

Resolution 1: PATIENT FIRST TREATMENT FOR ONTARIANS WITH LYME DISEASE

Submitted on behalf of Halton Chapter.

Author: Sue Faber and co-authors: Catherine Kinsella, and Louela Manankil-Rankin

Authors declare no conflict of interest.

Resolution carried.

WHEREAS people with Lyme disease and/or co-infections in Ontario are not consistently receiving appropriate diagnosis and treatment of these diseases due to inadequate testing protocols and a lack of up to date education of medical professionals on the clinical diagnosis of these diseases;

WHEREAS there is a lack of education and awareness regarding persistence of infection, transplacental transmission, co-infections, other possible modes of transmission (sexual, blood supply, needle sticks, organ donation and other insect vectors), symptoms (acute vs. chronic), surveillance of chronic cases, modes of testing, treatment, and the existence of up to date, evidence-based guidelines published by ILADS;

WHEREAS these challenges along with the politicization of this disease has created fear and uncertainty amongst healthcare professionals thereby forcing patients with Lyme disease and/or co-infections to pay for out of Country testing and seek health care outside of Canada at their own expense;

THEREFORE be it resolved that the Registered Nurses' Association of Ontario (RNAO) advocate, at all levels of government, for lyme disease prevention programs and the rights of all patients with symptoms consistent with Lyme and/or co-Infections to receive evidence- based patient centred care for both acute and multi-systemic chronic presentations of the disease in Canada; emphasizing healthcare provider education that acknowledges alternate modes of transmission, persistence of infection, and integration of a collaborative clinical model inclusive of ILADS guidelines in the treatment of this illness.

Resolution 2: SPIRITUAL DIMENSIONS OF CARE

*Submitted on behalf of the Parish Nurse Interest Group and the Waterloo Chapter Author: Elsie Millerd
Author declares no conflict of interest.*

Resolution carried.

WHEREAS spirituality is an integral dimension of an individual's health and a universal aspect of human experience across all ages and ethnic and cultural backgrounds; and

WHEREAS spirituality and spiritual care are affirmed as requisite components of holistic nursing assessment and ethical practice in the Canadian Nurses Association's position statement on Spirituality, Health and Nursing Practice (2010); and

WHEREAS the current medical scientific approach to care leaves little room to address the unique spiritual beliefs and values of individuals, families and communities during assessment, decision making, treatment and care;

THEREFORE BE IT RESOLVED that RNAO integrate the spiritual dimensions of care in the development of frameworks, practice guidelines and position statements related to client care.

Resolution 3: CHILD AND YOUTH MENTAL HEALTH

Submitted by: Sarah Portelli, Alissa DeJong and Chantal Singh on behalf of the Pediatric Nurses Interest Group with support from the Mental Health Nurses Interest Group.

Authors declare no conflict of interest.

Resolution carried.

WHEREAS mental health issues are a struggle for 1 in 5 young people experience mental health challenges, and 70% of mental health issues arising in the child and adolescent years (Ontario Ministry of Children and Youth Services, 2012; Ontario Ministry of Health and Long-Term Care, 2011).

WHEREAS early intervention and support during this time which is vital to child development is a shared responsibility to allow timely provision of care to address this significant public health issue that has consequences into adulthood (Ontario Ministry of Children and Youth Services, 2011).

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario actively lobby the Ontario Ministries of Health and Long-Term Care, Children and Youth Services and Education to advocate for ongoing and collaborative community based interventions to directly address the mental health challenges faced by Ontario children and youth to promote their future health and well-being.

Resolution 4: CLINICAL NURSE SPECIALISTS

Submitted by the Staff Nurse Interest Group (SNIG) and the Clinical Nurse Specialist Association of Ontario (CNS-ON). Author: Paul Andre Gauthier

Author declares no conflict of interest

Resolution carried.

