such as a description of local conditions, local policies and procedures, personnel required at each step, consultation reports, a financial plan, and an application to amend the law because using drugs is an illegal act.

The need for a safe consumption site is clearly evident when we look at the statistics related to those individuals who consume drugs. In 2000, it was reported that 269 people utilized the Out of the Cold Shelter on a regular basis, and of this homeless population, 100 per cent of the people polled reported using alcohol or drugs in the last year. Since drugs are not allowed at the Out of the Cold Shelter, it can then be assumed that this homeless population was left to use drugs and discard their needles in public areas.

My hope in writing this letter is so that our government and social services in town will consider researching a site that will protect both our residents and environment, as well as offer some solution for the safety of those individuals who use drugs on our streets. Addiction is a complex concept that professionals are constantly striving to understand, however if we work together as a community alongside our social service organizations and local government, we can continue to create a plan to help combat this epidemic.

This work "...will guide us towards 2025 to ensure we are meeting the needs of a diverse community, staff, physicians and volunteers," he adds. Participants include Brantford's mayor, nursing students, professors from McMaster University, and staff at BCHS, including its chief nurse executive **Wendy Pomponio**. The committee first met in May and will continue to meet throughout the year. The goal is to announce a plan in February or March of 2020. A website ([ourbchs.ca](#)) provides information about community meetings and allows the public to provide input. (*Brantford Expositor*, May 8)

Educating kids about cannabis

Health officials are concerned children may be at risk if they consume cannabis-infused edibles, including homemade pot cookies and cannabis-infused gummies. According to Durham Region public health nurse **Nadine Ladouceur**, ingesting cannabis-infused edibles can result in anxiety, paranoia and hallucinations. Symptoms can intensify and become dangerous if too much is consumed, especially by children. "You can have nausea, vomiting, slurred speech, and can even stop breathing if you consume too much," she says, adding: "It depends on your metabolism and body weight." The side effects from edibles can emerge 30 minutes to two hours after consumption. Once the edibles kick in, she says, the effects can last up to 12 hours. Edibles are to be legalized in Canada in late-2019. ([DurhamRegion.com](#), April 15) RN

nursing week

MAY 6 — 12

2019



We take a look at some of the ways nurses celebrated the profession in May, and raised awareness of the important work of RNs, NPs and nursing students...

RNAO's Sudbury chapter president David Groulx (left) and former RNAO board member and 2019 Nursing Week committee member Paul-André Gauthier (right) collaborated with Ontario Nurses' Association (ONA) Local 2 rep Kristy Johnston (centre) to host the Sudbury chapter's annual Nursing Week dinner on May 6. Twenty-nine RNs, NPs, CNSs, RPNs and nursing students attended the event.

BPSO events

For Nursing Week each year, RNAO asks Best Practice Spotlight Organizations (BPSO) to organize media events to promote leadership in the implementation of best practice guidelines (BPG) that lead to improved health outcomes for patients and residents.

This year, five BPSOs participated...



1 On May 10, RNAO long-term care BPG co-ordinator Stephanie Kim (second from right) joined staff at Perley and Rideau Veterans' Health Centre to host a BPSO media event alongside team members Daniela Acosta (right), Amber Rinfret (left) and Jen Gaudet (second from left).

2 Maple View Lodge celebrated Nursing Week and its BPSO event May 9. BPSO team members marking the start of the home's three-year pre-designation period included: (L to R, back row) Brittney Knowles, Nellie Gallinger, Jamie Buffam (BPSO clinical lead), Doug Villeneuve, and (L to R, front row) Lori Piovesan, Sarah Donovan and Kelly McNish.

3 Debora Restrepo Gomez is the BPSO lead at The Salvation Army Toronto Grace Health Centre. During its BPSO event on May 6, she shared her recipe for BPG implementation success, which includes equal parts perseverance, motivation and leadership.

4 Staff nurses on the medicine unit at Lakeridge Health gather at the nursing station to mark their media event on May 8. RNAO CEO Doris Grinspun and Lakeridge chief nurse executive Leslie Motz (standing, third and fourth from left, respectively) visited the unit to chat with staff about the implementation of RNAO's preventing falls BPG.

5 Humber River Hospital's Nataly Farshait (left), the BPSO lead and senior director for evidence-based practice implementation, provided an overview of the hospital's 'Command Centre' to RNAO CEO Doris Grinspun on May 6.



RNAO President Angela Cooper Brathwaite (centre left, blue dress) was in Trinidad and Tobago during Nursing Week, presenting to nursing leaders the work of the BPSO program, as well as sharing tips with RNs and nursing students on how to build a successful nursing career.

Take your MPP to work

This year, 33 MPPs and four municipal councillors participated in RNAO's annual Take Your MPP to Work event...



Sarnia-Lambton Progressive Conservative MPP Bob Bailey (centre) visited RNAO BPSO Fiddick's Nursing Home in Petrolia on May 10. Sarnia-Lambton Chapter political action officer Charlene McMahon (left) and Fiddick's director of care Mandy Judah (right) bring him to the home's sensory room, where residents with Alzheimer's and/or dementia can explore and stimulate all five senses.

Brampton Centre NDP MPP Sara Singh (second from left) paid a visit to the RNAO Peel Chapter Nursing Week Dinner on May 8. Among the many event organizers (from left): Ioana Gheorghiu, Anita Tsang-Sit and Poonam Sharma.



