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Fall 2023



A DAY IN THE LIFE

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Registered Practical Nurses
Association of Ontario

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We are Practical Nursing

FALL 2023

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Highlighting the impact
of compassionate caregivers
and the vital support
they provide to LTC residents
and their families.

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Fostering a More Inclusive Future for all Nurses



As the voice for Ontario's registered practical nurses (RPNs), we are committed to fostering a culture of inclusivity, equity and empathy within our profession.

This summer, during a gathering of the International Congress of Nurses (ICN) in Montreal, I had the honour of hosting a concurrent session focused on racism in nursing. Going into the discussion, I hadn't anticipated the impact of this important open dialogue among our global nursing community.

The ICN conference brought nurses from 145 countries together to share experiences, insights and learn from one another. The agenda was packed, which meant (in my view) that the important discussion about equity, inclusion and racism in nursing had not received the attention it needed. The overwhelming interest in this session made it evident that racism in nursing remains a pressing issue that demands immediate attention and collective action.

One key takeaway from this discussion was the recognition that racism takes various forms within healthcare systems around the world. Each country has its own unique experiences, with different groups of people experiencing challenges in multiple ways. We must create a platform for all nurses to be heard and for every story to find a voice.

As nursing leaders, we are responsible for creating inclusive spaces for all nurses, regardless of background. We need to establish more support and protocols to respond to racism or discrimination in the workplace. We must develop comprehensive strategies that empower everyone to challenge

injustices and ensure a compassionate and inclusive work environment for all.

As nurses and change-makers, we must make space for these conversations. Talking about racism in nursing is not optional but an integral part of our nursing journey.

Let us recognize the power we hold as nurses to challenge prejudice, advocate for change, and create a world where everyone feels valued and respected. I urge you to pause, reflect and engage with the experiences shared herein. We must strive to learn, unlearn and relearn to help build an environment that champions empathy, understanding and inclusivity.

As we scratch the surface of awareness, let us acknowledge that there is much work to be done. This is just the beginning of a transformative journey towards a more equitable and just nursing profession. I implore you all to embrace this call to action, for it is only through collective effort that we can create meaningful change.

Together, I know we can foster compassion, understanding and unity to build a brighter and more inclusive future for all nurses.

A handwritten signature in dark ink that reads "Dianne Martin". The script is fluid and cursive.

Dianne Martin, RPN
CEO, WeRPN

Rebuilding our Sense of Self



The past several years have been some of the more trying times for our profession; we've put our lives and the lives of our loved ones at risk throughout the pandemic, battled exhaustion, working long hours with increased workloads amidst critical staffing shortages, and suffered from stress, burnout and worsening mental health problems.

What has also suffered over the past several years is pride in our profession. The findings of WeRPN's annual survey, "The State of Nursing in Ontario: A 2023 Review", show an alarming erosion of pride in nursing among RPNs since the onset of the pandemic. As we look to the future, it's never been more important for us to come together as a community of nurses to rebuild a strong and connected profession that we can be proud of.

In 2020, as our provincial healthcare system faced unprecedented challenges, 67% of nurses in Ontario expressed an unwavering sense of pride in being an RPN. In the face of adversity, our profession demonstrated resilience, compassion and dedication to our patients and communities. We stood united, drawing strength from our shared commitment to the noble calling of nursing.

Fast forward three years, and we find ourselves confronted with a stark reality – pride in nursing has plummeted to a mere 31%. The once vibrant morale of 7 in 10 nurses has suffered, leaving them to admit that their pride in nursing has worsened over the past year. These numbers are more than mere statistics; they reflect the toll the pandemic, understaffing, stagnant compensation, and more have taken on our profession's emotional and mental well-being.

Now is the time to take action to heal, reconnect and revitalize our sense of pride in nursing. Our professional association plays a crucial role in this journey. Through active engagement with our association, we can harness our community's collective strength. Let us come together, share our experiences and identify strategies to overcome the challenges that have led to this decline in pride.

Mentorship is another potent tool that we must harness to reignite passion within our profession. As experienced RPNs, I encourage you to contact our newer colleagues to provide guidance, support and encouragement. Mentorship is a powerful way to impart knowledge, instill confidence

and foster a sense of belonging to empower the next generation of nurses to take pride in their profession.

I know it's said a lot, but we also have to recognize the importance of self-care as we navigate the complexities of nursing today. The demands of our profession can be overwhelming, but we can't support our patients, clients or residents without first supporting our well-being and nurturing a culture of self-compassion. By caring for ourselves, we can continue to care for others.

In addition to self-care, let us also be mindful of the well-being of our colleagues. Reach out to your fellow nurses, check how they are doing and offer a listening ear. Sometimes, all it takes is a small act of kindness to rekindle the pride within someone feeling disheartened or isolated.

Beyond these individual efforts, let us come together with a united voice to advocate for systemic changes that will support the well-being of nurses and return nursing to a profession we can all take pride in. We must engage with healthcare leaders and policymakers to address the root causes of the decline in morale and find solutions that promote a positive and nurturing work environment for all.

As we embark on this journey to rebuild pride in nursing, let us remember that we are not alone. We have each other, our professional association and a shared commitment to excellence in healthcare. Together, we can overcome the challenges that have dampened our spirits and emerge stronger, more united and more determined to uphold the values that define our noble profession. Through our collective efforts, engagement with the association, mentorship, self-care and support for our colleagues, we can pave the way toward a brighter and more promising future for nursing in Ontario.

A stylized, handwritten signature in blue ink, appearing to read 'Dickon Worsley'.

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We are Leaders

Are you interested in helping RPNs have a stronger voice, raising awareness and sharing resources and supports with nurses?

Ambassadors help promote WeRPN education, events and supports with their fellow nurses, share stories from their own experience, and benefit from unique networking opportunities with likeminded RPNs. You can also earn fantastic rewards, including a FREE membership!

Learn more about our
Ambassador program



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**2023
Review**

We RPN Registered Practical Nurses
Association of Ontario

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The State of Nursing in Ontario

We RPN

Registered Practical Nurses
Association of Ontario

THE NURSING CRISIS **IN** **ONTARIO**

Urgent Actions Needed to Rebuild
Pride in the Profession

This summer, WeRPN released its annual survey report, “The State of Nursing in Ontario: A 2023 Review”. The report helped highlight the disturbing reality in healthcare by collecting and analyzing nursing experiences over the past year. The province is facing an escalating nursing crisis characterized by ongoing staffing shortages, increased workloads and a deteriorating sense of pride among nurses. These challenges are not only taking a toll on nurses but are also directly affecting patient care in Ontario.

91%

of RPNs say they have witnessed
patient care being negatively
impacted by staffing shortages.

Patient Care is Being Compromised:

The survey’s findings are cause for alarm, with 91% of nurses directly witnessing negative impacts on patient care due to staff shortages. Among these nurses, 83% see increased wait times for patients, and 70% have noted that it has gotten harder for patients to receive the necessary care, such as surgeries and diagnostics. An alarming 62% of nurses say they’ve directly seen how delays in such assessments have resulted in a decline in patient health.

