

We are

Practical Nursing

Spring 2023

CARE IN MOTION

RPNs providing
care for clients
experiencing
homelessness

We RPN

Registered Practical Nurses
Association of Ontario



The Bridging Educational Grant in Nursing (BEGIN) program is providing eligible students willing to commit to working in Long-Term Care or Home and Community Care with tuition reimbursements, exam prep resources, dedicated job search support, and more.

Eligible **PSW-RPN** students can receive up to \$6,000 per year (maximum of \$15,000 over three years).

Eligible **RPN-RN/PSW-RN** students can receive up to \$10,000 per year (maximum of \$30,000 over three years).

Take your nursing education further.



Ready to begin?

Find out more
and apply at
begin.werpn.com

We are Practical Nursing

SPRING 2023

A publication of the Registered Practical
Nurses Association of Ontario

5025 Orbitor Drive, Building 5, Suite 200

Mississauga, ON L4W 4Y5

T 905.602.4664

TF 1.877.602.4666

Email membership@werpn.com

Publisher

WeRPN

Editor-in-Chief

Tiff Blair

Associate Editor

Carrie Stephens

Advertising

info@werpn.com

Circulation Manager

Rocio Lock

rlock@werpn.com

Contributors

Olivia Berkovits, Tiff Blair, Erin Brand, Deanna Clatworthy,
Angela Cornell, Melanie Coulson, Daniel Hiemstra,
Sharon Hunter, Dianne Martin, Lydia Mead,
Lindsay Pentland, James Philbey-Richards,
Suzanne Schell, Carrie Stephens, Dickon Worsley

Art Direction & Design

Parcel Design

For subscriptions

Toll-free 1.877.602.4664

Publications Mail sales agreement:

No. 40032982

No part of this publication, in whole or in part, may
be reproduced without written permission from the
publisher. Editorials published in the WeRPN Journal
do not necessarily reflect the views of the publisher.
Information contained within the WeRPN Journal is
believed to be accurate, but the publisher assumes
no responsibility for errors. The WeRPN Journal will
consider unsolicited, quality stories and pictures, but
the publisher cannot assume any responsibility for
the safe return of submitted material. Any submitted
materials chosen for inclusion may be edited.

International Serial Number: ISSN 1710-8454

Publication Mail Agreement Number: 40032982

Return undeliverable Canadian addresses to
WeRPN. For others, return mailing label only.

Proudly Created and Printed in Canada

© 2023 Registered Practical Nurses Association of Ontario

We RPN

Registered Practical Nurses
Association of Ontario

8

[A new facility to treat
first responders with
post-traumatic stress
injuries opens this spring](#)



Contents

- 5 CEO's Message**
Four decades of evolving advocacy needs
- 6 President's Message**
Nurses are stronger when we stand together
- 8 [FEATURE](#)**
Roadmap to Wellness
Nurses among first responders to be treated for
post-traumatic stress injuries at new facilities
- 12 RPN Voices**
Navigating career milestones through mentorship
- 14 [FEATURE](#)**
Care in Motion
At look at the RPNs providing care for those
experiencing homelessness
- 18 Q&A**
The ABCs and FAQs of PLPs
- 20 [FEATURE](#)**
Space to Be
Tips for practicing self-care
- 24 Research**
Driving evidence on RPN practice
- 26 We are Advocates**
Dispatches from Queen's Park
- 28 We are Recognized**
Awards of Excellence recipients honored
- 31 Board of Director Nominations**

Are you an RPN enrolled in Continuing Education?

Financial support for your education
may be available!



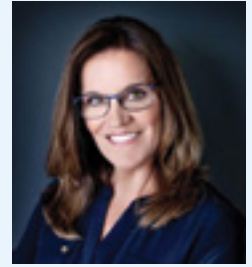
As an RPN, you may be eligible to apply for an education grant from the **Nursing Education Initiative (NEI)** – a program administered by WeRPN and funded by the Ministry of Health. RPNs taking professional development courses can apply to have their base tuition course fees reimbursed. This includes registration fees for conferences, seminars and workshops! You could be eligible to earn up to \$1500 per fiscal year!