Region 10 hosted its annual Breakfast with MPPs on May 5. The event brought out a number of politicians of different stripes. Interim Liberal Leader John Fraser (back row, third from left), along with Liberal MPP Nathalie Des Rosiers (second row, centre right), attended the popular networking event. **RN**

A destiny to care



Former SickKids patient turned SickKids RN pays back the years of support she received. **BY JONATHAN SHER**

There was only one way eight-year-old Connie Cameron could fight back against a disease so insidious she would endure many surgeries and hospitalizations: investigate what was happening so she could gain some control over what was later diagnosed as Crohn's disease.

"I needed to know in detail (what was happening)," Cameron says of her illness. "I maintained control in that sort of way, being the one to advocate for myself."

Cameron's journey as a pediatric patient at The Hospital for Sick Children (SickKids) in Toronto became a guiding light along her professional path to nursing. It was a path that brought her back to the same hospital where she says staff were such a positive presence that she thought of them as more than just caregivers.

"They made (me) feel like part of the team...almost like...family," she says.

Their collective embrace in moments of vulnerability was a gift Cameron has since spent her professional life paying back. She chose to become an RN at SickKids, and her passion and thirst for knowledge is propelling her into roles of leadership

that touch the lives of patients and their families.

But before she could direct her considerable energy and skills to others, she first needed to focus them on herself.

Born in 1985, Cameron was healthy until 1993, when she lost weight, endured joint pain, struggled with nausea and vomiting, and fought lethargy. Scopes and tests confirmed Crohn's disease, a diagnosis that came years before the development of biologic drugs that could better manage the condition. Cameron was placed on medications that provided her with periods of remission too infrequent to prevent complications. By age 10, she endured the first of six major surgeries.

To cope with a disease that left her hospitalized, sometimes a month at a time, Cameron tried to make it part of her normal life, inviting friends to visit her at the hospital, keeping up with her studies, and creating a schedule that allowed her to be a kid. All of these things happened thanks to the support and compassion of her caregivers and other staff.

For instance, her favourite TV show was a soap opera called *Days of Our Lives*, so hospital staff posted a sign on her door

suggesting visitors not interrupt her with medical concerns when the show was on. Some would even join her to watch and chat, she recalls. That made them feel like family, Cameron says.

While her mother and stepfather were unfailingly supportive, the demands of their work and the challenge of distance meant they simply couldn't be by her bedside all the time. In and out of SickKids from age eight to 14, Cameron had a brief remission before becoming so ill in Grade 10 that she was unable to complete her courses.

Nurses made life in the hospital more like life outside of it, Cameron recalls. They would call parents by their first names, ask kids what name they preferred to be called, show real interest in the lives of patients, and speak to young people with the same respect they would an adult.

Cameron's experience at SickKids shaped her innate curiosity, directing it towards health care. She studied nursing at Ryerson University, and became an RN in 2008. In 2016, she obtained her master's degree from the University of Toronto.

She began to work at SickKids in 2008, providing bedside care for eight years while



working behind the scenes in other ways to improve quality of care and to support colleagues. Among her roles, she:

- coached and mentored 30 frontline nurses as co-chair of the hospital's RN council
- co-ordinated care and clinical support while managing bed flow as a charge nurse on an in-patient unit
- served as an RNAO advanced clinical practice fellow to recommend best practices to educate and orientate charge nurses
- helped educate and support two teams providing care to children with both mental and physical illness
- developed policies and practices for clinical staff to support pediatric patients using cannabis for medical purposes
- helped to create more supportive environments for breastfeeding
- standardized how nurses independently double-check when medication is administered

Cameron served as president as RNAO's Pediatric Nurses Interest Group (PedNIG), and was also the co-lead as SickKids worked toward its Best Practice Spotlight Organization (BPSO) designation. Through that process, the organization sustained the implementation of as many as 21 best practice guidelines.

In her current role as a quality analyst, Cameron leads small interprofessional teams to improve practices in ways that benefit patients. For example, she shares evidence to change the way central lines are cared for and monitored, to reduce the risk of infection.

Whether she is by the bedside or providing guidance to those who are, Cameron draws upon her experience as a patient to inform her practice.

"We must ensure patients and families remain at the centre of all we do." RN

JONATHAN SHER IS SENIOR WRITER FOR RNAO.



Connie Cameron (above) discovered as a child (inset) that nurses were just the role models she needed to inspire her to become an RN. She's even held on to a letter (above) she received from them when she was being discharged from the hospital where she works today.

FINDING **INSPIRATION** and **SUPPORT**

More than 100 NPs gather at inaugural institute to learn, network and motivate.

BY JONATHAN SHER



Nurse Practitioner as a Most Responsible Provider for ALC Patient Population in an Acute Community Hospital

Holly Cruz RN (CC), BSN, MN, Daphne Rodriguez BSN, MBA, Barbara Edwards MEd, MN, CH, Carol Buckle BSN, MN

Aim:
Evaluate a care model with a Nurse Practitioner (NP) as Most Responsible Provider (MRP) for adult patients in acute setting involving transition to Alternate Level of Care (ALC) patients.