Nurses are expected to take on greater patient loads despite not having enough time and resources to meet growing care needs; 92% say their workload has increased over the last few years. As a result, 79% of impacted nurses experience ethical conflicts, knowing they cannot deliver the level of care they are educated to provide. This is the third year that nurses report an increase in their workload – the figure is now higher than it was at the height of the pandemic.

79%

of RPNs feel ethically conflicted
knowing they are unable to deliver
appropriate care given their
workplace realities.

Nurses Feel Moral Distress With No End in Sight:

This increasingly unsustainable environment is taking a toll on the mental health of nurses. Workplace pressures have intensified, leading to an increase in workplace stress and feelings of moral distress. Shockingly, 78% of nurses have experienced a breaking point related to their job this year, and 89% say their mental health is suffering due to workplace conditions.

Workplace Pressures Continue to Take a Toll:

An overwhelming 91% of nurses say their daily experiences in the workplace have become significantly more stressful, and almost all (97%) say working short-staffed has negatively impacted their workplace culture. As a result of staffing shortages, 91% cannot get their shifts covered, 82% cannot take time off, and a third (31%) do not feel they are able to decline shifts without consequences. Further, 63% of all nurses surveyed have experienced or witnessed increased workplace violence against nurses, and 74% impacted by the nursing shortage have felt pressured to work in unsafe conditions.

74%

impacted by the nursing shortage
have felt pressured to work in
unsafe conditions.

Pride in Nursing Is Eroding:

In 2020, during the height of the pandemic, 67% of nurses expressed overwhelming pride in being part of the profession. Sadly, three years later, this figure has dramatically plummeted to a mere 31%. The morale and intrinsic motivation of 72% of nurses have significantly worsened in the past year, signalling an urgent need for change.

Growing Threats to the Profession:

The impact of the nursing shortage is far-reaching, with Ontario's healthcare system experiencing a significant loss of care capacity. Nurses are increasingly seeking alternatives to frontline patient care by moving away from the province or leaving the profession altogether. Over 62% of nurses are contemplating leaving their roles, and 86% of those intending to leave plan to do so within the next two years.



WERPN'S CALL FOR ACTION

In response to the crisis, WeRPN has issued an open letter to the government urgently calling for the following four key actions:

1. Legislate Manageable Workloads

Standardized nurse-to-patient ratios must be established to reverse the decline in patient care quality and ensure the safety of nurses in the workplace.

2. Prioritize Retention with Growth Opportunities

Streamline education to support experienced nurses seeking career expansion and provide more opportunities for professional development.

3. Establish Professional Compensation

Offer fair and professional compensation for RPNs that recognizes their knowledge and skills and aligns more closely with their RN counterparts.

4. Guard against Cost Inefficiencies and Privatizing Healthcare

Reduce reliance on for-profit nursing agencies by creating more strategically planned full-time nursing positions.

The nursing crisis in Ontario requires immediate attention and action. The well-being of nurses and the quality of patient care are at stake. Ontario can rebuild pride in the nursing profession by addressing ongoing staff shortages, providing adequate support, and enhancing compensation and working conditions. The future of healthcare in the province depends on decisive measures to retain and support its dedicated nursing workforce. It is time for the government to act and secure the future of nursing in Ontario.

To read the full report and sign our open letter visit damagereport.ca

WeRPN Fellowships are Advancing Care in Real-world Contexts.



Justin Dorie, RPN

As part of our research strategy, WeRPN is committed to growing the body of knowledge about the RPN role and the contributions that RPNs make to the health system. To help support this goal, each year, WeRPN provides funding for two RPN research fellowships up to a maximum of \$12,500 each. The research fellowships provide opportunities for RPNs to build applied research knowledge capacity and capability in “real-world” contexts, facilitate a culture of curiosity and clinical practice improvements, and nurture confidence and competence in leading small-scale research studies for RPNs. Read on to learn about the experience of two RPNs who recently participated in the program and shared their stories. Hear about their projects focusing on the RPN experience, what the research fellowship process was like, how the role of the RPN in research and clinical practice was valued and elevated within these workplaces and how this could be you in the future.

AT THE Lilibeth Caberto Kidney Clinical Research Unit in London, Ontario, RPNs are advancing their knowledge and providing exceptional care to some of the most complex hemodialysis (HD) patients. These are individuals who may be experiencing low energy, an inability to complete activities of daily living or things they enjoy doing, low quality of life, shortness of breath, extremely low blood pressure, extreme bodily itch, volume overload with difficulty removing fluid, as well as overcoming surrounding body weight and image. These are patients who do not qualify for kidney transplants. Justin Dorie, RPN, was awarded a 2022-23 WeRPN Research Fellowship to research developing and implementing a personalized Patient Optimization (OP) and Education Program. This new innovative approach creates an environment that fosters collaboration between patients, RPNs and the other clinical care team members within the Renal Care Program. “This provided an opportunity...to utilize my personalized skills as an RPN with hemodialysis experience within an innovative setting to showcase the versatility that an RPN can offer,” says Justin. Initial interest in the program was overwhelming and very exciting for Justin.

Once participants were confirmed to join the program, Justin conducted an initial assessment with the patient and the team. This would consist of a thorough volume status assessment before a more fulsome team care planning session that resulted in the creation of a new individualized plan of care. Next, the patient would participate in five treatment sessions followed by small, planned and closely monitored treatment changes. These changes could include a slowly increased target weight, removing less fluid during each HD session, and patient education on topics such as fluid status, body weight gain vs. fluid weight gain, salt intake, cardiovascular status and the effects of HD on the contractility of the heart, medication use and other reasons for decreased energy levels. Overall, 11 patients were referred to the program, 5 completed an OP, three are awaiting their OP, and a final three declined to begin an OP.

“

Overall, it has been a great experience this year, with significant positive impacts on several patients for which we are extremely proud.

– JUSTIN DORIE

By the end of the program, patients experienced less overall circulatory stress caused by each HD session. Blood pressures improved during HD, and better cardiac contractility compensatory regulation was restored. All the patients reported increased energy and ability to do more activities on their non-HD days. Remarkably, one patient's symptoms improved, allowing eligibility and successfully receiving a kidney transplant.

The research noted that many patients do not realize their treatment options, and the intense optimization program normalized difficult conversations to make better-informed decisions about the goals of care. With one patient in particular, the researchers measured and analyzed the patient's bodily salt content through sodium MRI to reduce an unbearable bodily itch and improve quality of life. However, further in-depth conversations with the patient and family enabled the patient to decide that they no longer wanted to be on HD and allowed them to pass away on their own terms.

All patients have recognized the value of the recommended modifications, and the HD experience is much more constructive. The feedback to date has been extremely positive, which is very encouraging for the future of the Optimization Program.

FEEDBACK FROM PATIENTS:

- Had an amazing day – able to run multiple errands without resting, shortness of breath or dizziness (best day I've had in a long time!).
- Feeling better than I have in years!

- Good start to the program, feeling confident in the team who are professional and caring – good communication about the process and what is possible.
- Family and friends are noticing increased energy levels and ability to do more things (yard work, exercise, motorcycle rides with friends).
- Feeling very grateful to have been able to participate in this program. It has meant a significant improvement in my quality of life (better BPs, stamina, energy, no shortness of breath, less weakness). I can now go out and do things I haven't been able to in years!
- The Optimization Program has been a glimmer of light in a long tunnel!