This program is open to RPNs registered to practice in Ontario and enrolled in courses or programs that enhance the quality of care. You must apply within 90 days of the last day of your course or exam*.

To learn more, check out
[werpn.com/learn/funding/
nursing-education-initiative](https://werpn.com/learn/funding/nursing-education-initiative)

*Funding is not guaranteed.

Four Decades of Evolving Advocacy Needs



I arrived at a new job early in my career as a Registered Nursing Assistant (RNA). As I reported to the nursing station, I realized I was in for a challenge. Although RNAs were expected to be in the room, the report itself was between the night and day Registered Nurses (RN); they decided what information they thought we needed to know.

The RNs were not deliberately trying to be unfriendly or disrespectful. It was the culture that did not recognize RNAs as nurses. Perhaps because, at that time, we couldn't even refer to ourselves as "nurses", a legally protected title.

In that moment, I recalled a leader from the Ontario Association of Registered Nursing Assistants (OARNA), as WeRPN was called in those days, talking to my nursing class about advocating for us to refer to ourselves as nurses. "Of course, we would be able to be called nurses," I thought at the time. After all, our job was nursing.

Years later, I realized how idealistic and optimistic I had been. OARNA had to fight that uphill battle for all of us.

Over the next decade, there were subtle changes in how RNAs were viewed in the workplace. More team-based conversations were taking place, and organizations were being more imaginative about roles for RNAs. Reporting became more collaborative, with everyone providing input.

In 1991, the introduction of the Nursing Act ushered in a new era. The title of RNA changed to Registered Practical Nurse (RPN), along with a change in scope of practice to include medication administration and asepsis. This was a huge step forward for practical nurses and a major win for their professional association, which by then was known as the Registered Practical Nurses Association of Ontario (RPNAO).

And yet, RPNs continued to fight to be recognized as actual nurses. It felt like a slap in the face every time a physician or team member would arrive on a unit and ask an RPN if any nurses were working that day.

The late 90s and early 2000s were the most devastating for RPNs. At a time of better funding and an overabundance of RNs, Ontario continually saw hospitals move to all-RN staffing models. Each staffing announcement seemed like a chance to showcase a badge of honour. RPNAO was now facing its most significant challenge to date: to ensure that nurses, organizations and the public understood the value of a diverse workforce and the knowledgeable and compassionate care that RPNs could provide for patients with a more predictable path of care.

The association engaged multiple strategies to help paint a complete picture of the impact RPNs have on patient care. We connected leaders and promoted evidence-based models of care to combat turfism. We showcased the excellence that RPNs demonstrate as a symbol of what must be preserved. It took time and was not easy, but we are proud that RPNs are now recognized as distinct from, albeit equally as important as, RNs.

What came next was a surprise. While we were anticipating a nursing shortage, we did not expect the tsunami-like impact of a pandemic, nor could we have predicted that RPNs would be the most negatively impacted of all care providers.

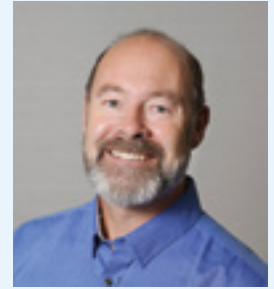
Throughout the pandemic, RPNs have faced the same traumas as other nurses. They have risked their health, witnessed loss of life, endured crushing workloads leading to burnout and faced wage compression. While their Personal Support Worker (PSW) colleagues have seen well-deserved pay increases, RPNs' wages have remained stagnant. Now it's not uncommon for RPNs to receive the same pay or sometimes even less than the PSWs they supervise; however, RPNs are also taking on roles akin to RNs'.