Description:
Humber River Hospital adopted the NP as MRP model for ALC patients in 2018. This model of care was a first in the organization, in which the NP functioned independently on a non-urgent care unit, in a rural clinic building near the main site. The unit consists of 22 beds for patients who for longest acute care stay and are waiting to be placed in alternate care facilities or home. The focus of patients is on functional restoration, medication optimization, behavioral rehabilitation, and to improve quality of life. The NP provides one-on-one care with other team, individual and holistic strategies on-site hospitalization. Additionally, the NP collaborates with physicians and other operators in diagnosis and evaluation for prevention and rehabilitation.

Study of Care:
Nurse Practitioner, MRP
Registered Nurses, Registered Practical Nurses
Admission Services, Transition, Speech Language Pathologists, Physiotherapists, Occupational Therapists, Adult Assessment and Orientation

Findings:
Since the implementation of the Nurse Practitioner as Most Responsible Provider Role (MRP), there have been many challenges, successes and lessons learned. One of the most notable successes has been the ability to identify and manage polypharmacy within the patient population on the unit. The Nurse Practitioner has taken a lead role and works collaboratively with members of the interdisciplinary staff to ensure low medication usage within the geriatric patient population. Patient attention is placed on high alert medications such as narcotics and psychotropic medications, and their relationship to cognition and function. One of the few challenges of being a care provider for patients in a tertiary location has been the ability to collaborate with physicians and specialists off-site. The lack of emergency services and diagnostic tests on-site means the Nurse Practitioner and staff access and are resources differently that those in an on-site facility. Given the vast care patient groups and needs on the unit, the Nurse Practitioner must be able to identify and manage changes in patient condition quickly and adjust treatment plans to ensure the most appropriate care.

Summary of Results:
NP as MRP for ALC patients led to:

- Successful implementation of three roles
- Successful development and delivery of patient education materials and family care MRP
- Expansion of medication management and high risk medication review and family care MRP
- Enhanced patient and family experience and satisfaction
- Improved interdisciplinary collaboration using the

Humber River Hospital NP Stella Cruz was motivated to become an NP following the passing of Bill 179, legislation that meant more opportunities for nurses eager to expand their scope of practice.

Thirty-nine year old nurse practitioner (NP) Stella Cruz has been alive almost as long as NPs have worked in Ontario. Her path, and that of other NPs, has been propelled by advocacy that this year reached a new milestone when RNAO hosted its first NP Institute* in March.

Cruz was one of the more than 100 NPs and health leaders from across Ontario and every sector of practice to attend the event, which was held in Niagara-on-the-Lake. She was an advanced practice nurse for about six years when, in 2011, the province expanded the scope of practice for NPs in ways long advocated for by RNAO. “It was one of the main reasons I became an NP,” she says. “As an advanced practice nurse, I wasn’t able to diagnose and prescribe. When the legislation

passed, I thought: ‘Yes! I want to be able to work to full scope of practice.’”

She wasn’t alone. The passing of *Bill 179*, legislation aimed at making hospitals more effective, especially in rural and remote areas, “...allowed nurses with advanced skills to deliver comprehensive care to patients,” she says.

Cruz was one of four NPs to share their research work in break-out sessions during the NP Institute. Participants attended these and other sessions to learn, to network, to be inspired and to offer support. The event generated camaraderie because participants also lived together for two-and-a half days.

“The social atmosphere was important to build collegial participation and to help each other out,” says Mae Katt, a primary health care NP from Temagami First Nation and co-chair for the institute alongside RNAO CEO Doris Grinspun.

The event included a dynamic conversation with Helen Angus, Ontario’s deputy health minister, about the government’s plans for health system transformation. Participants also heard from Michelle Acorn, Ontario’s chief nursing officer, as well as advanced registered nurse practitioner Louise Kaplan, who talked about NPs’ central role in the U.S.

The ability of RNAO to influence decision makers is critical, says Katt, who also serves as co-chair for RNAO’s Nurse Practitioner Interest Group (NPIG). “The effort by RNAO to advocate is so welcomed by nurse practitioners, especially those working in the north,” she says. In some remote regions, patients depend even more heavily on NPs who “become (their) first line of care.”

That reliance can be problematic because it is difficult to recruit NPs to remote

*The next NP Institute will take place Apr 15-17, 2020.

communities, where Katt estimates 40 per cent of full-time positions are vacant.

While RNAO has made great strides convincing government to expand NP scope of practice, the money to pay those NPs has not followed, she says.

Katt works at a clinic that helps high school students trying to overcome trauma and mental illness so they don't fall victim to the epidemic of suicides that has devastated some northern communities. But the clinic doesn't have dedicated NP funding, so Katt works for a fraction of what NPs are paid elsewhere. "I could work (independently) if there was a billing mechanism to compensate me for providing care as a nurse practitioner," she says.

Gaps in care are also found in some clinical areas of practice.

Mary Doran, who also presented her research at the institute, says she is one of just three NPs working in Ontario's 25 correctional facilities. She provides primary health care for inmates at Toronto South Detention Centre.

Significantly more than half of the 1,200 inmates have mental illness, she says. Many will be in the facility for a short time, so Doran wants to do as much good as she can, quickly. "We only have pockets of time to help and I want to get them the best care they can get."

At Toronto South, Doran sees 100 patients a week at her clinic, and acuity levels are high. By comparison, a community NP might see 50 or 60 patients a week.

Doran became an RN in 2007. Encouraged by colleagues who remarked she had a keen mind and always asked questions, she enrolled in 2010 at Ryerson University to become an NP. "I'm a super nerd; I love studying," she says.

