MAY/JUNE 2017

REGISTERED NURSE JOURNAL

Living me

RNs and NPs help transgender Ontarians express their true gender identity.

RNAO's AGM recap • Nurse peer leaders track results • Nursing Week 2017

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VOL. 29, NO. 3, MAY/JUNE 2017

REGISTERED NURSE JOURNAL

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THE LINEUP

COVER: Peterborough RN Sheena Howard (right) first met Nolan Blodgett (left) in 2014, when he was searching for "safe" health care as a transgender male.

Hannah Markham is the writer of this issue's *In the End* on page 30.

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COVER PHOTO: JEFF KIRK

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EDITOR'S NOTE KIMBERLEY KEARSEY

Embrace the unexpected

RNAO lost Jesse Saturno and Maggie Sicilia, two beloved staff members, to cancer earlier this year. Their deaths not only remind us just how precious and fleeting life can be, but also that the unexpected can sweep in and change our perspective in an instant.

May Tao is a public health nurse and the focus of our RN profile in this issue (page 7). She talks about how an unexpected meeting with a starving child in Uganda sharpened her perspective on life and on her role as an RN in public health. This surprising and life-changing moment for Tao was one that reinforced her decision to become a public health nurse, and helped her to remain steadfast in her goals. While Tao's brush with the unexpected pushed her forward on the path she was already on, these kinds of unforeseen moments in life may have the opposite effect on others, shifting their focus away from what they thought they knew.

That was the case for Nolan Blodgett, Jennifer Chandler and Matt Warren, the patients in our cover feature about transgender health (page 14). All three experienced significant challenges accessing health care because of their gender identity, and as a result had negative perspectives of the health system. After years of struggling, they were relieved to finally find nurses who offered them the support and understanding they were looking for. Their negative experiences with the system began to fade, and a more positive outlook prevailed. And the profound impact on their quality of life was immediate.

Unexpected events can happen anytime and anywhere. Surprises – good and bad –are always creeping up on us. While most people prefer those surprises that inspire and bring a smile, I've learned this year that you also have to embrace the unexpected when it signals something a little less positive.

I will always miss Jesse and Maggie, but I am grateful that their deaths have allowed for some much-needed reflection, and a change in my perspective on life, family and friends. I want to take this opportunity to thank them for reminding me to hug a little harder, open up a little more, and enjoy the life I am lucky to be living today. **RN**

A year in reflection

This issue of the *Journal* includes coverage of RNAO's 2017 annual general meeting (AGM) (page 20). I was so pleased to be part of this year's festivities. The meeting capped my first year as your president, which can only be described as inspiring, thrilling and, yes, the highlight of my career.

As you may know, I missed last year's meeting because I had just lost my dear mother a few days before. She always inspired me and was so pleased when I had shared the news that I was taking on this role. She would have been so proud of the many accomplishments we have achieved together over the past 12 months.

I have met wonderful members, each a leader in their own right, whether working as a clinician, administrator, educator, researcher or policy maker. For example, during my fall tour, I remember speaking with staff members at a busy acute care hospital in northern Ontario who expressed concern about hospital overcrowding. They were providing care to patients in hallways and in tub rooms. They were doing their utmost to provide quality care and clearly putting the needs of the patients first to the best of their abilities. Another nurse, in a manager role, spoke about her staff working in a busy acute care emergency department and their incredible teamwork and commitment to supporting each other when the competing demands seemed overwhelming. The dedication and compassion of these nurses made me so proud of our profession.

It is these and many other RNAO members that propel me – as your leader – to speak with values, evidence and courage to advance nursing and healthy public policy in Ontario.

The power of RNAO is a power fuelled by the energy of its engaged, committed and active members. When you sign action alerts, meet with MPPs at Queen's Park or in your workplace during Nursing Week, it is your belief in our collective causes that marks a path for government to follow and makes RNAO the strong professional voice it is. Whether it is the social or environmental determinants of health, health system restructuring, the role of RNs and NPs, or the future prospects for nursing students, we share a common trajectory of collective action.

Over this past year, I have had the opportunity to "refine the art" of political engagement. This "art" requires a lot of preparation and some stressful moments, but I have learned to go with the flow.

We have much success to celebrate, including independent RN prescribing and an expanded role for NPs prescribing controlled substances. Through such changes, the power of RNAO is making a difference in the lives of the people we care about most: our patients, neighbours, friends and families.

> "THE POWER OF RNAO IS A POWER FUELLED BY THE ENERGY OF ITS ENGAGED, COMMITTED AND ACTIVE MEMBERS."

Let me mention just two examples, among many, where the impact of RNAO made me proud, both as a member and as your president.

The first is supervised injection services (SIS). It was my workplace, Toronto Public Health, led by Dr. David McKeown, which spearheaded the charge to secure SIS. And it was RNAO that was approached to help make sure the change happened. RNAO members in the thousands pushed for funding, which was announced in April's provincial budget. SIS is an essential component of a comprehensive harm reduction strategy. As a nurse leader in public health, I can speak to the evidence for that. Addiction is an illness and, just as we would with any illness, we need to respond with a comprehensive plan. I am proud that RNAO is now creating a best practice guideline on SIS.

The second example is RNAO's contribution to demystifying the flu vaccine. Immunization advances population health and reduces health disparities. As RNAO president, I was featured in a video watched by thousands. Many wrote to thank me for lending my voice, and RNAO's voice, to this worthwhile cause.

Colleagues, I am half-way through my term and proud of the journey we have walked together. If our achievements this year are any indication of what the next year will bring, then, what can I say? With an RNAO board and assembly such as we have, with wise and engaged members like you, and the combined strength of 41,000 RNs, NPs and nursing students across all corners of this province, and added to this amazing list our expert staff led by a fearless CEO, well, the sky is the limit.

Anchored in our values, driven by evidence, and fuelled by courage, we will continue to make a difference for nurses, the people we serve, the organizations where we work, and the province in which we live with pride. **RN**

CAROL TIMMINGS, RN, BScN, MEd (ADMIN), IS PRESIDENT OF RNAO.

RN replacement must stop: Look at the facts, follow the evidence

Ontario is inching closer and closer to its next provincial election on or before June 7, 2018, and RNAO will continue to ramp up its call on all political leaders and their parties to take action to stop RN replacement.

One year ago this spring, we released our influential *Mind the Safety Gap* report, which showed the RN share of the nursing workforce had plummeted. We called on the government to take immediate action to end this dangerous trend, and yet nothing has happened. In fact, the latest figures from the Canadian Institute for Health Information (CIHI) show that Ontario still has the lowest RN-to-population ratio in Canada. And to make matters even worse, the RN workforce has declined even further.

Why has the government done nothing about this disastrous trend?

This is a question your president and I, your board of directors, and over 25,000 members – through letters and action alerts – have asked the premier and minister of health on numerous occasions. Each time, the answer has been the same: "I share RNAO's concerns, we need to attend to this," and "...we need to look at the evidence."

The evidence has always been there, and now we've delivered it publicly.

To mark Nursing Week this year, we released the largest and most comprehensive publicly available database ever created on RN effectiveness. It spans 70 years of research. The government – and any member of the public, including the media – can now access decades of evidence that demonstrates RNs keep patients safer and make the health system stronger. RNs optimize the outcomes for patients, organizations and the health system overall. In fact, this scoping review found more than 95 per cent of all relevant research studies show RNs have a higher impact on a wide variety of health outcomes (see page 8 for detailed results in graph format).

This groundbreaking database offers overwhelming results that RNs deliver optimal health outcomes and cost less. And like other groundbreaking reports before it (*Enhancing Community Care for Ontarians (ECCO)* and *Mind the Safety Gap* are examples), we have been on the receiving end of rich praise from across the province, nationally and internationally. At times, we have also encountered harsh criticism.

The release of our database garnered praise related to the comprehensive nature of the evidence, how well it is organized, and that we have made it public. The criticism is limited to false accusations suggesting we are pitting RNs against RPNs. Nothing is farther from the truth. For us at RNAO, this is about patients. Read the report, look at the facts, and follow the evidence.

RNAO will not rest on its laurels as a result of the accolades, nor will we step aside and let criticism detract from our important work on nursing, health and health-care issues.

> "Politicians from all parties: watch out. RNs, their families and patients vote. So, as you pull together your election platforms, look at the facts and follow the evidence. The facts are clear: RNs deliver more and cost less."

Our focus for the year ahead is to see movement on stopping RN replacement, and we are looking to our members to once again raise their voices as loud and clear as they have on other issues for which we have delivered results.

We don't have to look far to find the kind of success on other issues that we are looking for on this one, including increases to the minimum wage, pharmacare, offloading devices, supervised injection services, care for our inmate population, independent RN prescribing, and NP prescribing of controlled substances. These are just a few examples of issues we've advocated for, and for which we have seen action by a government that has listened to our concerns and heeded our calls to action. Your unwavering commitment to work together in moving policy imperatives from conception to success will serve us well as we continue to escalate our collective efforts to advance evidence-based staffing and stop RN replacement.

With the release of our RN effectiveness database in May, the government has the evidence it needs to act and make a difference to patients. Minister Hoskins and the premier promised to look at this a year ago. That promise was made again by the premier before 700 attendees at this April's AGM (see page 20). The time for posturing is over. The time for action is now.

Politicians from all parties: Watch out. RNs, their families and patients vote. So, as you pull together your election platforms, look at the facts and follow the evidence. The facts are clear: RNs deliver more and cost less.

Ontario cannot achieve its much-needed health system transformation with dwindling numbers of RNs. It's time to stop RN replacement. **RN**

Doris Grinspun, RN, MSN, PhD, LLD (hon), O.Ont, is chief executive officer of RNAO.

Follow me on Twitter @ DorisGrinspun

Public health an early passion for Toronto RN

MAY TAO FOUND HER NURSING NICHE BEFORE SHE EVEN GRADUATED FROM UNIVERSITY.

MAY TAO WAS SETTING UP A makeshift clinic in a small Ugandan village when a panicked woman rushed towards her carrying a small child on her back. Tao saw that the child was malnourished, with no leg muscles to hold her up. "She wore a blue tank top that covered her whole body," Tao recalls of the five-year-old who weighed only nine pounds.

After waving over the interpreter and doctor for help, Tao learned the woman was the child's grandmother. She had walked 16 km in flip flops to reach the clinic. The child's mother had abandoned her because she couldn't afford to feed her daughter. The team did an assessment, and then sent the girl to the hospital to receive the necessary treatment. A few weeks later, Tao followed up with the hospital staff to learn the girl was recovering.

The memory of that hot day is seared in Tao's mind even though it happened in September 2010. That's because it was an experience that reinforced her decision to become a public health nurse two decades earlier.