In the face of these challenges, WeRPN has engaged in the difficult, albeit important, task of ensuring RPNs in Ontario have reasonable workloads, appropriate recognition and competitive wages reflecting the importance of their role. While, as a professional association, we don't negotiate wages, our role is to ensure decision-makers understand the realities RPNs face and do everything possible to support them in delivering the care their patients, residents and clients deserve.

Bringing about positive change requires constant effort and attention. Our association's name and the name and role of RPNs have evolved incrementally over the last four decades, but our commitment to advocate for nurses has remained unchanged. And as we move forward through whatever comes next, we need all of you to engage with us — through your membership and advocacy — so that we can continue to lead change for this incredible profession.

A handwritten signature in blue ink that reads "Dianne Martin".

Dianne Martin, RPN
CEO, WeRPN



We Are Stronger Together

I am honoured by the opportunity to represent Ontario Registered Practical Nurses as President of WeRPN.

I entered nursing later in life. Throughout my ten years as a firefighter and first responder, I was eager to broaden my skill set and pursue further education. Then, while on the job, I had a severe injury that required multiple surgeries.

During this time, I was introduced to our healthcare system and its dedicated professionals. The emergency department staff, operating room nurses, surgeons, anesthesiologists and physiotherapists I came in contact with were personable, skilled and recognized the importance of working together as a team.

But what stood out, to me, was the true passion of the nurses I met. One, in particular, took the time to clearly and compassionately explain procedures, answer my questions and care for me, for which I felt especially appreciative and grateful. It was because of this experience that when I found myself considering a new career path, a role in nursing felt like the perfect fit.

We are facing an extremely difficult time in nursing. For three years, we persevered through a pandemic that is only now starting to wane. Workloads and pressures continue to rise and we have been subjected to unfair legislation preventing us from being paid fairly. Ongoing challenges continue to plague the healthcare system, from staffing shortages to nurse retention, compensation and RPNs being asked to work outside their scope of practice, making the road ahead seem daunting.

That's why, more than ever, we must come together as nurses to create a strong, united front. We need to work together in the face of these challenges to effect change and rebuild pride in our profession.

WeRPN will continue to be there to raise the profile of RPNs and advocate on our behalf concerning key issues. We need to reach out to our local representatives to share

our concerns and help paint a picture of what it's like to be a nurse right now. We must do everything we can to strengthen our collective voice as nurses.

Too often, we see nurses cutting each other down rather than building one another up. But whether we're RPNs, RNs or NPs, we all have a common goal: to deliver health services to our patients. So I encourage you to find opportunities to lend a hand to your colleagues. Take the extra time to check in on how they're doing. Think about mentoring newer nurses. Let us stand together, help one another and focus on what inspired us to be part of this profession in the first place.

Only then can we regain our love for our profession while becoming much stronger and more unified. The more nurses support each other, the more powerful we will become as a profession.

Over the next two years, I look forward to representing Ontario RPNs and promise to do everything I can to advocate for you. Let's make this the year we support one another and work together toward making our profession more powerful. Let's be proud of what we have accomplished throughout the pandemic and be stronger for "surviving" it. And as we pass the third anniversary of the World Health Organization having first declared COVID-19 a pandemic, let us pay tribute to those we tragically lost along the way.

Whatever challenges lie ahead in 2023, we will face and overcome them together.