RESEARCHERS IDENTIFIED SEVERAL FACTORS THAT HELPED IMPROVE AND OPTIMIZE CARE:

- Engagement and information sharing across professional teams
- strong desire for patients to be reactivated on the kidney transplant list
- robust patient education, including use of graphics and ensuring patient understands new recommendations
- the intense individual monitoring of the patient's compensatory regulation, such as carnitine deficiencies, medication reviews

From patient engagement and feedback, Justin would like others to know that assuming the role of a research coordinator has expanded his knowledge and expertise as an RPN.

“Overall, it has been a great experience this year, with significant positive impacts on several patients for which we are extremely proud.”

Justin reports that he feels fortunate for the experience, for what he can now provide his patients, and he feels even more driven to continue to grow and offer more services to more patients. The experience has also encouraged him to reflect on his own career path with continuing education. The RPN research fellowship award allowed Justin to take a vision and make it a reality for these highly complex patients. He sums it up nicely, “Thank you, WeRPN, for this extremely beneficial learning opportunity!”

“

It is exciting to see RPNs contributing to the research process as team members and participating as research participants to inform evidence that guides our professional practice in clinical, education and leadership roles.



Jen Calver, RPN

JEN CALVER was drawn to the WeRPN Fellowship to enhance her capacity as an RPN researcher. Her academic mentor, Dr. Winnie Sun, had an existing partnership with a Regional Municipality in Southern Ontario to conduct a research study to explore barriers and facilitators for staffing stability from the perspective of staff nurses (RPNs/RNs) and personal support workers (PSWs) in four long-term care homes. After learning about the RPN fellowship opportunity, the partner organization was very pleased to offer an executive sponsorship and in-kind contribution to support the application and research fellowship.

Jen had three key objectives for her fellowship. First, to acquire skills in applied research and knowledge translation activities that would provide evidence to inform workforce retention in long-term care (LTC). Second, to be mentored and guided through individualized research experiences in a collaborative research partnership. Last, to consolidate skills in research methodologies, including qualitative or quantitative study designs.

Under the mentorship and guidance of Dr. Sun, Jen was introduced to the larger research team and organizational partners to learn about the development of the study's design, the creation of survey instruments and pilot testing and the data collection process. For Jen, a valuable teaching moment during her fellowship was gaining a better understanding of the distinction between performance assessments and the evaluation of an organization, its employees or students, compared to research that required approval for ethical conduct for research involving humans. If RPNs are interested in learning about ethical conduct for research involving humans, the Panel on Research Ethics offers a free self-paced certificate course.

“It is exciting to see RPNs contributing to the research process as team members and participating as research participants to inform evidence that guides our professional practice in clinical, education and leadership roles,” says Jen.

During her fellowship, Jen engaged in regular meetings with the research team, conducted literature reviews, enhanced her knowledge of thematic analysis and descriptive statistics and contributed to the analysis, interpretation and writing of findings. She presented preliminary findings at WeRPN's Research Symposium, co-developed and presented at professional conferences and to the senior leadership team. She also had an opportunity to co-author the final report for the partnering organization and is contributing to a manuscript to be submitted for peer-review publication this fall.

Following her research fellowship, Jen joined WeRPN as a research coordinator to support any RPN interested in learning more about research or how they can become involved. Jen has heard many RPNs express that they feel undervalued in the workplace and that their voices go unheard. Engaging in research as a team member, as a research participant or by attending research events is an excellent way to inform evidence that guides our practice, policies, models of care and management.

WeRPN invites RPNs to apply for funding for research fellowships co-sponsored by their employer or a partnering organization. RPNs can receive up to \$12,500.00. Calls for 2024–25 fellowship proposals will be opening in Fall 2023. Stay tuned!



Contact Jen Calver at jcalver@werpn.com for more information or further details about how to apply.

Leading Together: *The Power of RPN Voices*

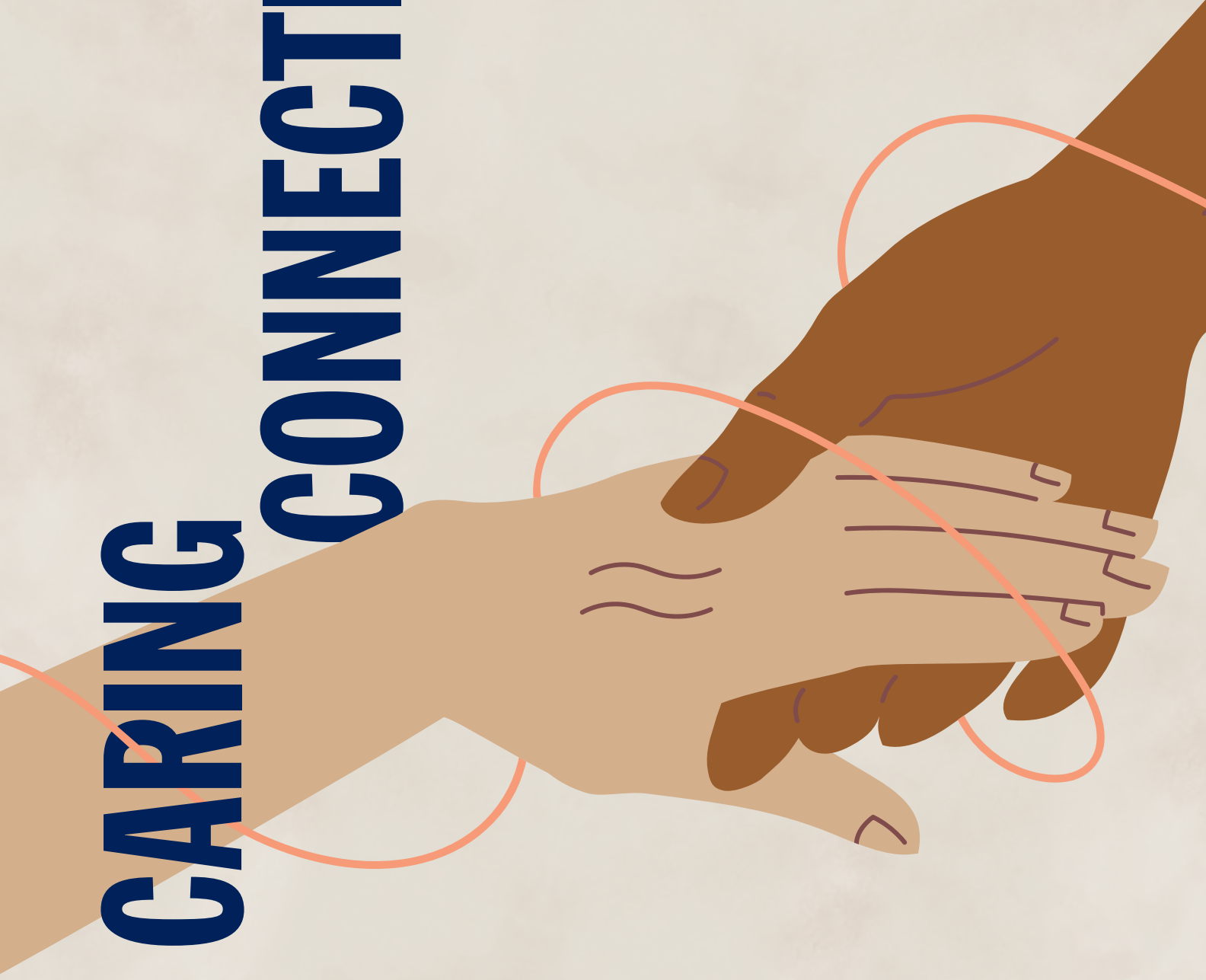
WeRPN 65th Annual AGM | Thursday, October 26, 2023



WeRPN is pleased to be hosting its 65th Annual General Meeting at the Toronto Airport Marriott Hotel. Join us in-person or tune in online. Register today!