Tao began her nursing studies at Western University in the late 1980s. She remembers falling in love with public health after a student placement on a reserve in Moosonee, Ontario. She assisted with the treatment of patients who had developed leg ulcers from a simple scratch or other minor injury that had gone untreated for too long.

"I learned firsthand the (importance) of addressing social determinants of health," says Tao, adding she saw a lot of medical conditions that could have been prevented if residents had access to affordable housing, food and health care.

PHOTO: RONALD JHU

Three things you didn't know about May Tao:

1. She loves Beethoven's Symphony No. 5.
2. One of her favourite hobbies is bird-watching.
3. She swam with sharks in Belize.

With a new-found passion to work in health promotion and illness prevention, Tao graduated from Western University in 1990 and found work in a sexual health clinic operated by the City of North York's public health department (now Toronto Public Health (TPH)). As a public health nurse and sexual health clinic co-ordinator, Tao provided counseling, STI examinations, and birth control. It was also in this role that she exercised her leadership skills by co-ordinating the administration of the clinic and ensuring patients were seen.

"It was scary," remembers the new grad at the time, but the position helped her grow. It was a lesson in what it takes to be a great leader.

After seven years in that role, Tao left the clinic to take on more responsibility. She led several big projects at TPH, including a health promotion initiative in partnership with the community to increase physical activity for children and youth through tennis. It led to Tao's first formal leadership recognition: the Everyday Champions Award from Tennis Canada.

"The tennis project helped me to...go outside my comfort zone," says Tao, adding she learned how to inspire and empower people in the community.

Tao took on her biggest leadership role in 2009, when she became RNAO Best Practice Spotlight Organization (BPSO) co-ordinator for TPH. It's a role she still occupies today, and one through which she mentors and helps nurses and other interprofessional colleagues to implement and evaluate a number of RNAO best practice guidelines (BPG). Tao conducts needs assessments, collaborates with staff, and hosts focus groups on BPG training. "I have co-ordinated the implementation of at least 12 BPGs that make a difference in the health of clients," she says, adding that she wants to implement more.

Tao's leadership is not limited to the workplace. She is currently the RNAO Region 7 representative for the Parish Nurses Interest Group and president-elect for the Community Health Nurses' Initiatives Group (CHNIG). She was also membership executive network officer for Region 7, where she helped organize a recruitment event at Ryerson University and signed up 300 nursing students.

Tao has 27 years of nursing experience under her belt, and wants to take on other leadership roles, including mentoring others to be leaders themselves.

"I want to bring my...energy and commitment to advocate for...community health nursing in Ontario and beyond," she says, suggesting that a great leader is someone who keeps growing and learning from others. **RN**

VICTORIA ALARCON IS EDITORIAL ASSISTANT FOR RNAO

POLICY AT WORK

More evidence of RN effectiveness

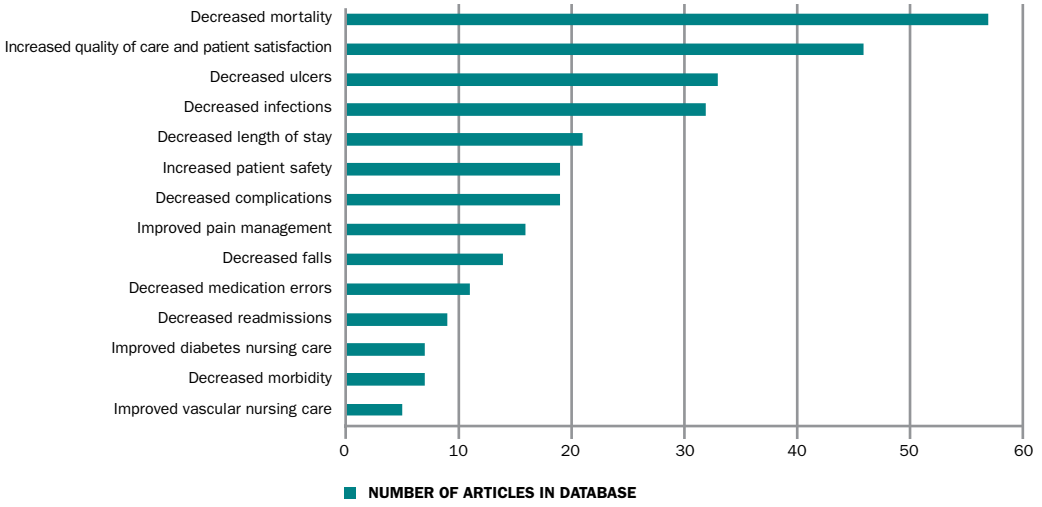
On May 8, RNAO released the most comprehensive body of evidence into the effectiveness of RNs. Seven decades of health research was reviewed and compiled into a publicly available database containing 626 research studies – 95 per cent of which indicate the positive impact RNs have on patients, organizations, and the health system overall. Examples of these positive impacts include: decreased mortality, increased quality of care and patient satisfaction, decreased morbidity caused by ulcers and infections, as well as lower financial costs. A number of studies also associated higher proportions of RNs with increased job satisfaction and team functioning, increased organizational safety, decreased turnover, and lower rates of adverse events and errors.

Unfortunately, the contribution of RNs to the health system is being stymied by the plummeting share of RNs in the province's nursing workforce. While the share of RNs has been on a downward slide, the share of RPNs has been on an upswing. The one bright spot is the share of nurse practitioners, which has increased.

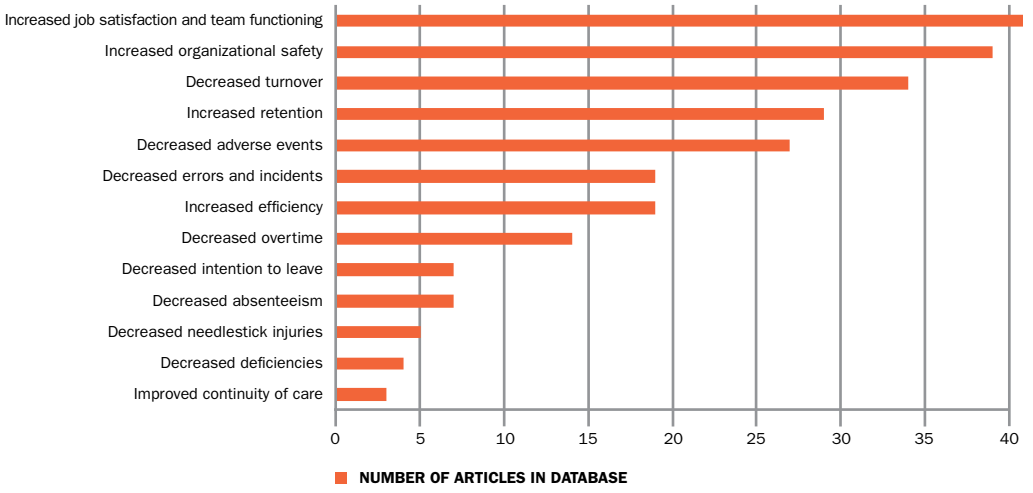
The association's new RN effectiveness database is a critical resource for health administrators, policy-makers, the media, members of the nursing profession, and others as they seek to advance evidence-based decisions regarding health human resources.

Visit RNAO.ca/RNeffectiveness for more information. **RN**

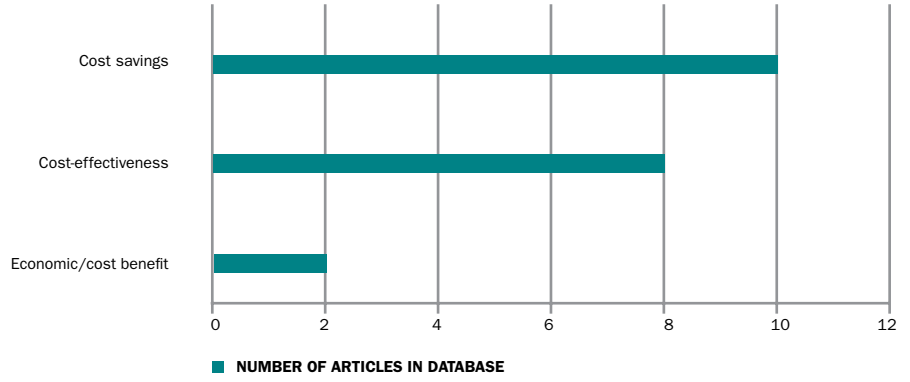
Positive clinical/patient outcomes



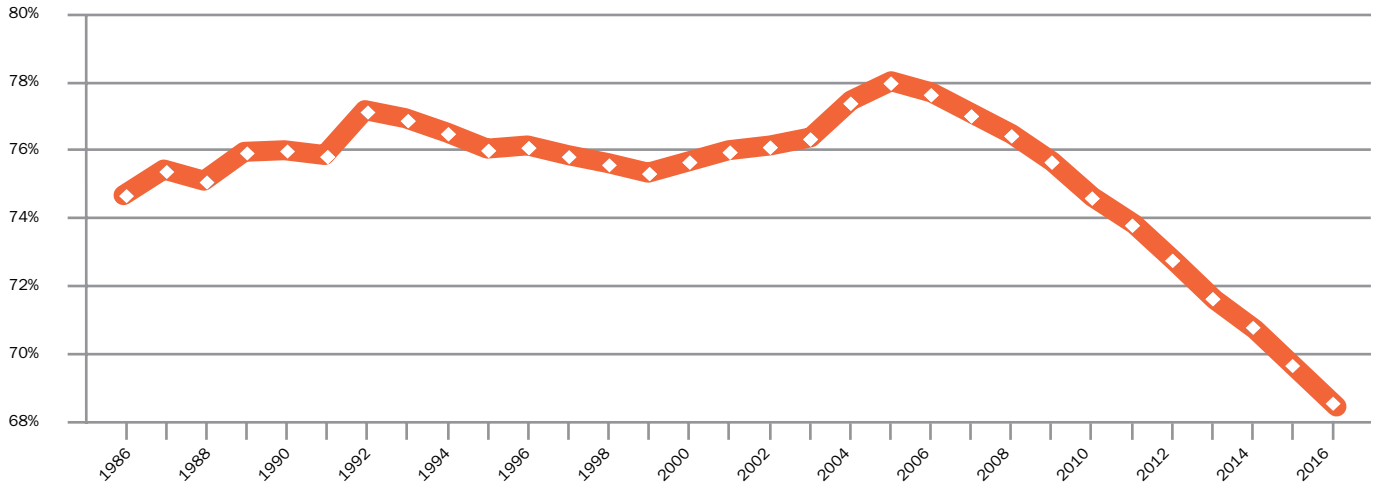
Positive organizational and nurse outcomes