WHEREAS the Clinical Nurse Specialist (CNS) role has been in existence in Ontario since the 1960's and the CNS currently works in an advanced nursing practice role,

WHEREAS indicated by the College of Nurses of Ontario (CNO) and the Canadian Nurses Association (CNA), the CNS is required to have a graduate degree in nursing, having completed a Master in nursing or a doctorate in nursing with an advanced clinical expertise in a nursing specialty, such as gerontology,

WHEREAS the CNS provides expert input into the care of complex and/or vulnerable populations and/or challenging clinical situations and that the CNS contributes to the improvement of patient outcomes and decrease or reduction of mortality and morbidity,

WHEREAS the RNs, RNP's and PSWs in long term care feel isolated in many instances from the lack of clinical support in providing a more complex type of care with elderly individuals,

Therefore be it resolved that RNAO recognize the value of the Clinical Nurse Specialist (CNS) and promotes the CNS role as part of the solution to assist in the management of complex care in the healthcare system through the inclusion of the CNS in the staff mix being presented to long term care organizations and hospitals (e.g) and to the government of Ontario.

Resolution 5: COST OF CARING

Submitted by: Elizabeth Tkaczyszyn, RN

Author declares no conflict of interest

Resolution carried.

WHEREAS “first time in Canadian history, employers are under pressure of emerging legal duty to create and maintain not only a physically safe workplace, but also a psychologically safe work environment.”

WHEREAS workplace health is both “physical and psychologically safety”.

WHEREAS a Best Practice Guideline, “Workplace Health, Safety and Well-being of the Nurse” exists but lacks reference to workplace psychological health in relation to accumulative psychological stress, compassion fatigue, burnout, second victim, post-traumatic stress disorder.

THEREFORE BE IT RESOLVED - RNAO advocates for development and implementation of recommendations to support nurse’s psychological health and safety in work environments across all sectors.

Resolution 6: PSYCHOTHERAPY AND OHIP COVERAGE

Submitted on behalf of the Mental Health Nursing Interest Group of RNAO

Author: Kamini Kalia RN, MScN, CPMHN(C)

Author declares no conflict of interest.

Resolution carried.

WHEREAS approximately 1 in 5 Canadians experiences a mental health or addiction problem in a given year¹; and

WHEREAS psychotherapy has been found to be an effective treatment for mental health conditions such as depression and anxiety, and in some instances is more effective than medications in preventing relapse^{2, 8}; and

WHEREAS All Ontarians should have access to effective mental health and addictions treatment options provided by Registered Nurses regardless of circumstance or setting;

THEREFORE BE IT RESOLVED that RNAO advocate to the provincial government to extend OHIP coverage to be inclusive of RNs and NPs who will be authorized to perform the controlled act of psychotherapy.

Resolution 7: HEALTH CARE PROFESSIONALS AND THE TORT SYSTEM

Author: Janice Gilners

Author declares no conflict of interest.

Resolution not carried.

WHEREAS the Canadian justice system often fails to compensate survivors of medical malpractice, and injustice causes injured patients and their families further harm, and

WHEREAS health care professionals can be traumatized by medical error and experience further trauma from litigation, and

WHEREAS “highly principled, moral leadership” has shown to “add value” and value in health care is the promotion of health and healing, in addition to health care cost savings,

THEREFORE BE IT RESOLVED that the Registered Nurses’ Association of Ontario (RNAO) will advocate to provincial and federal governments to adopt a no-fault alternative to compensate injured patients, promoting a just culture of safety for health care professionals & patients.

Resolution 8: SUPPORT FOR A NORTHERN, RURAL & REMOTE NURSING ORIENTATION PROGRAM

Submitted by: Brandi Milko on behalf of the Kenora Rainy-River Chapter

Author declares no conflict of interest

Resolution carried.

WHEREAS, health care organizations in rural, remote and northern Ontario face significant barriers impacting the retention and recruitment of RNs, RPNs and NPs and there is no current system wide approach in place to address these areas.