CARING CONNECTIONS



Navigating Alzheimer's with Compassion

By Melanie Coulson

MUM'S Alzheimer's diagnosis wasn't a shock, but it was still tough to take.

We knew her cognitive abilities were declining: It started with confusion around dates. She misplaced her car in a small parking lot while shopping for groceries and called to ask me what colour it was. And then she stopped remembering to make herself dinner. She got thinner and started to fall.

She'd call my brother and me, confused and crying, wondering where she left the cash for the gardener. She was overwhelmed.

She could no longer care for herself, and we knew it.

My brother and I discussed moving her into a long-term care facility and touring several places near us. Unfortunately, COVID-19 had made me nervous about long-term facilities. The only things I'd heard about them in the media were negative – linked to so many deaths.

Thanks to the tours and staff, my mind was changed. I had worried about residents being ignored, but these residents received a great deal of attention. We were struck by the kindness and the fact that many nurses working in these assisted living centres knew all the residents by name.

"Of course! We're working in their home!" One nurse explained to me. I loved this perspective.

Mum agreed to move into a residence outside Ottawa without much fuss. We took her for a tour and a dinner, and she fell in love with the people there. After her husband died in 2020, she had been isolated; she missed having people to talk to.

According to provincial statistics, 626 long-term-care homes are home to more than 78,000 residents in Ontario. Most LTC residents are over 75 and live with conditions that have compromised their health. Only 5% of those residents could live somewhere else.

While she has been there only two months, Mum now raves about the food, the other residents, and the nurses.

I recently got to speak with Brianna Kennedy, an RPN working full-time at Victoria Manor in Lindsay, Ontario. That Mum is so taken by her caregivers isn't a surprise to Brianna, who says that talking with the residents is the highlight of her shift.

"Honestly, making the residents smile and feeling happy when they see you is the highlight of my day," Brianna says.

I tell her how impressed I am with the nurses who work with Mum and how they know everyone's names. The flip side, of course, is that Mum rarely remembers theirs.

"That's okay. I'm okay with that. It's cool to see people with Alzheimer's, even if they don't know your name but know you. And they're like, I see you, and I love that."

For Brianna, being able to make a difference in somebody's day is why she loves working at Victoria Manor and with its 166 residents. That was her mother's advice when she became a nurse: make their day.

Brianna's mother was a nurse for 30 years at a similar long-term care facility, and she inspired her daughter to go into the field.

Although WeRPN's Bridging Educational Grant in Nursing (BEGIN) program funded part of her nursing education, Brianna started at Victoria Manor in high school. She started her career by running the activities program for five years, then working as a Personal Support Worker (PSW) while in nursing school. In partnership with the province of Ontario, the BEGIN program inspires and enables PSWs and RPNs to become RPNs and RNS and to explore new opportunities in Long-Term Care and Home and Community Care.

While her goal since childhood was to be an RPN, she wanted to be a PSW first. For her, it gave her the foundation she wanted to reach her dream.

As an RPN and a behavioural specialist, she loves being able to work with her residents closely.

“I loved learning the stories behind all these people and getting to know them. As much as the dementia is sad, I enriched their lives with some kind of happiness,” she says.

I thought about my mother, who, while in the early stages of the disease, clings to the memories that are easier to call upon – those from the distant past. She loves to talk about being a teenager in Glasgow or her work on the Scottish island of Iona.

I can imagine how happy she would be to have someone like Brianna to talk to.

Brianna works in a BSO role, focusing on behavioural support.

“It’s a little outside the normal nursing, but you look at a person outside the box. If someone has responsive behaviour, I examine why they are doing that. It could be a UTI; maybe their back is itchy. It’s nice to be able to look around the person, see what’s going on, and help them live comfortably.”

And this is where I paused. I’m not a nurse. I’m the daughter of a person with Alzheimer’s and dementia. So I had to ask Brianna: can a UTI affect behaviour?

It can, she explained.

At this point in the interview, I realized why we’re so lucky to have Mum in a place where people can care for her. Alzheimer’s is new to us, but the nurses and PSWs at her long-term care facility are well versed in what it looks like – and why little things like the lights going off on motion sensors in the laundry room might set her off.

I lost track of my questions and thanked Brianna. I don’t know how she can do what she does. Loving my mother doesn’t mean I’m fully equipped to care for her twenty-four hours a day.

“I’ve interacted with some families that say their parent’s dementia is now worsening. We do a lot of supporting with the family and educating them that this is a disease process,” Brianna says. She says her role is to support the resident – and their family.

“So, for example, a resident is randomly becoming aggressive, and they’re angry and swearing, and that’s not normal for them. The family may remember their parents as calm and quiet, and we explain that that’s not them; that’s dementia. We try to support them in the transition of the disease process.”

Brianna explains that in her department, in the locked memory care ward, two RPNs and three PSWs are working to deliver care. They visit with residents to learn more about them, do depression ratings, watch their gait to see if they’re a fall risk, and make sure they are comfortable.

I know this is where Mum will likely end up as the disease progresses, and I’m comforted by the thought that a nurse like Brianna will care for her. I asked her about working in the memory care ward.

“I think it takes a lot of patience to be on that unit,” she says quickly. “They wander. There’s a lot of wandering. They’re up in your personal space, so you need much patience. I think residents are not as easy to redirect.”

But the most challenging part, she says, is not to get attached to the residents she’s working with.

“They always tell you not to get attached. I can honestly say a challenge is watching them deteriorate more,” she says. While doing a student placement, Brianna recalls a resident who had just been diagnosed with the early stage of Alzheimer’s. She kept asking for brochures every day to understand.

“There would be days of severe paranoia, and then the other days she’d be okay and crying like she knows what’s happening. That’s the challenge. The later stages you can work with, whereas the early stages are tough to watch because they know. They’re aware.”

The comment hits home. In January, Mum told my brother and me she thought she had dementia. Some days, she will joke about it. Other days, she tells me she can’t believe how confused she is. This is a brain disease.