She graduated in 2012, and found her path at a prayer meeting with family doctor – and future federal health minister – Jane Philpott, who asked Doran to join Health for All Family Health Team, a practice Philpott started in Markham. Doran also served at a community health centre in Etobicoke before moving to corrections.

During her time as an NP, Doran's scope of practice has expanded. She's taken courses so she could prescribe controlled substances and methadone. That expansion, fueled by RNAO advocacy, has made a difference. "It's been huge for me," she says.

Attending the institute provided another boost, helping her to connect with colleagues

who face similar fast-paced and difficult challenges, but in different settings – from ERs to rapid access addiction clinics.

"There was such a huge pool of talent (at the institute). It was exhilarating," Doran says.

Bringing talent together was one of the reasons RNAO created this learning opportunity, says Larissa Gadsby, who along with Katt co-chairs NPIG. "It's really important to...talk about roles, celebrate successes and discuss challenges," she says.

The NP Institute brought together a wide range of NPs, from those who are seasoned to those just starting out in the role. "The opportunity to mentor is really helpful," Katt says. That the event also drew decision-makers is a testament to the influence of RNAO and the potential such gatherings have to improve and expand the positive roles NPs play, Gadsby says.

Attending leaders also included Judy Van Cleef, a vice president and chief nursing executive (CNE) at The Hospital for Sick Children (SickKids), home to more than 100 NPs. She was part of a panel of leaders discussing how to utilize NPs to their full potential in all sectors.

With the Ontario government seeking to make health care more seamless, efficient and less institutionalized, NPs will play an even bigger role, Van Cleef believes. "This offers enormous opportunities for advancement and innovation," she says. NPs "are in a unique position to help the health system with its new, more integrated mandate – no question about it."

At SickKids, NPs co-ordinate care for children who may have multiple medical

continued on page 29



Mae Katt, an NP from Temagami First Nation (centre), co-chaired the NP Institute alongside RNAO CEO Doris Grinspun. During this panel discussion about utilizing NPs to their fullest in all sectors, Katt is joined by Brenda Martelli, an NP at Children's Hospital of Eastern Ontario (left), and London Health Sciences Centre NP Michael Olawoore.

Toronto South Detention Centre NP Mary Doran shared some of the challenges of being one of just three working NPs in Ontario's 25 correctional facilities.



Visit RNJ.RNAO.ca for additional content about the history of RNAO's work on behalf of NPs.

Paving the way for primary care RNs

JUDIE SURRIDGE FOUND HER PASSION FOR PRIMARY CARE 39 YEARS AGO AND CONTINUES TO SPEAK OUT FOR THE IMPORTANT ROLE.

RETIRED PRIMARY CARE RN JUDIE Surridge, 69, still remembers many of the patients and families she assisted during her nursing career. She recounts her experience helping a refugee in 2001 through her first pregnancy, providing the information she needed to navigate the immigration process. She recalls being a shoulder of support for a woman with Alzheimer's, and helping the woman's daughter provide care.

"You have to really be interested in looking at the patient's whole life, not just a particular problem they have," Surridge says. The role of the primary care nurse is to be there from "birth to death," she suggests, and that was one of the reasons she wanted to be a nurse in the first place.

Surridge graduated in 1970 from Women's College Hospital in Toronto. She began working at the same hospital as an RN on the medical-surgical unit after doing her last nursing placement there. She treated patients with diabetes and severe arthritis, as well as those recovering from heart attacks and strokes.

She enjoyed her role, but wanted more.

"(You) were very much following doctors' orders," she says of nursing at that time. After a decade in acute care, she decided to try primary care after her friend recommended it. In addition to the change in focus, working straight days appealed to her.

In 1980, Surridge made the shift to Women's College Hospital's Academic Family Health Team (FHT). She was surprised by the experience. "You (got to know) the patients

nurses, and Surridge was encouraged to take on more.

"I could talk to patients about how they were managing their medications and give them advice," she says, noting that

Ontario (PCNO)), and set out to build better relationships with physicians. She worked with the Ontario Medical Association, Ontario College of Family Physicians, and the Canadian College of Family Physicians to recognize how primary care RNs might work more collaboratively with physicians. In 2008, Surridge helped create a nursing program at George Brown College called the Family Practice Nursing Program, a one-year post-graduate course to prepare RNs for primary care. It officially launched in 2011, but had to dissolve in 2015 due to low enrolment.

Eight years ago, Surridge was asked to co-lead RNAO's [Primary Solutions for Primary Care Task Force](#) with CEO Doris Grinspun. The resulting report called for an expansion in the scope of practice for primary care RNs and RPNs.

In 2015, Surridge retired after more than 45 years in nursing. She is still active as PCNO's past-president, and is helping to organize its 2020 conference in Ottawa where nurses across the country will network and share their experiences in primary care.

She says she wants to take a back-seat role and give younger nurses an opportunity to lead, but knows she will continue to advocate for primary care. **RN**

VICTORIA ALARCON IS COMMUNICATIONS SPECIALIST/CO-ORDINATOR FOR RNAO.

Three things you didn't know about Judie Surridge:

1. She is a huge Star Trek fan.
2. Her hobby is to build and collect furniture miniatures.
3. She loves mystery novels by J.D. Robb.



on a very different (level)," she says. In acute care, nurses see patients when they are sick. At the clinic, she saw patients throughout their life.