WHEREAS, new graduate nurses in rural, remote and northern areas face unique challenges and are required to have a high degree of competency within a number of clinical domains with less resources and support than in urban areas, which if not addressed could lead to medical error, poor job satisfaction and burn-out.

WHEREAS, the current new graduate initiative and traditional hospital orientation periods do not address the unique challenges of both the new grad nurses learning requirements and the staffing/resource deficits of rural and northern hospitals.

THEREFORE BE IT RESOLVED that the RNAO actively lobby the Ontario Ministry of Health and Long- Term Care to establish a Northern, Rural & Remote Orientation program to provide any nurse who is newly hired, or returning to rural, remote and/or northern practice with an opportunity for an extended supernumerary orientation that includes mentorship and accessing prerequisite training/courses if needed.

Resolution 9: PROACTIVE EDUCATION FOR DEALING WITH WORKPLACE VIOLENCE FOR NURSES

Author: Piroska Bata

Author declares no conflict of interest

Resolution carried.

Whereas, violence has increased in Ontario and Internationally for Nurses in the workplace. RNAO has a Zero tolerance position statement and a BPG for workplace violence against Nurses and Nursing students. Yet we have very little training programs to address this issue to decrease workplace violence; predict violent behaviour, train in verbal de-escalation, prevention and physical safety measures to create a safe environment for both nurses and patients.

Therefore, be it resolved that we the Registered Nurses Association of Ontario advocate for training and education in basic Nursing education to be able to recognize verbal and physical threat cues, predict violence and aggressive behaviours, have the skills and knowledge and experience to deal with these situations in a safe manner verbally and physically. And let it be resolved to make the BPG actionable; recommend working with other professional regulatory bodies to attain this goal by setting specific guidelines for all nursing programs and employers to adhere to and educate/train nurses.

Resolution 10: PALLIATIVE CARE AS AN ISSUE OF THE PUBLIC'S HEALTH

Submitted by: Mahoganie Hines, Kim Rogers, and Amy Archer Palliative Care Nurses Interest Group- RNAO

Conflicts of interest declaration: No known conflicts of interest

Resolution carried.

WHEREAS, all populations including marginalized populations have the right to receive quality equitable Palliative care. Palliative care needs to be addressed from the perspective of the social determinants of health lens and become valued as an issue of the public's health.

Compassionate Communities is a movement to mobilize communities in becoming active participants in the dying and death processes that are occurring within them. In order for us to mobilize Compassionate Communities nurses need to engage as leaders and change agents, work toward a shift from an acute medical care lens into one that honours the social determinants of health and a Palliative approach to care. This Palliative culture shift is where everyone is a stakeholder and it is not the sole responsibility of healthcare teams but also that of all within the community.

THEREFORE BE IT RESOLVED that RNAO advocate and support the enhancement of the Palliative care frameworks already in place to emphasize the clear need for quality trained professionals and lay persons, in all areas of care, to be able to provide and support Palliative care within all areas of social determinants of health. These areas include but are not limited to community, primary care, education, hospices, hospitals and long-term care. Basic Palliative care needs to be an expected core skill from all University and College trained members of the healthcare team.

BE IT FURTHER RESOLVED that the RNAO support and advocate that members from Palliative Care Nurses Interest Group Executive be part of representation of nursing with regard to Palliative Care in any policy and/or development changes the RNAO is part of in Ontario.

Resolution 11: WOUND CARE RESOURCES

Submitted by: Erin Rajhathy RN BScN

Conflict of interest: *Erin Rajhathy is currently a student in the Masters of Clinical Science (Wound Healing) program at the University of Western Ontario and is employed by Ontario Medical Supply as their Clinical Support Nurse and as a Registered Nurse by Saint Elizabeth Home Health in their visit nurse program.*

Resolution carried.