626

long-term-care homes in Ontario



78,000

Ontario residents in long-term-care homes

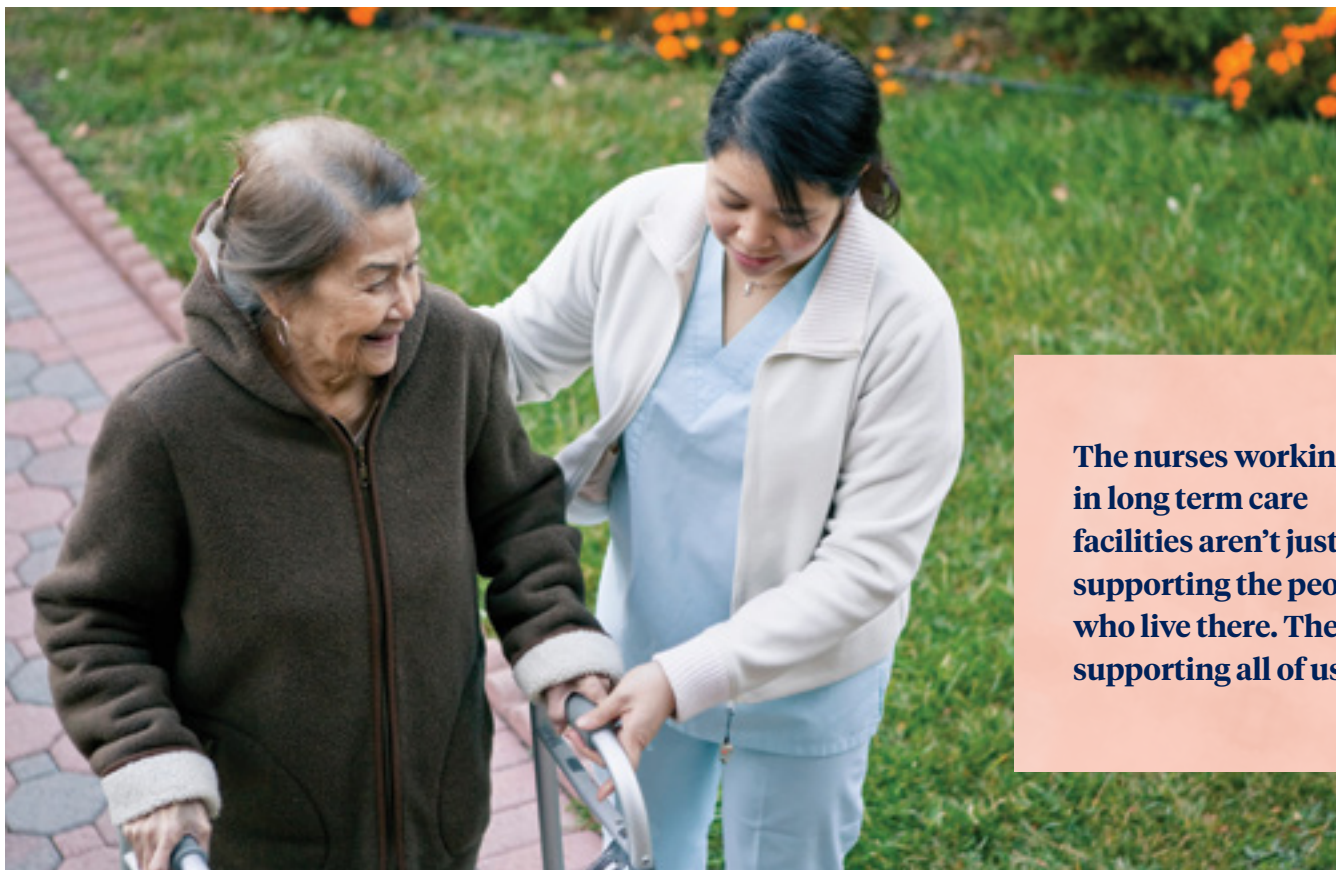
Most LTC residents are over 75 and live with conditions that have compromised their health.

75+

5%

Only 5% of those residents could live somewhere else.





The nurses working in long term care facilities aren't just supporting the people who live there. They're supporting all of us.

"Just live in her world," Brianna advises. "Don't ever try to reorient them, especially if they're in such a late disease process. To tell them, 'hey, you live in long-term care. Your parents have passed away.' You're just traumatizing them all over again. It's better to just live in their world. I might say, 'Oh, your parents are just at work. They'll be back anytime – you wait.' And that's a huge thing to just live in their world."

"I feel like there needs to be more education on dementia," Brianna says. With her specialization in behaviours, she knows sometimes interacting with residents takes a little extra time.

"On the weekend at the hospital," she explains, "and everybody found this one patient difficult. But I sat with him for an extra ten minutes. And I learned that he lost his wife in February. I learned that he loves dogs. I learned that he loves to watch the news. Taking the time to talk to patients calms them down, builds their trust, and they end up not being so difficult."

Another challenge Brianna mentioned is the need for more support in long-term care facilities. She and her colleagues

can have 42 residents to care for at once. Spending 10 minutes with a resident is something she has to prioritize.

I tell Brianna that I'm grateful for our conversation. She has helped me understand long-term care from another perspective. I'm thankful she has the expertise I lack to help residents like Mum with her Alzheimer's and dementia.

"You've seen it, right? This is my first time encountering it," I say to her, speaking quietly about Mum's Alzheimer's. Brianna knows what we will face ahead – I do not. It's reassuring to know we will have help.

"Absolutely. It's a complete change. I get that," she says. Brianna's own mother, the amazing woman who inspired her to go into nursing, got ALS and died from it, she tells me. That was all new to her.

"I get it," she says again quietly.

The nurses working in long-term care facilities aren't just supporting the people who live there. They're supporting all of us. And that's a comforting thought.

QUEEN'S PARK DISPATCHES



ADVOCACY

Upcoming Advocacy Opportunities

Throughout the fall and winter, WeRPN will host a series of advocacy town halls across the province. These events will bring together elected officials and local RPNs in person to discuss and recognize challenges facing RPNs, impacting their lives and those of Ontarians right in their communities. This will be an opportunity for RPNs to speak directly with MPPs from across the political spectrum to share their stories, as well as an opportunity for MPPs to share their plans to address the health system challenges. Check out our website for details on how to register. We look forward to seeing you there!



LEGISLATION

Bill 124 – The Fight Isn't Over

In our last advocacy update, we felt proud to have been part of the fight against Bill 124, the unfair wage cap legislation declared unconstitutional by an Ontario court. Unfortunately, the Ford government officially appealed that ruling over three days of hearings in June.

Arguments from government lawyers attempted to persuade the judge that the constitutional right to free and fair collective bargaining could be overridden due to apparent budget constraints. A coalition of unions against the legislation countered there had been no budget constraints that weren't self-imposed by the government. In the event there had been, it did not meet the threshold to strip the rights of RPNs, RNs, teachers, and so many others.

A ruling from the judge on the appeal is expected sometime this fall. While awaiting a ruling on the appeal, arbitrators have awarded wage increases to some sectors impacted by the wage cap. WeRPN expects that RPNs will also be eligible for raises when their collective agreements come up for renewal or earlier if a 're-opener clause' was negotiated into the agreement.

We have been a steadfast advocate on behalf of RPNs against Bill 124. We won't stop fighting for meaningful wage increases until we see success.





GOVERNMENT

Ensuring Government Accountability

The job of the opposition in a majority government is a challenging one. Those elected officials must hold the government to account for legislative and regulatory decisions. WeRPN has been pleased to see the two main opposition parties take up the challenge of addressing some of the most pressing issues impacting nurses. Earlier this year, Liberal MPP Adil Shamji introduced a private members bill that, if passed, would limit the use of nursing agencies in long-term care facilities and hospitals, reducing the overuse of this practice in attempts at addressing underlying staffing issues. WeRPN was pleased to meet with MPP Shamji in May to discuss his bill and to offer our support for his efforts to champion issues impacting the nursing community.