During her first few years with the team, Surridge worked with a doctor and a team of residents to administer blood tests, check blood pressure, and give allergy shots. She wanted to expand her practice to counsel patients and to work more independently. She saw an opportunity in the 1990s, when funding for FHTs began to change. So too did physicians' trust in the

up to that point, she wouldn't have been allowed to talk to patients on the phone. As she continued in primary care through the 1990s and 2000s, she became more actively involved in RNAO's advocacy work, and also in her nursing community to speak out for the role of primary care RNs.

"There were a whole bunch of RNs working in the field and no one was seeing the value of what we could do," she says.

In 2006, Surridge became president of RNAO's Family Practice Nurses Interest Group (now Primary Care Nurses' of

2019



1

RNAO members come together to share the successes of the past year, and influence the next.



2



3

1 Consultation representatives (foreground) and the board of directors (background) hoist signs to recognize and celebrate RNAO's involvement in the Nursing Now initiative.

2 (From left) RNAO CEO **Doris Grinspun** and **Suzanne Robichaud**, VP of clinical programs and chief nursing officer for Montfort Hospital, prepare to sign the official papers welcoming the hospital as the association's first BPSO host for the francophone community.

3 Past presidents **Carol Timmings** (right) and **Vanessa Burkoski** (second from left) share a laugh at the podium with current President **Angela Cooper Brathwaite** (left) and CEO **Doris Grinspun** as Timmings and Burkoski are celebrated for their important and influential impact on the organization.

4 Consultation representatives **Marjan Kasirlou** (right) and **So Yan Seto** (RNAO's new Region 7 board representative, acclaimed at the AGM) approach the microphone during the resolutions session to ask questions and comment on the resolutions for discussion and approval.

BY KIMBERLEY KEARSEY, JONATHAN SHER

PHOTOGRAPHY BY
VICTORIA ALARCON, ALICIA SAUNDERS



4

RNAO's 94th AGM

RNAO members began their 94th Annual General Meeting (AGM) by listening to the soaring voices and rhythmic drumming of contemporary Indigenous performers at the opening ceremonies on the evening of April 11 (see cover photo).

“We as a collective of committed members have advanced Ontario’s health system by speaking out for nursing and speaking out for health,” said Ardys Brenneman of RNAO’s Faith Community Nursing Interest Group, which hosted the three-day gathering filled with fun, advocacy and lively discussion.



Interim Liberal Leader **John Fraser** used his time at the podium to note that although Liberal numbers are low in the legislature, “the tide rolls in, the tide rolls out, then the tide rolls back in again,” and Liberal MPPs are preparing for a changing tide that will bring more Liberals to Queen’s Park.



Health Minister **Christine Elliott** (right) joined the AGM opening ceremonies immediately following the release of her government’s first budget. She stayed for the entire event, and spoke one-on-one with members once the formal presentations were done.

That need to speak out was evident when the event began, as political leaders at a packed hall at Hilton Toronto not only thanked nurses for the work they do, but also shared their thoughts and reactions to an Ontario budget released hours earlier.

“Public health (units) will be taken from 35 to 10,” said NDP Health Critic France Gélinas, prompting gasps from some. “A decrease in public health units does not bode well.”

Association leaders were already aware of the mergers, as well as the funding cuts to public health, after spending hours in a “lock-up” at Queen’s Park to review the budget before it was released. RNAO has since pushed back on these funding cuts and its efforts have proven successful (see more on pages 8 and 28).

Green Party Leader Mike Schreiner and interim Liberal Party Leader John Fraser also spoke at the opening ceremonies, followed by Health Minister Christine Elliott, who explained how her government will work with nurses to transform health care to make it sustainable, integrated and centred on patients.

“Nurses are the backbone of our health-care system...I’m also really pleased to be here as my first activity following our first budget,” she said.

After hearing from the politicians, members celebrated as RNAO announced Hôpital Montfort as its first French Best Practice Spotlight Organization (BPSO) host. Montfort will become a go-to source for francophone organizations in Ontario and the rest of Canada as they implement RNAO best practice guidelines (BPG).

Also celebrated were 18 new Ontario long-term care homes that received their BPSO designation. International guests were also recognized, including a new international BPSO in Jamaica, as well as nursing leaders from China who are laying the groundwork to join a growing body of international BPSOs now found on five continents. “They are doing work that is transforming nursing in

In a moment of levity during presentations at the opening ceremonies, RNAO President **Angela Cooper Brathwaite** (right) receives help from NDP Health Critic **France Gélinas** to find the right introductory remarks after the order of presenters changed last minute.



Green Party Leader **Mike Schreiner** began his address on April 11 by thanking RNAO for beginning the event with a land acknowledgement, noting our shared responsibility to care for this place and to care for each other.



their own countries,” RNAO CEO Doris Grinspun said at the opening ceremonies.

Closer to home, members heard words of inspiration from President Angela Cooper Brathwaite, and learned that members selected Morgan Hoffarth as president-elect.

When the official business of the AGM began with over 700 members in attendance on the morning of April 12, Grinspun paid tribute to former board affairs co-ordinator Penny Lamanna, a colleague who died from cancer in February, and whose spirit continues to inspire. Penny spoke out with “clear values, clear evidence and courage like nobody else,” Grinspun said.