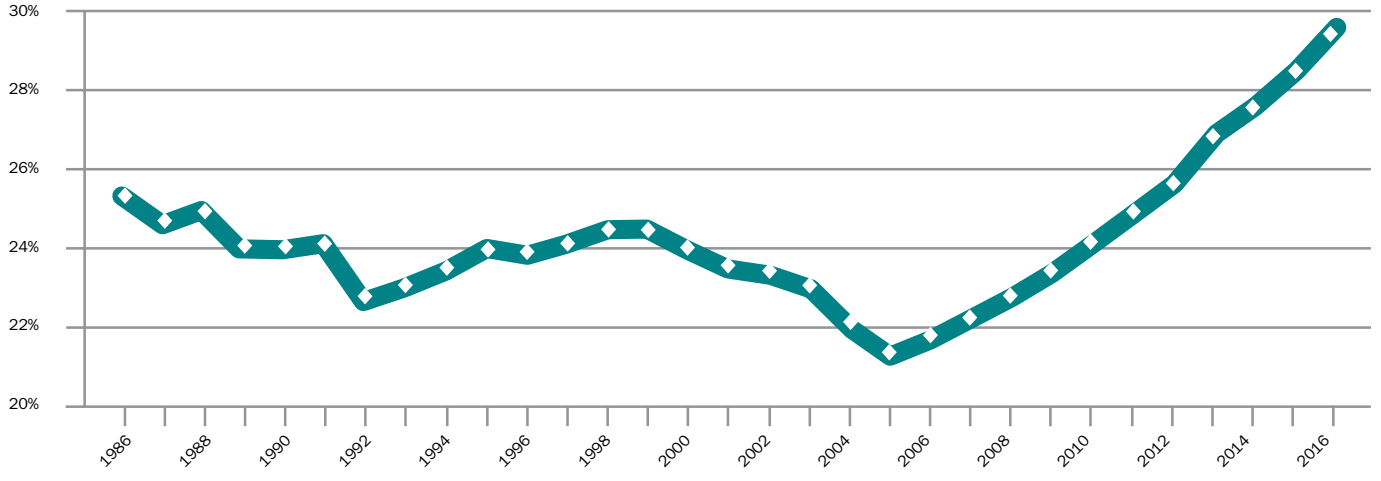
Positive financial outcomes



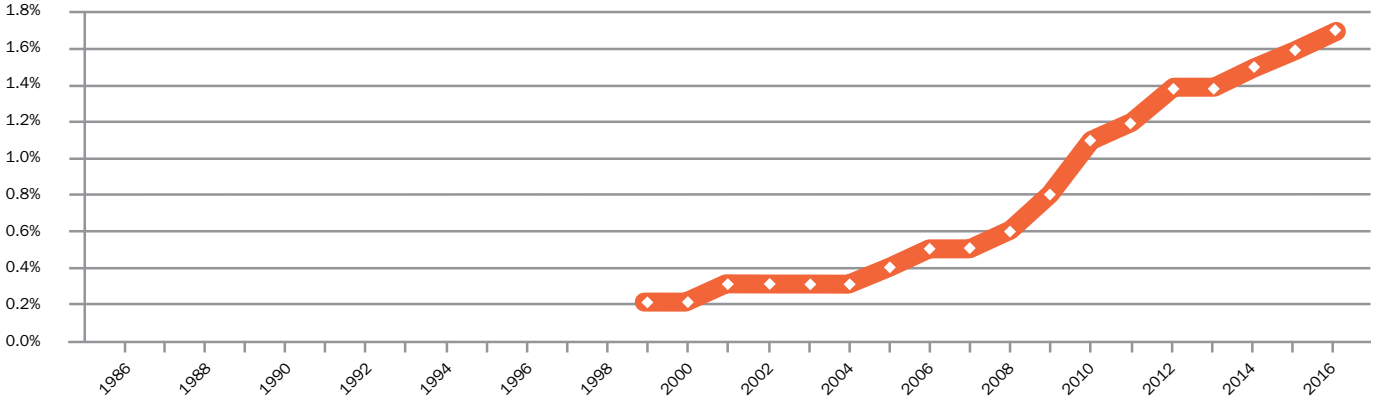
RN share of the nursing workforce



RPN share



NP share



NURSING IN TH

Province must plan for nuclear disaster

At Queen's Park in May, Kerrie Pickering (left), president of the Ontario Nurses for the Environment Interest Group (ONEIG), shared the nursing perspective on the health risks associated with nuclear power in the case of a disaster.

Ontario Nurses for the Environment Interest Group (ONEIG) joined forces this spring with other environmental advocates to urge the provincial government to develop an emergency preparedness plan regarding nuclear risks on the Great Lakes. "RNAO is very concerned about the health risks and costs of nuclear power," **Kerrie Pickering**, president of ONEIG, told media gathered at Queen's Park on May 18. "We urge that as long as Ontario continues to run nuclear plants, it must act in accordance with best practices and develop a comprehensive nuclear emergency plan to reduce the risks to the public." Health risks can include food and water contamination, and exposure to radiation. Pickering referenced the 2011 Fukushima nuclear disaster in Japan, the most significant nuclear accident since Chernobyl in 1986. She noted it is important nurses are fully involved in the emergency planning process. Health professionals must also receive training on how to identify vulnerable populations in the shadow of a nuclear plant. Nurses "…need to know how to best decontaminate exposure victims, and how to handle contaminated clothes and water," she said. "We must learn the lessons from the Fukushima disaster so we can prepare nurses and the health system to cope with a worst-case nuclear scenario." (*Global News*, May 18)

Former RN pleads guilty to murder

RNAO is calling for a public inquiry after former RN Elizabeth Wettlaufer pleaded guilty in June to eight counts of first-degree murder, four counts of attempted murder, and two counts of aggravated assault at several southwestern Ontario long-term care facilities. "We need to get to the bottom of what happened, how it happened and what we can learn from an organizational, regulatory and system perspective to ensure nothing like this ever happens again," says RNAO CEO **Doris Grinspun**. "We want no stone left unturned in this effort." Grinspun added that nurses are committed to ensuring the well-being of patients and their families. "To members of the public, we want to assure you that every nurse, every personal support worker, and anyone else who works in a nursing home, is committed to delivering safe and quality care." In a June action alert, RNAO called for a public inquiry, to which Woodstock-Oxford MPP Ernie Hardeman responded, demanding answers and calling for a full investigation. Health Minister Eric Hoskins says the government is open to an inquiry, but not until the court proceedings are over. (*Toronto Star*, June 1)

Opening up about oncology sexual health

Kingston NP **Janet Giroux** is hoping to bridge the gap between oncology patients and health-care providers when it comes to talking about patients' potential sexual health issues related to their illness. These might include issues such as body image, low sexual desire, difficulty with erection, relationship adjustment, and communication with partners.

E NEWS

BY VICTORIA ALARCON

NP Janet Giroux (left) is trying to dispel myths and help clients open up about sexual health following a cancer diagnosis. She won an award for her efforts in May.

PHOTO: COURTESY OF MANDY MARCINIAK AND KINGSTON HERITAGE

"A big part of the problem with how sexual health has been handled for cancer patients is that patients assume their physician will bring it up if there is any problem that may impact them sexually," Giroux explains. In contrast, "...the physician assumes that the patient will inform them if there are any such problems, which means that it remains a silent issue." At Kingston General Hospital (KGH) where Giroux works, she educates new nurses and other health providers during their orientations on how to talk about sexual health issues to help break that silence. On May 8, the Kingston NP was awarded the de Souza advanced practice nurse designation for her studies on oncology sexual health. She is currently running a clinic at KGH that offers counseling and support for oncology patients. (*The Kingston Whig-Standard*, May 10)

Helping victims of violence

Nurses and other health professionals from The Ottawa Hospital are paying much-needed attention to victims of violence through the Sexual Assault and Partner Abuse Care Program. **Tara Leach**, a nurse practitioner for the program, says members of her team are trained to provide specialized health and forensic care to people who have been victims of sexual violence, domestic assault or sex trafficking. "We need to be curious and say: 'Can we talk more just about life? Do you have access to your own money? Do you have addictions you want to address?'" says Leach. In addition, providers need to be careful to maintain physical distance from patients. Leach says she asks for consent any time she needs to touch a patient. "I never impose anything. I'm happy to wait," she says, adding she will take her time. In 2016, the team saw about 1,200 patients, up from 400 in 2012. According to Statistics Canada, there were 396 known victims of human trafficking across the country between 2009 and 2014. (*Ottawa Citizen*, June 9)

Letter to the editor

In a letter to the Sudbury Star (May 8)*,* ***Maria Casas****, policy and political action liaison for RNAO's Sudbury chapter, urges the provincial government to amend* Bill 163: Ontario's First Responders Act *to recognize nurses as first responders.*

Nurses suffer PTSD too

A year after the passing of *Bill 163: Ontario's First Responders Act*, RNAO is still waiting for amendments to be made that recognize the needs of nurses. *Bill 163* facilitates access to benefits under the Workplace Safety and Insurance Act for first responders and other workers who develop post traumatic stress disorder (PTSD) in the course of their work.

Firefighters, police officers, paramedics and corrections officers are covered, but nurses, who also witness violence or are directly targeted by acts of violence, are not.

Nurses are often among the first to assist during emergency situations. Think about the SARS crisis or Ebola scare as recent large-scale examples.

Nurses in emergency departments, intensive care units, long-term care homes, and psychiatric settings often experience physical violence from patients who are cognitively or mentally impaired. Community nurses work in high crime rate neighborhoods and enter private homes to provide care, not knowing what they might find. Although these statistics are startling, experts believe that workplace violence is under-reported because of the widespread perception that it is just "part of the job."

Accordingly, it is unacceptable that *Bill 163* denies nurses the right to legislation that links PTSD to conditions that arise out of the workplace, but makes it available to other responders. We, therefore, urge (Premier Kathleen Wynne) and Labour Minister Kevin Flynn to immediately amend *Bill 163* to include Ontario nurses.