We look forward to meeting with the new Ontario Liberal leader after their election in December.

WeRPN was also pleased to meet with Ontario NDP leader Marit Stiles after her acclimation to the post to brief her on the significant challenges impacting RPNs across our province. MPP Stiles and her party are committed to addressing the significant wage compression challenges RPNs face and working with us to mitigate challenges such as nurse-to-patient ratios. We look forward to continuing to work with both opposition parties and government in future.



EDUCATION

NEI Renewal Advocacy

The Nursing Education Initiative (NEI) is an important program administered by WeRPN, providing educational grants to support nurses in continuing education to improve their nursing skills and knowledge. Nurses undertaking professional development may be eligible for reimbursement of up to \$1,500 per year for base tuition course fees or registration fees for conferences, seminars and workshops.

We have seen tremendous demand for this program since its inception, often with applications for reimbursement exceeding the available government funding. Throughout the spring and summer months, WeRPN's advocacy team has been hard at work, pressing the government to renew funding for the program this year and to secure an increase in future to ensure more RPNs can access this important resource for their career development.

This advocacy has led to assurances the funding stream will continue to be available this year while the government closely evaluates our proposal for an increase to support your education. We hope to report success on this front in a future newsletter and, as always, encourage you to apply for the program by visiting our website.

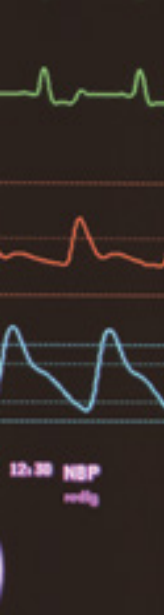


A DAY IN THE LIFE



DIVERSE SPECIALTIES,
ONE HEARTBEAT OF CARE





Across the sprawling landscape of Ontario, from the bustling heart of Toronto to the far north of the province, thousands of practical nurses start their day with a singular purpose: to care. Their titles and where they work may differ, and their daily routines may seem worlds apart, but at the core of each specialty is an unwavering dedication to patient well-being.

Nursing is far from one-size-fits-all. In this feature, we delve deep into the rich tapestry of nursing specialties that make up the WeRPN community. The surgical nurse working the night shift in a hospital's cardiovascular centre, a nurse working in an ER and correctional services medicine, and a family clinic nurse following patients through all stages of care.

There are differences in their day-to-day experiences. And there is a harmonious undertone that resonates across them: a desire to care. Every pulse checked, every wound dressed, and every comforting word whispered, echoes a shared commitment, a silent pledge, a nurse's promise.

As we journey through a day in the life of Ontario's nurses, we celebrate their unique stories while uncovering the golden thread that binds them: the heart of care.



Bina Nathaniel, RPN
Surgical Nurse

BINA NATHANIEL is a surgical nurse specializing in cardiovascular care at St. Michael's Hospital in Toronto. For her, the quietude of the night is her happy place.

With a genuine love for biology, particularly the human body, Bina felt nursing was the next natural step. From high school courses to her initial career in general medicine, the blend of hands-on work, science, and the profound impact on people's lives captured her heart. When she graduated in 2019, she soon found herself in the chaos of a pandemic, honing her skills and facing challenges she had never anticipated.

But it was while working in cardiovascular surgeries and helping patients facing intense procedures like bypass and amputations that Bina found comfort in the predictable rhythm of the night shift. "I like the fact that there's a little bit more of a routine than there is on day shifts," she admits.

Bina says night shifts provide her with an opportunity that many nurses on the day shift might envy: time. In the quiet

“

I find that with a night shift, because it's a little bit more relaxed, I have that opportunity to actually dive deeper into who the person actually is. Besides just focusing on their diagnosis.

– BINA NATHANIEL

hours, she can truly get to know her patients, diving deeper into their histories and understanding them as individuals, not just case numbers. This human connection, she believes, is therapeutic not just for the patients, but for her as well.

“I find that with a night shift, because it's a little bit more relaxed, I have that opportunity to actually dive deeper into who the person actually is. Besides just focusing on their diagnosis,” she says.

This rapport, in turn, can also aid in the treatment and care of patients.

Bina says her career brings satisfaction and challenges. She loves learning about her patients, the proactive approach of her unit at St. Michael's, and the thrill of being constantly on her toes, learning and adapting.

There are challenges too though, she says. For many of her patients, accepting the gravity of their diagnosis is difficult. Guiding them through this acceptance and helping them understand the severity of their condition is perhaps the most challenging part of her role.

Her dedication to her patients, however, is unwavering. Whether it's explaining the urgency of a procedure, comforting a nervous patient, or simply sharing a quiet conversation in the middle of the night, Bina remains a steadfast presence in their lives.

Like a superhero working through the night, Bina does all this before most people in the bustling city are awake. Bina travels home from her shifts as Toronto rises at 7:30 a.m.



Sarah Graham, RPN
Primary Care Nurse

SARAH GRAHAM works in a London, Ontario family health clinic as a registered practical nurse whose commitment to her patients reflects not just her professional dedication but a deeply personal understanding of the significance of care.

Having spent significant time under the care of nurses due to her own health challenges, Sarah understands firsthand the transformative role of a nurse in a patient's life.

“I've been on the other side of receiving nursing care,” Sarah recalls, and said this inspired her to go into nursing. She knows the profound difference a dedicated nurse can make during a hospital stay.

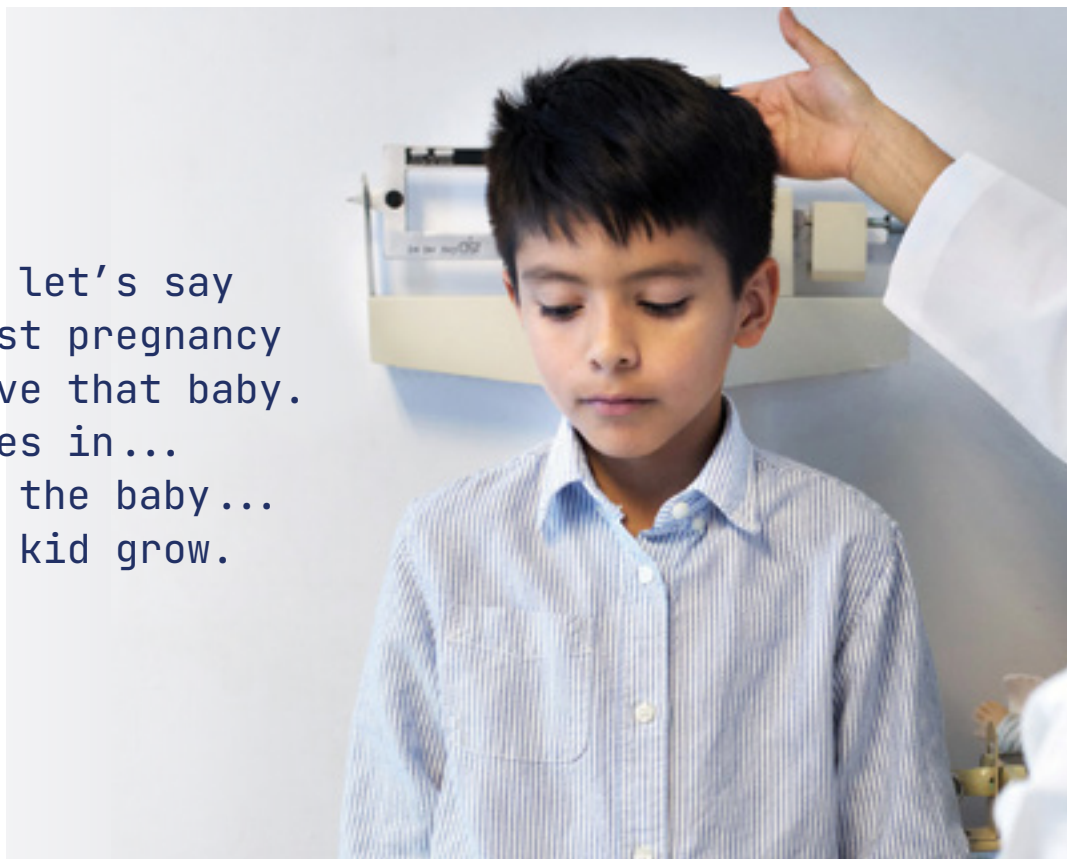
It was because of these personal experiences, and her grandmother's stories about the profession, she went into nursing. “I always loved listening to my nanny and kind of what she did as a nurse, so it always inspired me.”