RNAO consultation representatives passed nine resolutions on April 12 (see page 25). Also during the day, Grinspun announced two important RNAO initiatives: the association has joined forces with Nursing Now, a global effort to advance health for all by strengthening nursing; and it has also launched the Nurse Practitioner (NP) Task Force that will create a vision for growing the NP role and influence over the next five years.

The AGM finished Apr. 13 with more than a dozen sessions hosted by RNAO interest groups and a keynote presentation about health system restructuring, led by Ontario’s deputy health minister Helen Angus.

Angus asked nurses to “understand the values that underline the work of the plan, because I think they are really important, and even when the details aren’t fully fleshed out, it’s the values that will drive us towards the right solutions.” She also wanted attendees to know that: “Doris is always on our shoulder thinking about how we can do things better.”

RNAO members peppered Angus with questions and concerns about public health. “(The) lack of clarity about the announcement (on public health) is creating fear,” said public health RN and former board member Jennifer Flood. The changes to public health “will be done thoughtfully and (we) will work with municipalities,” Angus responded.

By late May, the Ontario government slowed its course, announcing it would pull back cuts to public health for the current year, a change that shows when RNAO speaks out for health, anything is possible. **RN**



RNAO nursing policy analyst **Andrea LeBlanc-Millar** (right) and **Larissa Gadsby**, former board member and co-chair of the Nurse Practitioners’ Interest Group (left), are welcomed on stage as CEO **Doris Grinspun** announces RNAO’s new Nurse Practitioner (NP) Task Force.



Students were a big part of the opening ceremonies, including these Nursing Students of Ontario (NSO) interest group members (from left): **Saepom Cho**, **Sydney Taylor**, **Isabel Boate**, **Celine De rubies** and **Maxine Wright Stein**.



McMaster nursing students (from left) **Joshua Del Prado** and **James Widjaja** enjoy the opening ceremonies alongside **Nathan Kelly**, their RNAO board representative (Region 3).

For video highlights from the AGM, visit [RNAO.ca/content/AGM-2019-highlights](https://www.rnao.ca/content/AGM-2019-highlights)

BPSO designation ceremony

Eighteen long-term care homes in Ontario celebrated designation as Best Practice Spotlight Organizations (BPSO) in April. Completing the three-year pre-designation period and receiving formal recognition during the opening ceremonies were...



Oxford County's Woodingford Lodge, with stand-alone BPSO sites in Ingersoll, Tillsonburg and Woodstock



William A. "Bill" George Extended Care Facility, part of Sioux Lookout's Meno Ya Win Health Centre



International representatives from Jamaica's newest BPSO, University Hospital of the West Indies, also travelled to Toronto for the designation ceremony in April...



Deer Park Villa, Douglas H. Rapelje Lodge, and Woodlands of Sunset, three homes within the Regional Municipality of Niagara (five other homes receiving designation but not in attendance at the AGM were: Linhaven, Meadows of Dorchester, Gilmore Lodge, Upper Canada Lodge, and Northland Pointe)



The Perley and Rideau Veterans' Health Centre in Ottawa



Allendale, Creek Way Village, and Post Inn Village, three homes operating under the umbrella of the Regional Municipality of Halton



Tilbury Manor in Tilbury

Barrie's Grove Park Home



Keynote speakers



Tara Leach, co-founder and clinical director for the H.E.A.L.T.H Clinic, the first primary health-care clinic in Canada for persons affected by human trafficking, was guest speaker at the student luncheon on April 12.



The AGM's April 13 closing keynote presentation by **Helen Angus**, deputy health minister, focused on health system restructuring.

And the winners are...

To read the full biographies of this year's Recognition Award winners, visit RNAO.ca/recognitionawards ►

Twelve RNAO members received RNAO Recognition Awards at this year's AGM. Some of the awards were handed out the afternoon of Friday, April 12, while other recipients received their honour during the President's Banquet that evening.

EVENING PORTION



Kimberly Jones

Mental health RN,
St. Joseph's
Healthcare Hamilton

"To watch (patients) get their lives back and get out of that fog of depression is really rewarding."

PRESIDENT'S AWARD FOR LEADERSHIP IN CLINICAL NURSING PRACTICE

Sue Faber

Co-founder, LymeHope

"This is for [Lyme patients]. They are being heard."

HUB FELLOWSHIP

Jennifer Plant

Director of clinical practice, The Perley and Rideau Veterans' Health Centre

"(Nurses are) really strong advocates for person-centred care and for quality."

HONOURED FRIEND OF NURSING AWARD

Judie Surridge

Retired primary care RN and past chair, Primary Care Nurses of Ontario (PCNO)

"In the 1980s, primary care nurses were treated more as a physician's secretary than a health professional."

LIFETIME ACHIEVEMENT AWARD

Mahoganie Hines

Palliative pain and symptom management consultant, Hospice Niagara

"People welcome you into their lives at their most vulnerable time, and they welcome you with open arms."

PRESIDENT'S AWARD FOR LEADERSHIP IN CLINICAL NURSING PRACTICE

Kathryn Ewers

Professor, Nipissing University

"I want students to get involved and grow as leaders."

AWARD OF MERIT



Toronto East – Region without chapters

"Having a great team makes the work so much easier," – Lhamo Dolkar, chapter president

CHAPTER OF THE YEAR



Angela LoPonte

Care co-ordinator,
West Park Healthcare Centre

"I was so humbled. I didn't realize that all this work I was doing for my placement had had an impact."