NURSING IN THE NEWS

Promoting kangaroo care

The Chatham-Kent Health Alliance (CKHA) knows a thing or two about "kangaroo care" after participating in the global Kangaroo Challenge in May. The competition has participants track the number of hours spent in the nursery using "kangaroo care" – also known as skin-to-skin care. For this challenge, CKHA recorded 1.7 hours per day of holding infants dressed in only a diaper against the bare chest of a parent or family member. "It's encouraged for all children," says RN **Jill Cousins**, clinical manager of the Women and Children's Program at the CKHA. "The intent on getting the (special care) nursery (NICU) really involved (in this challenge) is to remind caregivers that these babies still benefit from touch, despite the fact that they might have some tubes and wires." Benefits for babies include increased oxygen intake, better sleeping, pain reduction and less stress. Babies who experience greater skin-to-skin care are also reported to gain weight faster and start breastfeeding sooner. The Kangaroo Challenge ran from May 1 to 15. (*Chatham Daily News*, May 4) **RN**

OUT AND ABOUT

RETIREMENT CELEBRATION FOR LONG-TIME RNAO DIRECTOR

RNAO's former director for the IABPG Centre, Irmajean Bajnok (above right, with husband Michael Richardson), will retire at the end of July. She was the guest of honour at a celebration June 13 to acknowledge her outstanding contribution to the IABPG Centre (and prior to that the RNAO Centre for Professional Nursing Excellence), the groundbreaking best practice guidelines (BPG) program, and the Best Practice Spotlight Organization (BPSO) designation program. Bajnok's active involvement in RNAO dates back to the 1970s, when she was president of the association from 1977 to 1979. She says that while her employment with the association will come to an end, she will always remain an active RN emeritus, a designation awarded to those with 40-plus years of membership, and one she received in 2011.

YOUNG RN GETS ACCESSIBILITY AWARD

In May, RN Janson Chan (right), who is a member of the association's Region 7 executive, was at Queen's Park to accept his David C. Onley Award for Leadership in Accessibility, an honour he received as founder of the Autism Teenage Partnership (ATP) in 2014. The award, named after Ontario's 28th lieutenant governor, recognizes people who champion accessibility and raise awareness about the benefits of inclusion. The inspiration behind ATP, Chan says, was his younger brother Joshua (left), who has Autism Spectrum Disorder and struggled to find social activities and supports when he became a teenager. ATP offers youth between the ages of 12 and 25 social programming to promote inclusion, confidence building, and social skills development. Find out more at www.autismteenagepartnership.org

NURSING NOTES

Inmates deserve better health care

Nurses across Ontario are applauding a review of the province's correctional system that explores transferring responsibility for the health of inmates from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-Term Care. Howard Sapers, hired by the province as an independent advisor on corrections after serving for years as Canada's federal corrections investigator, is author of the report. He highlights the need for best practices and a transformation of the correctional system to deliver better care for inmates. Among the 63 recommendations in the report: establish a new legal and policy framework; enhance respect for human rights within corrections; increase procedural safeguards, transparency and oversight; and prohibit the segregation of vulnerable populations with mental illness, those at risk of self-harm or suicide, pregnant women, and those who have recently given birth. RNAO has long advocated for better inmate health care and changes to segregation practices. The association is calling on the government to immediately adopt all 63 recommendations in the report in the hope that inmates will be healthier when/if they are reintegrated into their communities.

RNAO CEO Doris Grinspun speaks to the media following the release of Howard Sapers' report on the state of corrections in Ontario.

Discrimination must stop, at home and abroad

Great strides have been made in some countries to support LGBT rights over the last few decades, but people continue to be persecuted around the world. State-organized arrests and murders of men suspected of being gay in the Russian region of Chechnya are particularly troubling. RNAO and the Rainbow Nursing Interest Group are speaking out and urging the Canadian government to do everything in its power to put pressure on countries that persecute individuals based on their sexual orientation or gender identity. This includes urging Russia to: immediately investigate the reports; free those imprisoned in Chechnya due to their sexual orientation; and protect all people in the Chechen LGBT community. RNAO is also calling on the Canadian government to provide emergency visas and refugee protection for people fleeing persecution. For more information, or to offer your support, visit RNAO.ca/actionalert-LGBT

New RNAO interest group

Registration is now open for RNAO's Retired Nurses' Interest Group (RetNIG). Whether you have retired, are considering retirement, or you're a nurse or nursing student who wants to network with (and learn from) seasoned nurses, all are welcome to join for $15 annually. Activities are being planned to mentor and support nurses at all stages of their careers, education and political action. Inaugural RetNIG chair (and former RNAO president) Rhonda Seidman-Carlson says the group will "…support nurses contemplating retirement, newly retired, or well-established in retirement with networking opportunities, speakers and goal setting." It also hopes to enlist experts to share advice about retirement planning for students, new nurses, or nurses nearing the end of their careers. For more information, visit RNAO.ca/RetNIG

Changes coming to the workplace

Progressive changes to the workplace, announced by Premier Kathleen Wynne in May, are being hailed by nurses. The changes – which include equal pay for temporary, casual and part-time work, increased vacation days, expanded personal emergency leave to include two paid days for all workers, and increased enforcement of labour laws – level the playing field for the growing number of Ontarians who are precariously employed. The province also announced a $15/hour minimum wage to be implemented by 2019. The announcement comes after the release of the ministry of labour's *Changing Workplaces Review*, which had 173 recommendations for more equitable treatment of workers, extended employee leaves, and better bargaining and union rights. RNAO participated in public consultations that informed the report, calling for improved fairness through better enforcement of labour standards, removal of wage differentials for student employees and liquor servers, and seven personal emergency paid days instead of two. Read more at RNAO.ca/newsroom/ChangingWorkplaces **RN**

LIVING me

Despite significant barriers to health care, RNs and NPs are helping transgender Ontarians to express their true gender identity.

BY DANIEL PUNCH
PHOTOGRAPHY BY JEFF KIRK

Twenty-year-old Nolan Blodgett walked into a Peterborough health centre hoping to make his body look the way he felt inside.

It was September 2014, and he had come out as transgender the previous November. The 10 months since were the most difficult of his life. "I was struggling," he says. "I didn't really want to be trans. I just was."

Since coming out, he had taken small steps toward living life as a man. He bound his chest to hide the breasts he felt shouldn't be there, and changed his name to Nolan. But that did little to ease his depression.

His family wasn't supportive of his gender identity, and being trans had become "the elephant in the room" with his friends. Combined with the mental health issues that had plagued him since he was a preteen, it all became too much. In February 2014, he attempted suicide.

"The anxiety I (felt) about going out in the world...was debilitating," Blodgett recalls. "I just hated (my body) so much I couldn't focus on anything else."

He knew he had to explore medical transition if he was ever going to be happy with how the world saw him. That meant starting hormone therapy. For a transgender man, that involves regular doses of testosterone to make his physical appearance more in line with his gender identity. To do that safely, he needed a health-care provider.

That's how he ended up in RN Sheena Howard and physician Vanita Lokanathan's Peterborough office. Transgender friends told him Lokanathan and Howard (chair of the Ontario Family Practice Nurses (OFPN) interest group at RNAO) would help him. Their office is a safe space, he was told. The rainbow flags and trans-positive posters adorning the walls were good signs, but he had every right to be skeptical. Transgender people face significant barriers to health care, from lack of education among health professionals to outright discrimination.

Nursing and medical school curricula barely cover trans issues, if at all. A 2010 U.S. survey by the National Center for Transgender Equality found half of trans people who received health care had to educate their care providers. About 19 per cent were denied health care because of their gender identity.

Nolan Blodgett (right) found “safe” health care with Peterborough RN Sheena Howard (left) in 2014.

Fearing discrimination, many avoid health-care environments and ignore lingering health issues. When they seek care, Blodgett says the intense focus on their bodies can be uncomfortable for transgender people, who are often self-conscious due to feeling their gender is different from what was assigned physically at birth (known as gender dysphoria).

He remembers visiting a physician for an ear infection, only to be peppered with questions about his genitals. Another physician scolded him for wearing his chest binder, which got in the way of a stethoscope. And during a four-week stay in hospital after his suicide attempt, nurses often refused to use his preferred male pronouns, corrected others who referred to him as a man, and blamed all his mental health problems on his gender identity. "Being trans isn't easy...(and) being surrounded by health professionals who say it's not normal and it's not okay is discouraging and overwhelming," he says.

He carried the weight of all those experiences as he sat in a Peterborough waiting room that September day in 2014. Howard came out to greet him, and it was quickly clear this experience would be different. They spent the first part of the appointment just chatting about life. She didn't assume anything about his history or his goals for his body. She just listened. "Sheena was amazing," Blodgett says. "(She) didn't treat me any differently than everyone else. That was probably the first time I experienced that."

Howard and Lokanathan worked with their first openly transgender patient five years earlier, when the local medical officer of health recommended them as "friendly" care providers.

They listened and learned from that patient, and did training on trans issues through Rainbow Health Ontario (RHO). They quickly earned a reputation among the local trans community, and before they knew it, they were getting referrals from as far away as Toronto, London, Kingston and North Bay. One patient was even referred by their drug dealer after they asked about buying hormones illegally, and another found out about them while searching trans health topics on the website Reddit.

To deal with the sudden influx, Howard and Lokanathan developed a team-based model of care in which Howard – who was already working with a broad scope of practice – did assessments and worked closely with patients. Today, they are part of the Peterborough Family Health Team with a roster of about 220 trans patients. Howard is directly involved in care for more than 75 of those patients.

After five years of helping people transition, Howard has learned the approach is no different than primary care for any other health issue – check for contraindications, watch for side effects, monitor blood work, and adjust dosage as necessary. Above all, treat patients with respect and dignity. "Health-care providers are supposed to meet everyone with an open mind, an open heart, and a willingness to help," she says. "People who have gender dysphoria aren't any different."

Howard admits she's shocked by the barriers trans people encounter accessing care. Patients tell her about being flat-out refused care by health professionals who say they don't understand. "I think that's really sad," Howard says. "I can't think of any other reasons than transphobia and ignorance."

The barriers are also systemic. Health-care professions have long viewed transgender people as having mental health issues. Gender dysphoria is still classified as a mental illness on the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. For many years, the only option for transgender people seeking medical transition was to undergo extensive evaluation by a psychiatrist, who ultimately decided if they qualified. After lengthy wait lists and psychiatric evaluation, it could be years before a trans person could access hormones.

Today, health organizations like Howard's follow the informed consent model, as outlined in the guidelines from the World Professional Association for Transgender Health (WPATH) and Toronto's Sherbourne Health Centre. Under the informed consent model, patients are taught about the benefits and risks of hormone therapy. If they are physically and mentally capable of making the decision for themselves, they can. This process takes weeks or months, instead of years.

Howard says this can make a huge difference for patients during a very difficult time. "From the moment you acknowledge to yourself you're transgender to the moment you get the help you need, that's your highest risk of suicide," she says.

That was the toughest time for Blodgett, and he says struggling to find a supportive health-care provider was a trigger for his suicide attempt. Transgender Ontarians are at least 10 times more likely than the rest of the province to attempt suicide, according to a 2010 survey by the Ontario-based Trans PULSE research project. Blodgett thinks poor access to health care is a factor. "It sounds extreme, but it's really, really common. When people aren't able to get (health care), things are already so bad it's kind of the last straw."