Working in a family health clinic, Sarah loves that she is responsible for care that spans the entirety of human life,

“

They come in, let's say with that first pregnancy test, they have that baby. That baby comes in... I'm assessing the baby... watching that kid grow.

– SARAH GRAHAM



“from pregnancy and birth all the way up to the elderly population.”

It's the continuity and depth of this connection with her patients that Sarah treasures most. She warmly shares the joy of witnessing life milestones: “They come in, let's say with that first pregnancy test, they have that baby. That baby comes in... I'm assessing the baby... watching that kid grow.”

Sarah herself is on maternity leave until early 2024, with her first child, Eleanor. And while she loves being home with her daughter, Sarah says she is looking forward to returning to the clinic.

While her profession is rewarding, it's not without its challenges. “It's busy,” Sarah admits, describing the challenge of juggling her many duties that range from administrative tasks, patient care, and helping in the teaching of residents. The role often demands her to be in multiple places at once, but it's a challenge she's embraced with open arms. “I love it,” she confesses, “It keeps me on my toes.”

Sarah's journey to her current position was neither easy nor straightforward. The competitive nature of nursing roles in clinics, especially for a relatively newer nursing graduate

like Sarah, meant she faced several obstacles. Yet, her perseverance and dedication shine through.

For this role in the family clinic, she underwent four interviews, continually improving with each attempt, before securing her full-time position. “If you're looking for a position and you have a desire... just don't give up on it. It will be yours if you keep working towards it,” she advises other nurses.

Sarah's deep connection with her patients goes beyond her professional obligations. Often, she is the reassuring voice on the phone, providing solace to an elderly patient or answering questions for a concerned new mother. As she eloquently puts it, her role means she's “there for you no matter what you're needing to be.”

Her patient-centric approach stems from an understanding of the gaps that often exist in patient care.

“When I was working in the hospital, one of the things that I needed was to see the patients at follow up. I didn't know where my patients ended up. But at the clinic, I have that follow through.”

MICHAEL HOGARD juggles between two distinct roles that define his life as a nurse in a northern area of the province: Fort Francis.

Michael's passion for healthcare started young. "I remember as a kid, I'd always loved hospitals. So it's something I've always wanted to do," he recalls.

His childhood dream wasn't just to be any nurse but specifically to serve in hospitals, a vision he successfully turned into reality.

In his 20 years of nursing, Michael has gained experience in various departments from medical surgeries to Emergency. But it wasn't until recently that he introduced a new challenge into his career – working in a correctional facility.

"I've always worked in hospitals until recently. Then I started working at a jail."

His move from a busy hospital in Thunder Bay to smaller establishments in Fort Francis and Rainy River requires an adjustment. Michael laughs as he mentions the irony of working in Rainy River, which marks the other end of Young Street, known as one of the longest streets originating from Toronto.

However, the real challenge came during the pandemic lockdown. With restrictions on movement between workplaces, Michael had a decision to make.

"I had been hired at the Fort Francis jail... so when lockdown happened, they said I could only choose one place to work... so I chose the jail because it was new to me."

But what draws Michael to these diverse roles? "I've always liked the fast pace and I like making people feel better," he explains. The juxtaposition of working in a hospital ER and a prison provides him with varied experiences.

"Every day is different," he says. "I've always had two jobs because you could work at one place and then go somewhere else."

As well as addressing different medical concerns in the ER and the prison, Michael travels to even more remote locations to work with the Sioux Lookout First Nations Health Authority focusing on immunizations.

Michael's days are anything but monotonous.

The distinction between the two environments is stark. "In the jail, no one there is really acutely ill... there are different levels of comfort," he emphasizes, touching upon the constant mental recalibration required to shift between the humanitarian concerns of a hospital and the stricter regimen of a prison. There is a different level of comfort for prisoners, he explains. They're in prison.

As someone who has worked shift work his whole life, Michael embraces the irregularities that come with the job. "I don't think I would do well in a nine-to-five job," he says.



Michael Hogard, RPN

ER Nurse, Correctional Services Nurse

Michael is also a council member for the College of Nurses of Ontario, representing the Northwestern Ontario District. He is chair of the discipline committee.

"Self regulation, I think, is a privilege because there's other countries where nurses are not self regulated, and I think it's important to be a part of that in this profession," he says. His committee adjudicates cases of professional misconduct. "Bad nurses, essentially," he adds.

He says it's important that nurses set the standards and policies for other nurses.

Michael's advice to new nurses is to get involved in as many areas of the profession as possible, and to keep learning. He took an adjudication course through Osgoode Hall's Professional Development program.

"Sign up for courses, get certificates, just get involved if you can," he says.

2023 BOARD NOMINEES

At WeRPN, our strategic direction is led by our committed Board of Directors. Here are the RPNs seeking to represent their colleagues across the province.



REGION 1 - CANDIDATE

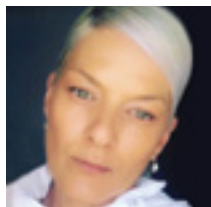
Lindsay Pentland

Lindsay Pentland grew up in Windsor-Essex, and when she completed her RPN education, she worked at a rural hospital in the area for over 14 years. While there, Lindsay gained a vast skill set while working on various floors, including Med-Surg, Rehab, Palliative, Ambulatory Care, and Emergency Department. In 2019, she was nominated to be a local union representative in the hospital, where she passionately advocated for her colleagues during COVID-19.

In addition to her acute care experience, Lindsay has worked in long-term care, was the lead nurse in a pain clinic working one-on-one with the physician, and has worked with several patient transport companies.

In her downtime, she enjoys gardening, yoga, working out, and spending time outdoors, whether hiking on the land or paddle boarding.

Lindsay has enjoyed connecting with RPNs all around her region as the Region 1 Board Member for the past two years and would be honoured to continue to advocate and support the RPNs through this new era of nursing!