LEADERSHIP AWARD IN NURSING
EDUCATION (STAFF DEVELOPMENT)



Brenda Oraziotti

Lecturer, York University

"Finding a voice has to do with patient advocacy...standing up for what's right for the patient."

RNAO LEADERSHIP AWARD IN NURSING
EDUCATION (ACADEMIC)



Laurie Peachey

Assistant professor, Nipissing University

"We have to do a better job of bringing the practicum and classroom theory together."

RNAO LEADERSHIP AWARD IN STUDENT
MENTORSHIP



Robyn Stremler

Researcher, University of Toronto

"As a nursing student, when I first learned that nurse scientists were contributing to knowledge to improve patient care, I knew I wanted to have that as part of my nursing experience."

LEADERSHIP AWARD IN NURSING RESEARCH

Ontario Woundcare Interest Group (OntWIG)

"We were only a handful of people (when the group launched in 2008)... probably seven or eight of us... and here we are now, a fairly recognized group," – Valerie Winberg, interest group chair

RNAO INTEREST GROUP OF THE YEAR



Members influence the agenda for RNAO advocacy and initiatives

Members discussed and debated 10 resolutions at this year's AGM. Nine were carried and one was defeated. Those that were carried focused on: NP interprofessional collaboration with midwives; returning to the 2015 sexual education curriculum; autism spectrum disorder; loneliness as a priority health issue for older people; a growing mental health crisis among post-secondary students; funding for new registered nurse first assistant positions; greater accessibility to RNs and NPs who provide psychotherapy; wage parity among all primary care NPs; and the reinstatement of the *Provincial Advocate for Children and Youth Act, 2007*. The resolution that was defeated focused on the removal of legislative barriers limiting NPs to work independently and bill through OHIP.

To find out more about submitting a resolution to the AGM, log in to myRNAO.ca and visit the 'volunteer resources' section.



During the resolutions session for consultation representatives on April 11, Pediatric Nurses Interest Group (PedNIG) executive members (from left) **Sarah Gallie** and **Chatal Singh** offer details on their resolution to reinstate the *Provincial Advocate for Children and Youth Act, 2007*.



(From left) **Marva McCalla** and **Maria Negri** proudly display their consultation representative ribbons as they enjoy some pre-AGM networking before the opening ceremonies.

2019–2020

Board of Directors



(Front row, L to R): Morgan Hoffarth, President-Elect; Angela Cooper Brathwaite, President; Doris Grinspun, CEO

(Second row, L to R): Rhonda Seidman-Carlson, Interest Groups' Representative; Anita Tsang-Sit, Region 4; Michael Scarcello, Region 12

(Third row, L to R): Bradley Manuel, Student Representative; Betty Oldershaw, Region 1; Piroos Bata, Region 6; Regina Elliott, Region 8

(Fourth row, L to R): Kristie Butler, Region 2; So-Yan Seto, Region 7; Julie Rubel, Interest Groups' Representative; Allison Kern, Region 9; Lee-Ann Turner, Region 5

(Back, centre and right): Doris Jenkins, Region 10; Sholom Glouberman, Public Representative

ABSENT

Nathan Kelly



Region 3

VACANT

Region 11

8th ANNUAL NURSE EXECUTIVE LEADERSHIP ACADEMY

for leaders in health care
and government

Dialogue with political
leaders and partners

Collaborate in health-care
system transformation

Exchange knowledge
and innovations

Reaffirm values of authentic
leadership

Network across systems
and sectors

**Sept. 24-27,
2019**

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POLICY AT WORK



During a media conference at Queen's Park on May 16, PC MPP and RN Natalia Kusendova (centre) raised awareness of her private members' bill for mandatory training of law enforcement officers to administer Naloxone. Supporting the bill, and on hand to offer remarks, were (from left) Allan Malek, Ontario Pharmacists Association, RNAO CEO Doris Grinspun, as well as Darryl Gebien (a physician) and Rick Frayne (a constituent), both with lived experience.

Private members' bill to address opioid crisis

RNAO is supporting a private members' bill aimed at addressing Ontario's growing opioid epidemic. Mississauga PC MPP Natalia Kusendova, who is an RN, tabled the legislation, called the *Mandatory Police Training Act, 2019*, in May. If passed, it will require that police officers, special constables, First Nations officers, and inspectors receive ministry-approved training to administer Naloxone for opioid overdoses.

At a May 16 media conference to promote awareness of her bill, Kusendova was praised by RNAO CEO Doris Grinspun for her leadership on the opioid issue: "When people are dying each day, that's all the evidence you need that we are in the midst of the greatest public health crisis of our time, and having officers trained in carrying Naloxone, and

how to administer it, is an important part of a comprehensive approach to saving lives."

Naloxone is used to temporarily reverse the effects of an overdose from drugs such as fentanyl, oxycodone and heroin.

Grinspun says the bill addresses one of the recommendations from a coroner's inquest looking into the death of Brad Chapman, a father of three from Toronto who died at the age of 43 of an accidental opioid overdose. RNAO, which had status as a party to the inquest, fully supports the recommendation that the province ensure adequate funding for police officers to be trained and equipped with Naloxone.

As a registered nurse, Kusendova says she believes in "providing police with every tool at their disposal to save lives." This includes "recognizing the signs and symptoms of an opioid overdose and how

to safely and effectively administer Naloxone."