EDUCATE YOURSELF

RESOURCES ON TRANSGENDER HEALTH CARE

Rainbow Health Ontario: Online trans health tool
rainbowhealthontario.ca/TransHealthGuide/

Sherbourne Health Centre: Guidelines and Protocols for Trans Care
sherbourne.on.ca/lgbt-health/guidelines-protocols-for-trans-care/

TransLine: Trasngender medical consultation service
project-health.org/transline/

RNAO's Rainbow Nursing Interest Group: Respectful Care and Support for LGBTQ Clients and Colleagues (Part 4) **RNAO.ca/trans-webinar**

For more information about accredited training, education, and communities of practice related to trans health, contact Jordan Zaitzow at jzaitzow@rainbowhealthontario.ca

After living the first five decades of her life as a man, Jennifer Chandler couldn't wait any longer.

She knew she was truly female at 12 years old, but she did what she thought was "the right thing" at the time and suppressed her gender identity. She was married twice, divorced twice, and had a son.

In 2002, she began taking estrogen she bought overseas without consulting a health-care provider. In the privacy of her home, she lived an "alternate life" as a woman, and largely kept to herself outside of work. But Chandler couldn't stay behind closed doors forever.

Jennifer Chandler (right) says NP Erin Ziegler (left) was a ray of hope when she was deciding to finally live her life the way she had always felt.

"It's like holding back a flood. You can only hold it so long," she explains.

The dam burst four years ago. At the age of 50, she was desperate to live the way she had always felt, and needed help from a health-care provider to do so. She had no idea where to turn, and considered suicide.

She couldn't imagine starting a years-long process of psychiatric evaluation, and resented having her gender identity characterized as a mental illness. She already knew she was a woman, and didn't need a psychiatrist to confirm it. "The last thing I wanted was for someone to tell me to go through two years of psychiatric evaluation. Then I probably would have committed suicide," she says.

After a transgender support meeting in Mississauga, one of the organizers did some research on Chandler's behalf. She referred her to NP Erin Ziegler at Wise Elephant Family Health Team in Brampton.

Their first appointment was in November 2013. They discussed Chandler's goals for her transition. Ziegler listened to her story, and told her she would help. "That changed my life. If I (hadn't) found someone like her, I don't know what I would have done," Chandler says.

Ziegler says many of her trans patients struggle with depression because they can't express their true gender, and helping them transition often turns that around completely. It can be truly life-changing.

Like Howard, Ziegler studied trans health through RHO after learning about the lack of services for trans people. RHO's online trans health guide provides an interactive learning tool based on Toronto's Sherbourne Health Centre's *Guidelines & Protocols for Trans Care.*

In 2015, RNAO's Rainbow Nursing Interest Group (RNIG) hosted a webinar on supporting trans clients and colleagues, which is archived at RNAO.ca/trans-webinar. "I believe it's every nurse's responsibility to seek knowledge of how best to provide that care and to also seek awareness of their own biases and behaviours that might either overtly or inadvertently contribute to inequalities," says RNIG co-chair Ruth Trinier.

Ziegler runs full-day workshops on trans health for nurse practitioner students at Toronto's Ryerson University, where she also teaches. She hopes the subject will eventually be built into the curricula at nursing and medical schools, so it can become part of everyday primary care. "There is this illusion that trans medicine is a specialty. It's really not," she says, adding that prescribing hormones for transitions is no different than prescribing them for birth control.

When she met Jennifer, Ziegler was relatively new to transgender health. Now, her roster includes about 90 transgender patients. Her clinic is one of two dozen across Ontario where RHO refers trans people. That's more options than any other Canadian jurisdiction, but it's still not enough to adequately serve a trans population which is estimated to be at one in every 200 adults.

Still, Ziegler says a lot of progress has been made in recent years. Since NPs gained the authority to prescribe controlled substances in April, she has been able to provide testosterone to her male transgender patients without referring them on to a physician.

continued on page 29

2017 NURSING WEEK

MAY 8–14

A collection of images from members who celebrated the profession across the province.

TAKE YOUR MPP TO WORK

1 Bluewater Health NP Marcel Blais (left) and Linda Schaefer (centre), manager of rural health for Charlotte Eleanor Englehart Hospital (part of Bluewater Health), take PC MPP Bob Bailey on a tour of the hospital. They stopped for a glimpse of the stayTrack screen that the interprofessional team uses to track patient progress towards transition/discharge.

2 Liberal MPP Peter Milczyn receives a quick blood pressure check from LAMP Community Health Centre NP Wendy Goodine during his Nursing Week tour of the Etobicoke CHC. The visit was not his first to LAMP, but it was his first chance to learn about its use of telemedicine, and the importance of technology to provide efficient care.

3 NDP MPP Cheri DiNovo (left) paid a visit to Toronto's Queen West Parkdale Community Health Centre in May. Among those hosting the visit, and sharing details of their day-to-day work, were Oxana Latycheva, director of primary health care (right), and Anne-Marie Mohler, president-elect of RNAO's Parish Nursing Interest Group.

4 RNAO Peel chapter members Harshdeep Hehar (left) and Jasmin Fasitsas, student representatives for the local executive, share a laugh as they pose in the photo booth during the chapter's annual Nursing Week dinner.

5 Members of RNAO's Durham Northumberland chapter hosted information booths at four different sites of Lakeridge Health during Nursing Week, talking with more than 200 RN and NP staff about membership benefits. Among those to share their insights were chapter executive member Tuberly Zaheeruddin (left), with help from Lakeridge admin assistant Jennifer Killin.

6 RNAO IABPG director Valerie Grdisa (second from right) visited Trillium Health Partners' Mississauga Hospital during Nursing Week to celebrate the organization's designation as a Best Practice Spotlight Organization (BPSO). On hand for the celebration were (from left) BPSO co-leads Ileen Gladding, Mary-Lynn Peters and Charmaine Lynden, clinical educator and BPSO lead Patricia Naval, and Cheryl Hoare, manager, professional practice.

7 Parish nurse Karen Watson visited the Kitchener-Waterloo site of Grand River Hospital during Nursing Week to offer staff a blessing of the hands in partnership with spiritual caregivers. Parish nurses also visited St. Mary's Hospital, Grand River's Freeport site, and a nursing home for blessings there. This initiative started eight years ago and it has become something health providers look forward to each year.

8 In what has become an annual tradition, the *Toronto Star* Nightingale Award was handed out during RNAO's Nursing Week Health Professional Expo in Toronto. This year's winner was palliative cancer care RN Peggy Dickie (second from left). Honourable mentions went to (from left): NP Deborah Brown, who provides care for seniors at Sunnybrook Health Sciences Centre, and community RNs Sandra Sargent and Jasmina Topalovic, both from home care provider, ParaMed.

9 RNAO's Windsor Essex chapter kicked off Nursing Week early (May 6) with a meet-and-greet with special guest, CEO Doris Grinspun (not pictured). On hand for the gathering were (from left) Karen Riddell, Sue Sommerdyk, Veronika Pulley and Kristine Malott.

10 RNAO's former IABPG director Irmajean Bajnok (middle row, seated, third from left) visited public health nurses at the Haldimand-Norfolk Health Unit during Nursing Week to provide insight on RNAO's best practice guidelines and the requirements for becoming a Best Practice Spotlight Organization (BPSO). **RN**

Are you hosting a local event or gathering? Take photos and share them with us for possible publication in the *Journal's Out and About* section. Contact editor@RNAO.ca for more information.

2017 AGM ANNU

Values. Evidence. Courage.

RNAO celebrated its 92nd birthday in April when more than 700 RNs, NPs and nursing students convened in downtown Toronto for the association's annual general meeting (AGM).

The theme for this year's event was "Values. Evidence. Courage." And with the way RNAO members electrified the Hilton Toronto for three jam-packed days, you could also add "energy" to that list.

The Toronto Children's Concert Choir set the tone for the event with a rousing, foot-stomping performance of Afro-Caribbean music at the April 27 opening ceremonies, where nurse leaders were joined by Ontario's Health Minister Eric Hoskins, Progressive Conservative Leader Patrick Brown, and NDP Health Critic France Gélinas.

The release of the provincial budget earlier in the day also energized members, who were delighted to see their advocacy acted upon with dedicated funding for offloading devices for persons with diabetes and foot ulcers (a first in Canada), supervised injection services (a second in Canada), $15 million to recruit and retain primary care providers, and an increase to hospital budgets. The biggest news from the budget was a proposed pharmacare plan coming into effect Jan. 1, 2018, which will provide free prescription drugs covering all medications to Ontarians under the age of 25.

"The new program represents the biggest expansion of Medicare in this province over the course of a generation," Hoskins said. "And...a major leap forward toward universal drug coverage for all (Ontarians)."

Both Hoskins and RNAO have spent years pushing the federal government to pursue a national pharmacare program. In the absence of a federal plan, RNAO CEO Doris Grinspun once told Hoskins that Ontario should create its own pharmacare program. "Doris, I listened, and we did," he said to a round of applause from the crowd.

Gélinas also discussed pharmacare during her address, touting the NDP's plan to fund 125 essential medications for all 13.5 million Ontarians – instead of funding all medications for only those under 25. "I think this is something worth doing, and I think this is something that would fully embrace all of the hard work RNAO has been doing for such a long time," she said.

In his speech, Brown focused on the dwindling RN workforce in Ontario. He said it is "shameful" that the province has the lowest RN-to-population ratio in the country. The PC party, he added, is calling for investments in frontline nursing staff. He also applauded RNAO's internationally acclaimed best practice guidelines (BPG) program, saying the guidelines "have helped build up the nursing profession in Ontario and around the world."

AL GENERAL MEETING

The business portion of the AGM, which began April 28, included three resolutions for debate (see page 23), and the announcement of the results of RNAO's One member, one vote. New board representatives were voted in for various regions, and Angela Cooper Brathwaite became president-elect. Bringing a wealth of experience in research, political advocacy, and cultural competency, Cooper Brathwaite said she looks forward to transforming the voice of RNAO members into action at the provincial, federal and international levels. "The world has yet to see what a committed group of health professionals can achieve," she said. "Let us be courageous, strong and determined."

That determination of RNAO members was on display when Premier Kathleen Wynne stopped by the event for a keynote address and Q&A. She thanked nurses for their "ongoing partnership" in building a better health system. She fielded questions from passionate members about issues like affordable housing, health care in correctional facilities, and RN replacement. "We're going to work with you on the RN replacement issue," Wynne told the crowd.

She also talked about her government's proposed budget, noting it included legislative amendments to allow RNs to prescribe independently, and funding for offloading devices for Ontarians with diabetes – two of RNAO's long-time policy priorities.