REGION 1 - CANDIDATE

Emilija Stojavljevic

Emilija has been a Registered Practical Nurse since 2016. She is currently the Assistant Manager of Resident Care and Education Lead at a local long-term care facility.

Emilija is a born leader and makes countless contributions as an advocate for excellence in nursing care for residents in the long-term care sector. Emilija is also very engaged in her professional association. She has been a WeRPN member since her student days and served as a WeRPN Ambassador and WeRPN Mentor.

Committed to excellence, she brings out the best in the team that she works with. With her notable leadership skills, Emilija embraces challenges and is instrumental in change with innovative ideas.

Members will be invited to cast
their votes online in mid-October.



REGION 3 - CANDIDATE

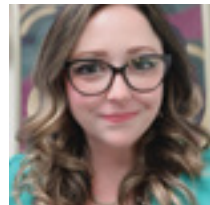
James Philbey-Richards

James Philbey-Richards is a Registered Practical Nurse at Norfolk General Hospital in Simcoe, Ontario, and the Brantford Community Healthcare System. He graduated from Conestoga College in Kitchener and has been an RPN for 11 years. James works primarily in Acute Care, Complex Care, Restorative & Slow Stream Rehabilitation. He is committed to excellence in care and always thinks about improving patients' quality of life and helping get them where they would rather be. He also has experience in the community, bringing wellness into people's homes.

James is committed to continuous learning. He has completed the International Interprofessional Wound Care Course (IIWCC) accredited by the University of Toronto.

As a current Board Member, James has valued the opportunity to advocate for colleagues and to participate, learn, and drive change. He hopes to continue to act on behalf of fellow RPNs.

James likes to travel, work, craft, and enjoy many outdoor activities in his free time. He has been happily married to his husband Zach for two years and is a loving fur father of two adorable cats, Ellie and Ollie.



REGION 3 - CANDIDATE

Lindsay Spry

Lindsay Spry graduated from the Practical Nursing Program with Distinction at Conestoga College in 2005. Lindsay has held many positions within the long-term care sector over the past 17 years, including PSW, RPN in LTC, Associate Director of Care, RAI Coordinator, Staff Educator, Quality Improvement and Restorative Care Coordinator.

Throughout her career, Lindsay has enjoyed mentoring students and has received multiple certificates of preceptorship. After completing five training modules through the Long-Term Care Homes Common Assessment Project, Lindsay implemented the Resident Assessment Instrument Minimum Data Set (RAI MDS). This included providing training for the home on the use of Point Click Care and Point of Care documentation.

In 2019, Lindsay moved into her current role as Resident Care Coordinator at the John Noble Home. She worked closely with the Director of Care to lead the home through the global pandemic while successfully becoming designated as a Best Practice Spotlight Organization and Accredited with Exemplary Status. In December 2022, Lindsay became a Certified Dementia Care Provider and continues to pursue education to oversee the Risk Management Team. Lindsay resides in Cambridge with her significant other, son, daughter and two stepsons.



REGION 5 - CANDIDATE

Sharon Hunter

Sharon has been a RPN for over 15 years. She has spent the last two years on the WeRPN Board of Directors and is keen to continue her service. Her career has included many experiences in various settings, including long-term care, retirement homes, home care and specialized wound and advanced foot care clinics. She is also the SWAN Community of Practice Core Program Leader for NSWOCC. She currently works in a dual role at Home and Community Care Support Services, working with patients seeking MAiD information and assessment and with nurses who provide frontline care. She has formally taught PSWs and mentored many practical nursing students and colleagues. She loves her work and is passionate about supporting the nursing profession, advocating for equity and change and collaborating across the healthcare spectrum to bring the best outcomes to patients.

Sharon enjoys connecting and having meaningful conversations with family and friends outside of nursing. She prioritizes physical activity and ongoing learning. She is always ready for an intriguing conference wellness retreat or on the hunt for her next audiobook



REGION 5 - CANDIDATE

Victoria Bolduc

Victoria Bolduc, a dedicated and compassionate registered practical nurse, is a prime example of resilience and determination. Victoria's journey to nursing leadership began post-graduation from Algonquin College, where she completed her practical nursing diploma and later an operating room certificate.

Victoria put herself through school by working in the hospitality industry, where she honed her customer service and interpersonal skills. This background allowed her to seamlessly transition into nursing, where she combined her love for patient care with her communication abilities.

Victoria's aspiration to drive positive change led her to step into leadership roles within the healthcare community. Victoria is an active preceptor and mentor at the Queensway Carleton Hospital in Ottawa. She returned to Algonquin College to teach aspiring OR nurses the skills they need to tackle their daily challenges. She is also the current secretary for the operating room special interest group.

Motivated by her passion for nursing and her vision for a more empowered nursing community is what's drawn Victoria to seek a position with WeRPN's board of directors. Her unique blend of experience equips her with a well-rounded perspective on the multifaceted challenges RPNs encounter. She aims to leverage her leadership skills and advocacy spirit to foster collaboration, share knowledge, and drive innovation within nursing.



REGION 5 - CANDIDATE

Samantha Diceman

Samantha is a Manager, Resident Care, Rideau Building at Perley Health. She has spent much of her 25-year nursing career as a staff nurse and brings a passion for long term care. Throughout her career she has worked in various settings across the health system including long-term care, retirement homes and acute care.

Samantha graduated with Honours from the Practical Nursing program at Algonquin College in 1997. She has been an active participant in the Ontario Ministry of Health and Long-Term Care's Classification Project, gaining insight and experience into documentation. She served for six years on the Discipline Committee at the College of Nurses of Ontario. In 2017, she successfully completed the Leadership in LTC certificate from Conestoga College. Samantha has recently been reappointed to the Inquiries, Complainants and Reports Committee for another 3-year term at the College of Nurses of Ontario.

Samantha was awarded WeRPN's "Award of Excellence and Innovation in 2021 for exemplary contributions to nursing practice in Ontario.

Samantha is the mother of three children and lives in Ottawa with her husband.



REGION 7 - ACCLAIMED

Kathy Antier

Kathy began her nursing journey in 1997 after graduating from Confederation College. Her initial role in home care helped develop a strong foundation in patient-centred care.

She then transitioned to a surgical team in an acute care facility where she was privileged to provide pre- and post-operative care.

The opening of the Thunder Bay Regional Health Science Centre in 2004 marked a pivotal moment as the RPN role expanded, and Kathy began assuming more responsibilities for total patient care.

She became an active member of the Nursing Practice and Emergency Committees, where she worked to enhance patient outcomes, promote evidence-based practice, and uphold the highest standards of care.

Since 2007, Kathy has worked in the Emergency Room, allowing her to support patients during pivotal moments of crises. In 2015, she established her own footcare business, igniting her entrepreneurial spirit and enabling her to provide specialized care.

Kathy has also mentored nursing students and furthered her education through wound care and Indigenous Cultural Awareness courses. Additionally, her involvement in research initiatives within health and behavioural sciences showcases her commitment to evidence-based care and the ongoing advancement of nursing knowledge.

Kathy has embraced diverse experiences, ongoing education and unwavering commitment to patient-centered care. She has a deep passion for elevating the nursing profession and positively impacting our healthcare community.



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