Across Ontario, 1,265 people died from an opioid overdose in 2017, and figures show that opioids were responsible for the deaths of 1,471 people in 2018.

Protecting funding for public health

More than 3,700 nurses and members of the public have signed an April RNAO action alert in response to the provincial government's decision to cut funding for public health. By the end of May, the government slowed its course, announcing it would not move on the cuts for the current year.

RNAO has long advocated for the public health sector because public health nurses play a key role in the health of individuals and communities. In this role, RNs help to prevent and control infectious and communicable diseases, reduce harm from

substance use, and ensure the safety of food and water.

That's why RNAO CEO Doris Grinspun joined other nurses and physicians in May to speak out against the cuts.

At a [media conference at Toronto's City Hall](#), organized by Joe Cressy, municipal councillor and chair of the city's board of health, Grinspun said the cuts – especially at a time of deep public health restructuring – create instability and place critical front-end services at risk. While RNAO understands the government's desire to make the health system more effective by creating 10 public health entities in favour of the existing 35 public health units, Grinspun implored Premier Doug Ford not to cut public health funding. She said the government risks repeating past mistakes, citing the SARs outbreak in which 43 people died. **RN**

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FINDING INSPIRATION AND SUPPORT (continued from page 17)

challenges, and they excel in that role because they look at patients holistically. “NPs focus on the entire child (and) social complexities,” Van Cleef says. They also improve access and are usually the main point of contact on interdisciplinary teams for families.

Other participating leaders included: Julia Roitenberg, CNO for York Region Public Health; Lisa Levin, CEO for AdvantAge Ontario; and Jill Knowlton, board member for the Ontario Long Term Care Association.

Emerging from the institute was the Long-Term Care (LTC) Attending NP Council, a group that aims to address concerns and overcome barriers specific to the NP role in that sector. The event also led RNAO to launch an initiative for novice NPs that will facilitate mentorships between veteran NPs and those new to that role. It is an important initiative to all NPs, and vital to those working in isolation or with relatively few NP colleagues – a circumstance that is common. Interested in getting involved? Email RNAO policy analyst and NP Andrea LeBlanc-Millar (aleblanc-millar@RNAO.ca).

The institute adds to the work RNAO is already doing to foster the exchange of best practices and inspiration amongst NPs. For five years, the association has hosted a one-day knowledge exchange forum for NPs, and that is valuable for those who want to learn but don't have time or resources to miss more than a day from work or family, Gadsby says. “It is good to have both.”

It's critical that NPs have a place at the table with those shaping decisions for government and health-care providers, especially now, when so much is changing, Gadsby adds. “We want to be part of the solution. We need to be in the conversation so we can influence change.” **RN**

JONATHAN SHER IS SENIOR WRITER FOR RNAO.



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IN THE END

BY SHIRLEY KENNEDY



What nursing means to me...

IN 1989, I STARTED WORKING AT A COMMUNITY DETENTION CENTRE AS A correctional nurse. Up to then, I had 11 years of nursing experience, most of it in occupational health. Nothing prepared me for what I found locked away from society.

My friends and family asked: “How can you work there?” I told them: I am taking care of my patients regardless of their health, wealth or circumstance. There is a lot of stigma around incarceration and very little empathy for those behind bars. To me, nursing is caring without judgment, and acknowledging every patient has a story. I learned the biggest lesson in my career when I met Greg* and I am eternally grateful our paths crossed early in my career.

Greg was in his late-20s with a heroin addiction when he was incarcerated for crimes related to his addiction. He had a horrendous skin infection, and I provided wound assessment and dressing changes. We chatted as I cleansed his wounds, and I heard that sound people make when they’re in pain but don’t want to complain. It’s an inhaled hissing noise that every nurse knows.

“It’s not the worst thing I’ve experienced,” he told me.

I asked if he wanted to talk about that, and he went on to tell me about things he endured as a child at the hands of his parents. He had been burned with lit cigarettes, slapped, kicked. And the abuse was always followed by his father saying “this will make you stronger.” He was often forced to sit with a hot drink balanced on his head, while his parents laughed and threw things at him. If he didn’t move, he

would be hit by the object. If he did move, he would be scalded by the beverage. I was dumbfounded. Nobody had ever talked to me about their history of abuse. I was awed that he was so open about it. And I thanked him for sharing.

We had many therapeutic interactions and conversations after that day. I collaborated with our social worker to get him signed up for a rehab program on discharge. He was referred to our psychologist, and months later, was released from custody, much healthier than when he arrived. I never saw him again.

One downside to correctional nursing is not knowing what happens to patients when they leave. I always hope they are living a good life and staying out of trouble.

Long before I learned the concept of trauma-informed care, I learned to care for the victim inside. Society sees a perpetrator. I see a victim.

There are many survivors of abuse who have the resilience to move on from the trauma, but there are many, if not more, who are lifetime victims who struggle to find peace and happiness. I retired last year, but I will never forget this young man who unknowingly taught me such a valuable lesson. **RN**

SHIRLEY KENNEDY RETIRED FROM CORRECTIONAL NURSING IN JUNE 2018. FROM 2013-18, SHE WAS PRESIDENT OF RNAO’S ONTARIO CORRECTIONAL NURSES’ INTEREST GROUP.

*A pseudonym has been used to protect privacy.



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