WATCH

highlights from the 2017 AGM, beginning with remarks from politicians at the opening ceremonies through to the assisted dying closing keynote panel, visit RNAO.ca/AGM2017highlights

This busy day did not stop RNAO members and their guests from getting up and dancing to the Motown sounds of The Intentions at the President's Banquet later in the evening. The lively gathering also featured the presentation of RNAO Recognition Awards to members, and Media Awards to deserving journalists.

That same energy flowed into the final day of the AGM, which started with interest group meetings and finished with a keynote panel discussion on assisted dying. Five expert panellists, with guidance from moderator André Picard of the *Globe and Mail*, discussed how legalizing medical assistance in dying has affected nursing practice. The panellists answered questions during a Q&A with the crowd, which included members, other health professionals, and the public. **RN**

PHOTOS: FROM FAR LEFT
PC Leader Patrick Brown was among the special political guests at the opening ceremonies. Maggie Copeland, a community health nurse for Mississaugas of the New Credit First Nation, an Ojibwa First Nation near Brantford (left), stopped Premier Kathleen Wynne following her presentation and Q&A session to thank her for recognizing and acknowledging the Territory of the Mississaugas in her speech.

ABOVE In the lead-up to the procession of guests at the 2017 opening ceremonies, Health Minister Eric Hoskins takes a moment to pose with long-time member Paula Manuel. Health critics from the PC and NDP parties, Jeff Yurek and France Gélinas (left and right, respectively) take in the speeches by fellow politicians during the AGM's opening ceremonies.

RNAO Board of Directors 2017-2018

Opening ceremonies

LIVELY PERFORMANCE

Participants at the opening ceremonies for the 2017 AGM were treated to a lively performance by the Toronto Children's Concert Choir, accompanied by a pair of Afro-Caribbean drummers.

FIRST ROW (left to right): Allison Kern, Region 9 representative; Angela Cooper Brathwaite, President-Elect; Carol Timmings, President; Doris Grinspun, CEO; Julia Roitenberg, Member-at-Large, Nursing Administration; Olaperi Oladitan, Student Representative

SECOND ROW (left to right): Beatriz Jackson, Region 8 representative; Betty Oldershaw, Region 1 representative; Maria Lozada, Region 5 representative; Wendy Pearson, Region 10 representative; Nathan Kelly, Region 3 representative; Maria Rugg, Member-at-Large, Nursing Practice

TOP ROW (left to right): Larissa Gadsby, Region 4 representative; Morgan Hoffarth, Region 2 representative (forward); Lhamo Dolkar, Region 7 representative; Tammie McParland, Member-at-Large, Nursing Education; Hilda Swirsky, Region 6 representative; Rhonda Seidman-Carlson, Member-at-Large, Socio-Political Affairs (forward); Jennifer Flood, Region 11 representative; Una Ferguson, Interest Groups representative

ABSENT: Michelle Spadoni, Region 12 representative; Deborah Kane, Member-at-Large, Nursing Research

STANDING OVATION

Members of RNAO's 2016-2017 board of directors take in the entertainment at the April 27 opening ceremonies. (Right to left) Carol Timmings, President, Vanessa Burkoski, Immediate Past-President, Deborah Kane, then Region 1 representative, Janet Hunt, then Region 2 representative, and Aric Rankin, then Region 3 representative.

Therefore be it resolved that...

Resolutions for consideration at the AGM give RNAO a mandate to speak on behalf of all members. They touch on pressing nursing, health and social issues, and come from members who represent many facets of nursing within the health system.

Would you like to bring forward a resolution to the AGM? Find out more by reading our feature article in the July/August 2014 issue of the *Journal* (RNAO.ca/RNJ-July-Aug-2014).

For more detailed information on preparing a resolution and the specific requirements set out by the provincial resolutions committee, contact board affairs co-ordinator Sarah Pendlebury, spendlebury@RNAO.ca

RESOLUTION 1

Funded transportation services for seniors

Submitted by: Megan Kitchen, RN, Lambton chapter

Conflict of interest declaration: Author is a volunteer for CHATS (Community & Home Assistance to Seniors)

Whereas lacking access to transportation services places seniors at higher risk for social isolation and can negatively affect an older adult's physical, psychological and cognitive health (Government of Canada, 2014);

Therefore be it resolved that the Registered Nurses' Association of Ontario (RNAO) advocate to municipal, provincial and federal governments for more funding for transportation services for seniors.

☑ CARRIED

RESOLUTION 2

Initiative to support NEI in northern Ontario

Submitted by: George Fieber on behalf of Lakehead chapter

Whereas health-care organizations in rural, remote and/or northern parts of Ontario face significant barriers in recruiting nurses, and research has shown that nursing students who have the opportunity to do clinical education placements in those parts of the province are more likely to seek out employment opportunities in those areas; and

Whereas the cost of travel and accommodation are significant barriers to student nurses being able to do clinical education placements in rural, remote and/or northern parts of the province;

Therefore be it resolved that the RNAO actively lobby the Ontario Ministry of Health and Long-Term Care and/or Ministry of Training, Colleges and Universities to establish a rural, remote and/or northern education initiative to provide reimbursement for travel and accommodation costs associated with pursuing clinical nursing education placements in those parts of the province.

☑ CARRIED

RESOLUTION 3

Health in all policies

Submitted by: Maria Harrison, Sandrina Ntamwemezi and Ioana Gheorghiu, Peel chapter

Whereas research shows that the primary factors that influence the health of Canadians are not medical treatments or lifestyle choices but instead are the living conditions of people, which are shaped by the social determinants of health, including income, education, job security, working conditions, food security, housing, etc.; and

Whereas public policy has the power to influence people's everyday choices by providing people with opportunities for health or limiting such opportunities, through policy decisions made in most sectors (i.e. housing, education, economic, transportation, health, etc.); and

Whereas health in all policies is a health policy approach that considers the impacts that policies in all government levels and sectors have on health; it is founded on the recognition that health is largely determined by factors outside health care. RNAO has done powerful work on various social determinants of health, such as minimum wage, social assistance, housing and others, but has not explicitly advocated for health in all policies;

Therefore be it resolved that RNAO advocate for a health in all policies approach to be implemented within Ontario to promote population health and ameliorate growing health inequalities, by using a health impact assessment or another tool deemed appropriate.

☑ CARRIED

And the recognition award goes to...

RNAO's Recognition Awards are handed out each year at the AGM. Winners receive their awards during the day or at the evening celebration. To find out more about this year's winners, read their full biographies online at RNAO.ca/recognitionawards

CHARLOTTE LEE ▶
Leadership Award in Nursing Education (Academic)

◀ **CRAIG DALE**
Leadership Award in Nursing Research

CARINA JACOB ▶
Student of Distinction Award

◀ **LISA PROWD**
Leadership Award in BPG Implementation

NURSING PROGRAM AWARD
Brampton's College of Health Studies, RNAO Promotion in a Nursing Program Award

LIFETIME ACHIEVEMENT AWARD
Elizabeth Baker (right), Lifetime Achievement Award

PRESIDENT'S BANQUET
Attending the President's Banquet to receive their awards were (Left to right): Linda Haslam-Stroud, Lifetime Achievement Award winner, Anita Tsang-Sit, Hub Fellowship recipient, and Barbara Whalen, winner of a President's Award for Leadership in Clinical Nursing Practice.

CHAPTER OF THE YEAR
Durham Northumberland

Event highlights

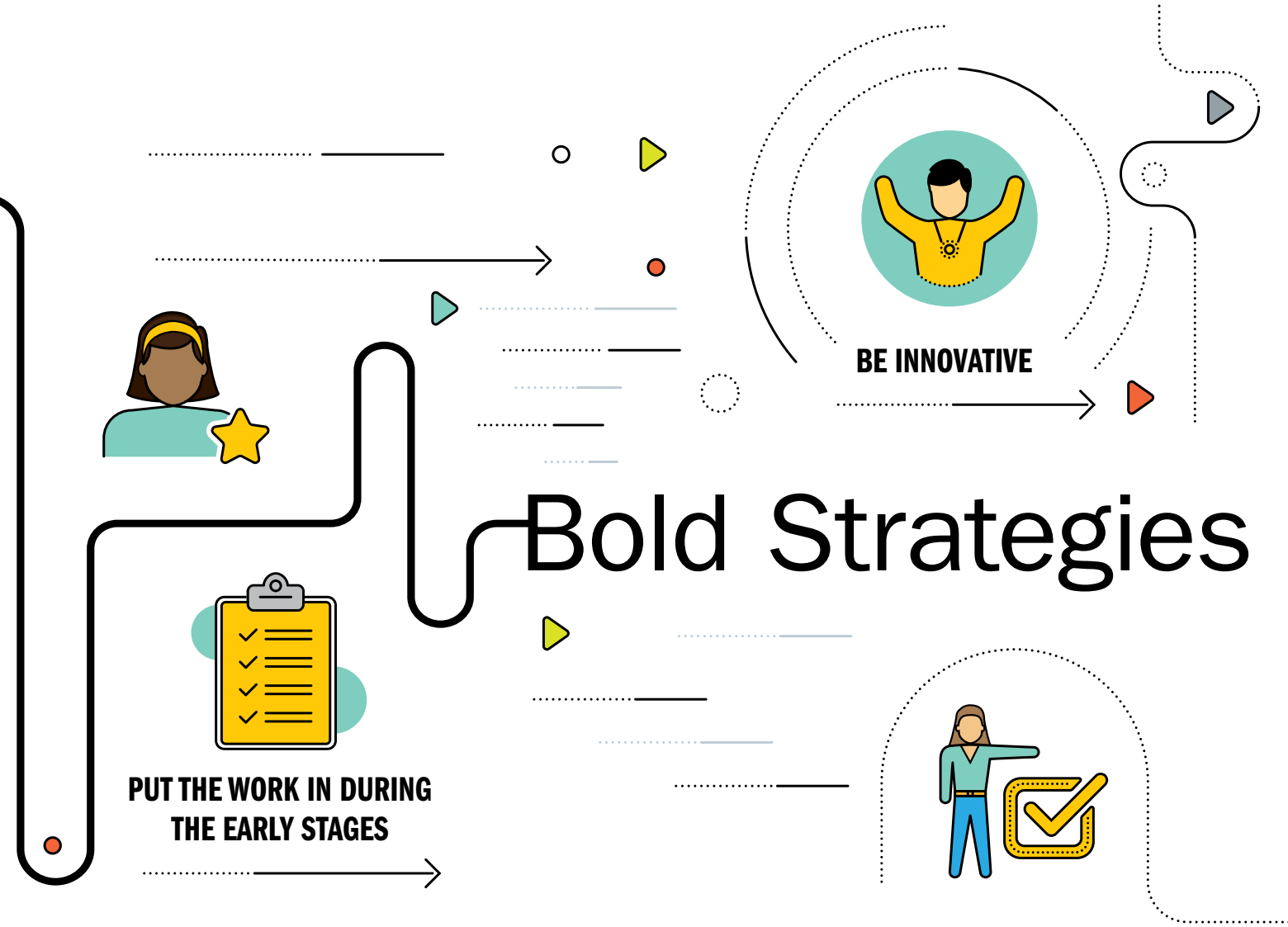
PRESIDENT'S AWARD
Jackie Mace, President's Award for Leadership in Clinical Nursing Practice

KEYNOTE PANEL PRESENTATION
In June 2016, federal legislation was passed to legalize assisted dying. NPs can now provide the service, and RNs are often involved. The legislation raised important questions among nurses who wonder how the new law will affect their practice. RNAO tackled those questions during a panel discussion that marked the close of the 2017 AGM. It featured the varied perspectives of (L to R): Dirk Huyer, chief coroner for Ontario; Maureen Taylor, a physician assistant and co-chair of the Provincial/Territorial Expert Advisory Panel on Physician Assisted Dying; Globe and Mail public health reporter André Picard (moderator); Debra Bournes, chief nurse and VP of clinical programs for The Ottawa Hospital; Sally Bean, ethics and policy advisor for Sunnybrook Health Sciences Centre; and RNAO President Carol Timmings.