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

Dickon Worsley, RPN
President, WeRPN

WeRPN Team

Dianne Martin, RPN

Chief Executive Officer
dmartin@werpn.com

Pia Ramos-Javellana

Chief Financial Officer
pjavellana@werpn.com

Kristel Flores

Associate Manager, Reporting
and Office of the CEO
kflores@werpn.com

Annette Weeres

Senior Director, Professional
Practice & Research
aweeres@werpn.com

Norma Tomlin, RPN

Director, Professional Practice
ntomlin@werpn.com

Sharon Foster, RPN

Professional Practice Associate/
Education Coordinator
sfoster@werpn.com

Francine Georgopoulos, RPN

Professional Practice Associate
fgeorgopoulos@werpn.com

JP Munro, RPN

Professional Practice Associate
jpmunro@werpn.com

Grace Felix, RPN

Professional Practice Associate
gfelix@werpn.com

Brenda Mundy, RPN

Program Manager
Professional Practice
bmundy@werpn.com

Carrie Stephens

Communications Specialist
cstephens@werpn.com

Nancy Snobelen

Research Consultant
nsnobelen@werpn.com

Tiff Blair

Chief Strategy Officer
tblair@werpn.com

Rocio Lock

Director, Customer Relations
& Administration
rlock@werpn.com

Olivia Vargas

Customer Services &
Administration Specialist
ovargas@werpn.com

Ruth Hernandez

Customer Services &
Administrative Associate
rhernandez@werpn.com

Itzel Gonzalez

Customer Services &
Administrative Associate
igonzalez@werpn.com

Nasa Byambaa

Accounting Administrative
Assistant
nbyambaa@werpn.com

Meena Bhatia

General Accountant &
Payroll Specialist
mbhatia@werpn.com

Aleli Santiago

Accounting Administrator
& HR Support
asantiago@werpn.com

Elena Farina

Administrative Assistant
efarina@werpn.com

Carolina Ramirez Gonzalez

Administrative Assistant
cramirez@werpn.com

BEGIN Program

Julia Scott

Director, Innovation & Program Initiatives
jscott@werpn.com

Kimberley Reid, RPN

Program Manager BEGIN
kreid@begin.werp.com

Marilyn Oliver, RPN

Case Manager
moliver@begin.werp.com

Avigail Topacio, RPN

Coordinator, BEGIN
atopacio@begin.werp.com

Noura Osman

Associate Case Manager
nosman@werpn.com

Amanda Gopaul, RPN

Case Manager
agopaul@begin.werp.com

WeRPN Board of Directors

Dickon Worsley, RPN

President

Suzanne Schell, RPN

Past President

Lindsay Pentland, RPN

Board Member – WeRPN Region 1

Deanna Clatworthy, RPN

Board Member – WeRPN Region 2

James Philbey-Richards, RPN

Board Member – WeRPN Region 3

Sharon Hunter, RPN

Board Member – WeRPN Region 5

Angela Corneil, RPN

Board Member – WeRPN Region 6

Lydia Mead, RPN

Board Member-at-Large

Daniel Hiemstra

Board Member –
Student Representative



We are Leaders

Being a WeRPN Ambassador identifies you as a leader within your organization and shows that you are passionate about your professional practice. As a WeRPN Ambassador, you'll learn how to be an effective advocate through peer support and how to apply those skills in your workplace or classroom. You'll also gain access to exclusive career development and networking opportunities.

Interested in becoming a WeRPN Ambassador?

Learn more at
www.werp.com/join/ambassador

ROADMAP

TO

Wellness

Nurses among first responders to be treated for post-traumatic stress injuries at new facilities

NURSES face an environment filled with traumatic events and stress not unlike firefighters, paramedics, police. Officials will break ground for a new facility to treat first responders with post-traumatic stress injuries (PTSI) this spring — but it took much advocating to get nurses among those who will be treated.

Dianne Martin, WeRPN's CEO, knows firsthand that nurses encounter traumatic situations every day on the job. This is why she lobbied the provincial government hard to recognize nurses as first responders.

Once a delivery room nurse herself, Martin can easily recall assisting in a birth that went horribly wrong. The mother barely survived and was moved to the ICU unit for weeks.

"We couldn't save the baby," she says. "I can't even describe to you what happened in the operating room. It was something I still can't get out of my head. Seeing her husband in the hallway, having crumbled on the floor. I had to bathe the baby, dress it, tuck a little teddy bear in its arm and take it to the dad who lost it."