WHEREAS Registered Nurses working in the homecare sector are treating increasingly complex, chronic wounds of various underlying etiology, and wound prevention and management is impacted by many endogenous and exogenous factors requiring all nurses to have a greater knowledge and skill in the field of skin health and wound care, and

WHEREAS A single, standardized, provincially-recognized, evidence-informed, electronic resource would support novice nurses in accessing the necessary information and resources to perform safe, holistic, evidence-informed skin and wound care, aid in practices such as dressing selection, and guide them in making appropriate, timely, interprofessional referrals when required, and

WHEREAS The South West Regional Wound Care Program [SWRWCP] has developed such as resource, that is currently being accessed by healthcare professionals in the South West Local Health Integration Network [LHIN] region, and is adaptable to deliver point of care, evidence-based resources in all LHIN regions based on their product listings and available resources.

THEREFORE BE IT RESOLVED that the Registered Nurse' Association of Ontario [RNAO], in collaboration with the SWRWCP, Health Shared Services Ontario [HSSO], as well as any existing organizations such as Wounds Canada, Ontario Wound Interest Group, Canadian Association for Enterostomal Therapy, and Wound Care Alliance Canada, further develop the point of care resource toolkit which can be customized to individual LHIN regions.

FURTHER BE IT RESOLVED that the RNAO lobby the Ministry of Health and Long Term Care to provide funding to the 14 LHINs and their contracted nursing providers for access to programs, such as the South West Regional Wound Program, to increase access to wound care resources for novice nurses at point of care.

Resolution 12: NURSING INFRASTRUCTURE AND PUBLIC-PRIVATE PARTNERSHIPS

Author: Kathryn Ewers

Submitted on behalf Of Nipissing Chapter

Author declares no conflict of interest.

Resolution carried.

WHEREAS public-private partnership (P3) funding models increase the cost of new health infrastructure and compromise the public administration of healthcare; and

WHEREAS these increased costs have resulted in staff cutbacks and bed closures at numerous P3-constructed hospitals;

THEREFORE be it resolved that the Registered Nurses' Association of Ontario (RNAO) lobby the provincial government to discontinue the use of public-private partnerships to fund future healthcare infrastructure.

Resolution 13: INITIATIVE TO SUPPORT THE DELIVERY OF A BScN PROGRAM AT SEVEN GENERATION EDUCATION INSTITUTE SERVING LEARNERS IN NORTHWESTERN ONTARIO

Submitted by: Brigitte Loeppky RN, BScN, MN/ Northwestern Chapter/ Seven Generations Education Institute Manidoo Baawaatig Campus, located in Kenora, Ontario.

Conflict of interest declaration: No conflict of interest

Resolution carried.

WHEREAS, the practical nursing students that have attended the program delivered by Seven Generations Education Institute in partnership with Canadore College have been retained in Kenora to serve their communities;

WHEAREAS, there is a critical need for a quality and culturally inclusive Bachelor of Science in Nursing Degree (BScN) program to be delivered in Kenora, Ontario

A nursing degree education partnership between Lakehead University and Seven Generation Education Institute (SGEI) is a positive step forward in addressing indigenous health and education inequities. The planned strategy is that Lakehead University's faculty will provide the curriculum to the SGEI's instructors and under Lakehead University's direction, the SGEI instructors will then teach their Aboriginal students using culturally inclusive and indigenous friendly pedagogies.

This initiative directly answers the Truth and Reconciliation Commissions Calls to Action, specifically:

Calls to Action #22 We call on those who can effect change within the Canadian Health-care system to recognise the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients and #23 We call upon all levels of government to:

- i Increase the number of Aboriginal professionals working in the health-care field.*
- ii Ensure the retention of Aboriginal health-care providers in Aboriginal communities.*
- iii Provide cultural competency training for al health-care professionals.*

THEREFORE TO BE RESOLVED that the RNAO advocate for Sufficient governmental funding will be given to Seven Generation Education Institute for the delivery of a four year Bachelor of Science in Nursing Program at the Manidoo Baawaatig/ Kenora Campus in the fall of 2019.

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