MEMBERS CONSULT
Lakehead chapter consultation representatives Dawna-Maria Perry (left) and Ron Turner, both from Thunder Bay Regional Health Sciences Centre, enjoy a break from the proceedings.

MEMBERS' VOICES
Region 3 member Lacey VanEvery (centre) waits at one of the microphones for a chance to speak during the members' voices portion of the AGM.

A FOND FAREWELL ▶
Immediate Past-President Vanessa Burkoski (left) received a standing ovation for her work on the board of directors for many years. She officially stepped down when it was revealed Angela Cooper-Brathwaite was voted in as RNAO's next president-elect.



Bold Strategies

Four Ontario organizations sign on to use nursing order sets as a step-by-step guide to implement BPG recommendations and track the results.

BY DANIEL PUNCH

RN Gemma Nott knows pressure injuries take a toll on long-term care residents.

Caused by constant pressure or friction, these areas of damaged skin and underlying tissue are common among people who spend long periods of time sitting or lying down without being able to easily shift position. They are painful, susceptible to infection, and can even lead to sepsis.

So Nott was concerned when the number of pressure injuries began to rise at Chartwell Retirement Residences' London location, where she is director of care. "Our home has always had a really good track record of low pressure injuries, but for some reason last year they were spiking up," Nott says.

Chartwell London's rate of pressure injuries was normally at or below the national average, but it climbed as high as three times the national rate in September 2016.

Behind these numbers are residents like *Ben, a 50-something double-amputee with multiple pressure injuries. Last year, Ben had a stage-three pressure injury on his hip, where a deep crater opened up into the tissue under his skin. He had limited mobility and was in a lot of pain. He was also very set in his ways, and would often refuse suggestions from staff. He wouldn't even let them change his mattress.

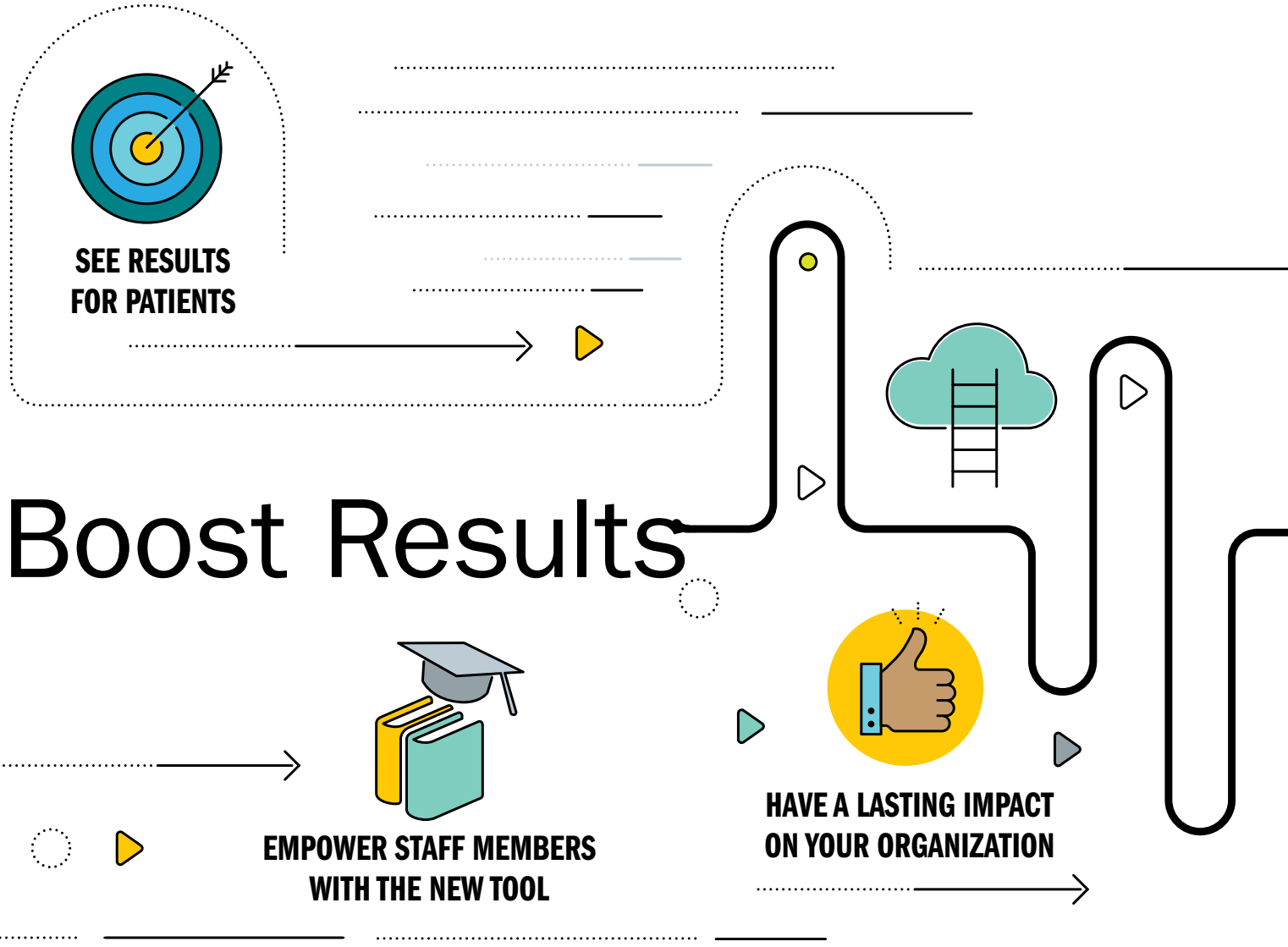
If Nott and her colleagues were going to heal Ben's pressure injuries, and also bring down the overall rate of pressure injuries for the home, they were going to need a bold new strategy.

Thankfully, that strategy was already in the works. In the fall of 2016, Chartwell's London and Waterford locations joined Bluewater Health, Bayshore Healthcare, and St. Joseph's Healthcare Hamilton in implementing nursing order sets as part of RNAO and Canada Health Infoway's Nurse Peer Leader (NPL) project. Derived from RNAO's best practice guidelines (BPG), nursing order sets are a series of actionable intervention statements that give health providers a step-by-step guide to implement BPG recommendations and track the results.

Before implementing the nursing order set from the *Assessment and management of pressure injuries for the interprofessional team* BPG, Nott says Chartwell London couldn't be sure staff was providing the

*A pseudonym has been used to protect privacy

ILLUSTRATION: ISTOCKPHOTO.COM/ENIS AKSOY



same pressure injury care for all residents. The nursing order set allowed care to be standardized with a systematic process supported by evidence, and positive results came almost immediately.

Chartwell London's rates of new pressure injuries and worsened stage-two to stage-four pressure injuries dropped to well below the national average by March 2017, and remain low. "That was very exciting...and the only thing we changed was the introduction of the nursing order sets," says Deborah Johnston, RN and director of professional development and informatics at Chartwell's corporate office.

The nursing order sets were embedded into the organization's existing electronic documentation system, allowing for immediate access to evidence to inform staff practice. RNAO's nursing order sets incorporate the International Classification for Nursing Practice (ICNP®) codes developed by the International Council of Nurses, which provide a common language to describe the work that nurses do. ICNP facilitates comparative analysis of nursing data across different sectors, settings and geographic areas. It also provides data about nursing practice to stimulate research and influence health policy. Using the ICNP codes helped all four organizations collect and report data to RNAO's Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) database.

The NPL project was launched in January of last year to promote best practices, enhance electronic documentation, and give health organizations data they can use for quality improvement. The four participating organizations come from four different health sectors: Chartwell from long-term care; Bayshore from home care; Bluewater Health from acute care; and St. Joseph's kidney and urinary outpatient care program.

The project tasked one nurse from each organization to become an NPL and lead the implementation of nursing order sets from RNAO's BPG on self-management of chronic conditions, and at least one of two guidelines related to pressure injuries and diabetic foot ulcers. Chartwell named three NPLs – one at the corporate level, and one at each of its two participating homes. Nott served as NPL for Chartwell London, Johnston for the corporate office, and RN Kaitlyn del Rosario took on the role at Chartwell Waterford. Registered nurses Milly Helps, Zarah von Schober, and Barbara Chapman are NPLs for Bluewater Health, Bayshore, and St. Joseph's, respectively. "It was a great experience working with the network, sharing ideas and challenges, and getting input on how to overcome those challenges," says Chapman.

Though they each work in different sectors, their approaches to the project followed a similar path.

PUT THE WORK IN DURING THE EARLY STAGES

The planning phase for the NPL project began in March 2016 with the goal of "going live" with nursing order sets in September of that year.

At Bluewater Health, Helps says the process started with a gap analysis. This allowed the hospital to evaluate the current state of its pressure injury documentation process, and identify what it needed to do to successfully adopt nursing order sets. Once that was determined, Helps organized an implementation team that included nurses, informatics experts, educators, and other interprofessional colleagues.

Next, Bluewater Health embedded the nursing order sets into its existing documentation system, taking care to ensure the documentation process would flow easily for staff at the point-of-care. At the same time, staff members were given a refresher on pressure injuries via group meetings and huddles.

Helps says regular meetings with her NPL colleagues at the other organizations were important during the planning stage. "Everyone was more than willing to share information with each other," she says.

EMPOWER STAFF MEMBERS WITH THE NEW TOOL

As staff at Bluewater Health learned the new process, they told Helps that nursing order sets "...just make more sense." Rather than documenting on five or six different interventions, everything is now on the same screen. And that frees up nurses to spend more time with their patients. "We all want to be at the bedside, not at the computer documenting," Helps says.

von Schober said staff at Bayshore also appreciated the streamlined process. "Nursing order sets allow you to apply a framework into practice," she says. "They are really well-designed."

BE INNOVATIVE

The four organizations that signed up for this project were required to implement the nursing order set for the *Strategies to support self-management in chronic conditions* BPG. Because this guideline focuses on engaging clients in their own care, it took some creative thinking to implement and collect meaningful data.

von Schober and her colleagues asked themselves: "What can we provide the client to promote engagement and self-management?" The answer was to develop a diabetes and wound care mobile app that was piloted in Bayshore's Simcoe region wound clinics.

The app allows clients to take photos of their wounds and track their diabetes symptoms on android devices. The information is automatically uploaded to a clinician portal nurses can access from their computer. It allows them to monitor their patients' wounds, blood sugar levels, self-management goals, and other relevant information from wherever they are working – a major advantage in home care. "Because we aren't with our clients 24/7 in home care, we are able to provide care remotely via technology," von Schober says.

SEE RESULTS FOR PATIENTS

Johnston says Chartwell is "exceptionally excited" about the turnaround in pressure injury rates in London and Waterford. But what really counts is what those numbers say about the experiences of residents.

Despite his initial resistance, Ben turned out to be a perfect candidate for self-management. Guided by the nursing order set, Chartwell staff encouraged him to take ownership of his care and set goals for healing his pressure injuries. They started small: he allowed staff to change his mattress. Next, he decided he wouldn't lay on his right side for a few nights, to take pressure off his injuries.

Ben recorded his goals and his progress in a self-management booklet that was designed as part of the project, and eventually healed his pressure injuries. Even though Ben has since passed away, Nott knows his final days were far more comfortable than they could have been. "Having those wounds heal meant he wasn't spending his last time in pain," she says.

HAVE A LASTING IMPACT ON YOUR ORGANIZATION

Though the project wraps up in June, the knowledge gleaned from the NPLs will help RNAO guide other organizations as they implement nursing order sets. As Best Practice Spotlight Organizations (BPSO), Bayshore, Bluewater Health and St. Joseph's will continue to have their indicators monitored through their monthly submissions to NQuIRE.

Bayshore is currently evaluating its diabetes and wound care app to see if it can be expanded. von Schober says working on the NPL project has helped her organization recognize other opportunities to use technology to promote best practices.

Chapman says the work done to implement nursing order sets "created a model for spread across the organization." It has also been a big step toward her organization's goal of fully digitizing its documentation system. She says this nurse-led project demonstrates the profound impact nurses can have on their patients and their organizations. "(Nursing order sets) are a really effective strategy in preventing adverse outcomes for patients and their families, (and) nursing is very influential in impacting change." **RN**

DANIEL PUNCH IS STAFF WRITER FOR RNAO.

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Living me (continued from page 17)

Beyond hormones, some transgender people choose to have surgeries like mastectomies, chest-recontouring, breast implants, facial feminization surgery and genital reconstructive surgery. In March 2016, the Ontario Health Insurance Plan (OHIP) changed its requirements for funding gender confirming surgeries, allowing for referrals from primary care physicians and nurse practitioners.

Having a double mastectomy in October 2016 went a long way toward making Matt Warren feel comfortable with his body. "I had so much dysphoria around my chest," says the 24-year-old transgender man. "If I knew I wouldn't have bled out cutting (my breasts) off myself, I would have."

Warren's surgery may not have happened without Howard and Lokanathan, and he is extremely grateful for their warmth and acceptance. His first trip to their office in September 2015 was the first time anyone had used male pronouns to describe him. "It felt so amazing, I was like 'oh my gosh, I want my life to be like this all the time.'"

As for Blodgett, he was eventually transitioned out of Howard's clinic and is continuing hormone therapy with support from his primary care physician. He just completed a psychology degree at Trent University, where he wrote his undergraduate thesis on trans people's experiences in health care.

When he and Howard ran into each other at a Peterborough Pride celebration last year, she didn't even recognize the bearded man in front of her. He identified himself, and she was flooded with memories of his first visits to her office when he was on the brink of suicide.

He thanked her, gave her a big hug, and told her she saved his life.

Howard's voice wavers when she thinks back to that day. "That's such a gift. (It) is precisely why I got into nursing," she says. "Who wouldn't want to have someone say that to you?" **RN**

DANIEL PUNCH IS STAFF WRITER FOR RNAO.

IN THE END

BY HANNAH MARKHAM

What nursing means to me…

I DID NOT ALWAYS KNOW I WANTED TO BE A NURSE. IN FACT, I REMEMBER PACING, brows furrowed, on the night of the university decision deadline. I had to choose between engineering, women's studies and nursing. Except for a gut feeling that had me leaning towards nursing, I felt equally sure and unsure about all of them. Each decision would lead me in a different direction and I struggled to imagine what my future might look like.

I chose nursing, but even at graduation, I had no idea what type of nurse I wanted to be. Through the years that followed, I jumped between roles, always trying to find my fit. I went from the emergency department to a sexual assault and domestic violence centre, to a sexual health and abortion clinic. I've worked in community health, specialized infusion clinics, and in palliative and hospice care. And currently, I'm a travel nurse. Each experience has given me a new lens to see the world, and provided me with deeper insight into the human condition.

Now, years after my graduation, I see nursing as the place where my head and heart meet. It is a role in which I am able to practise science as an art.

Some people tend to focus on our differences, but being a nurse has taught me about humanity's sacred sameness. I have witnessed the full spectrum of human emotions. I have learned that being a nurse means I live the experiences and emotions of my patients. I was by her side when the chemotherapy treatments didn't work. I fought for his life as my sweat mixed with tears during chest compressions. We locked eyes when she finally left the hospital with her premature newborn. I held his hand as he took his last breath.

Each story has become bound to my own. Nursing has allowed me the privilege of walking into people's darkest days and walking out again. It has shown me both the fragility and strength in the human experience.

Nursing has become something I could never have predicted. It isn't just one thing at all. It is a journey of self-discovery. Through each patient relationship, I have changed. Through each tear and smile, I become more connected to my own life. Nursing is the process of being broken open and healing again. It is the practise of selflessness, the courage to walk into chaos again and again, the habit of holding a stranger's hand, and the process of following that gut feeling against a sea of uncertainty.

I see now that nursing was never an end destination; it was a beginning in the process of becoming. Now, I see the common question, *Why did you choose nursing?* is all wrong. It shouldn't be '*Why did you become a nurse?* ' but instead, '*Who have you become because you are a nurse?*' **RN**

HANNAH MARKHAM WORKS AS A RURAL OUTPOST NURSE THROUGHOUT NORTHERN CANADA.

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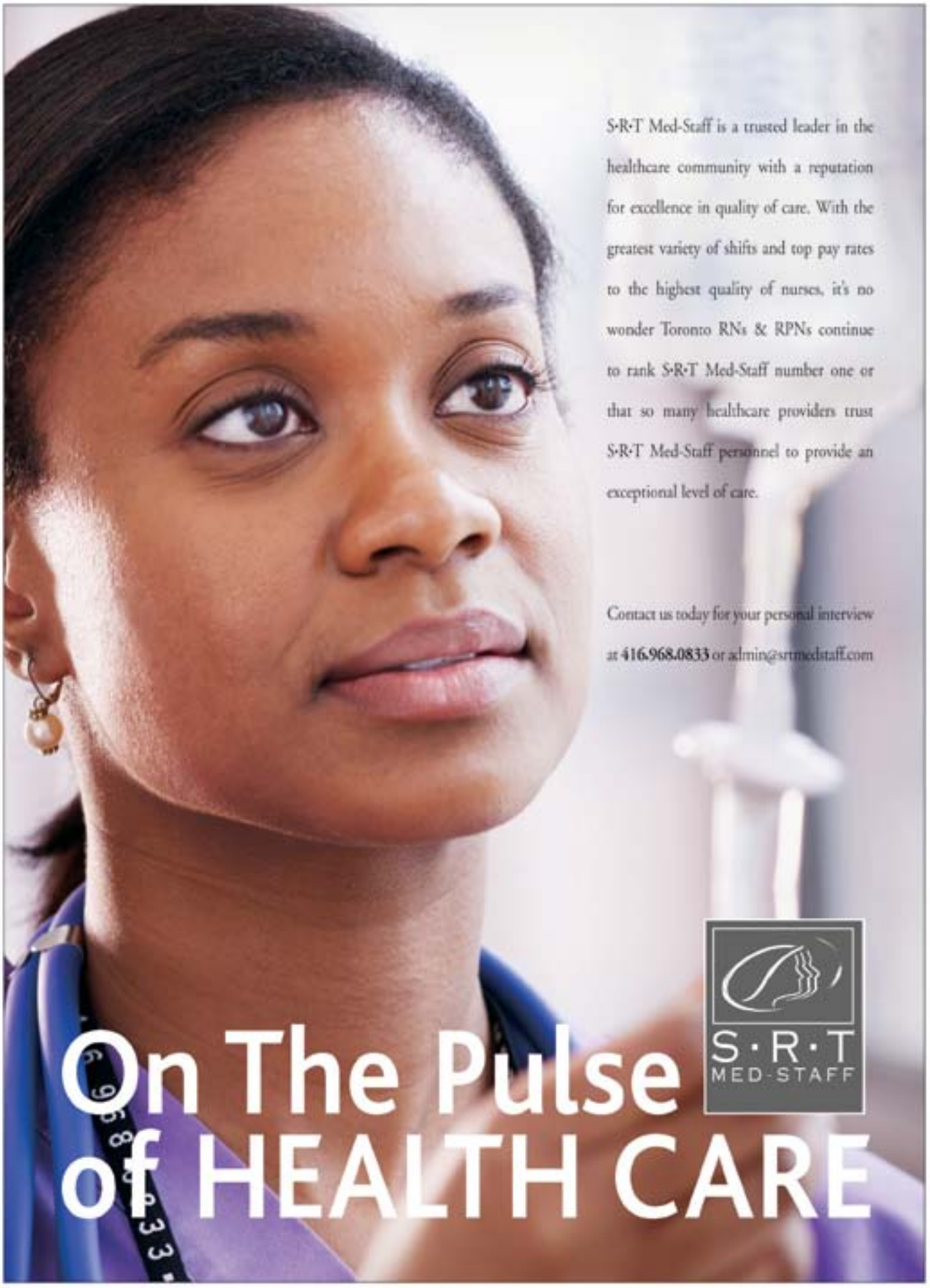
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