Martin takes a breath.

"I then had five minutes to compose myself, and then I had to go to the next room and help another woman deliver her baby — the happiest day of her life."

While the event didn't leave her with a PTSI that wouldn't allow her to continue her work, it still brings her to tears when the memories flood back decades later.

Other nurses aren't so lucky, she says. The pandemic has been more difficult on nurses. She thinks of one nurse, who stepped in to help in a long-term care facility in the early days of the pandemic when no one else would come to work.

"These people needed care, and this nurse put her hand up," Martin says. The avalanche of suffering and death that she witnessed in that care centre was enough to cause a serious PTSI. Sadly, Martin adds, it's also an injury that has kept this nurse, one of our best, from nursing since then.

The pandemic brought the difficult working conditions nurses face to light. But Martin says it took years for officials to see that — while nurses might not be "first on the scene" to a horrific crash, homicide or traumatic event — they witness the same kind of trauma as police, firefighters, paramedics and other first responders. Because of this, they deserve the same support, WeRPN advocates.

The kind of support soon available to nurses will be four new initiatives geared toward first responders in the form of two new facilities and new programs.

Toronto will be home to Station 3434, located at 3434 Dundas Street West. This centre is a nine-storey outpatient assessment and treatment facility offering programs to help first responders with wellness, back-to-work transitions, addiction and mental health.





Dianne Martin as a young nurse.

A second centre for first responders suffering from PTSI will be located on a 26-acre site in Peel. This 40-bed unit will provide inpatient mental health and addiction programs. The goal is to break ground on this facility this spring.

An additional virtual care piece will integrate digital programming for ongoing crisis support 24/7. The fourth pillar of these programs is research, helping these programs better understand and treat PTSI in first responders.

Designs for these facilities were developed with the help of nurses, firefighters, police and paramedics at the table making decisions — as well as government.

The plans for these facilities and services were driven by Connie Dejak, President and CEO of Runnymede Healthcare Centre. Her personal experience with PTSI led to her vision for this dedicated care centre for first responders.

Her husband is a firefighter. After 33 years on the job, he had what she describes as a critical incident.

“We realized as we started to branch out for support that there were a number of wonderful programs that existed, but certainly they were not all comprehensive or all-encompassing,” she reflects.

In addition, none of the programs were geared to the experiences of first responders. As she started more research and advocated for specialized care in the area, she started to get calls from leadership from firefighters and police.

As she shared her vision with Premier Doug Ford, she wasn't sure if it had resonated. On a sunny Sunday afternoon, Ford called her. Thinking it was a robocall, she didn't realize the Premier was calling to support her goal.

The Premier had heard her. He would help her set up the first facilities and programs for front-line workers suffering from PTSIs.

Dejak's point is that PTSI is not an injury that first responders came to work with.

“Firefighters, police, paramedics, nurses... they did not come to work like this,” Dejak explains. “This was on the job. It is a post-traumatic stress injury. So if it's an injury, why are we dealing with this under the mental health umbrella? Why are we not dealing with it under the rehab umbrella?”

In looking at PTSI this way, Dejak says the stigma can be broken down.

WeRPN's Martin agrees and says that recognizing that the environment nurses work in can cause PTSI will help remove the stigma that these injuries are a sign of weakness.

“All nurses will have something potential in their environment to cause a PTSI,” Martin says. “They will have traumas for sure. They always have the potential for trauma, particularly trauma that, for often unexplainable reasons, hits them in a manner that impacts their mental health so badly.”

“It can hit you in a way that debilitates you. And that is not a sign of weakness, and it's not a sign of someone being stronger than another person. It's just the day, the moment, the event in your background, like your whole sort of context, something can hit you in the wrong way, paralyzing you from moving forward and sometimes leading to a mental health issue that is life-altering.”

While nurses were not originally in the legislation as first responders, Dejak says this project helped them change the narrative to include nurses.

“They had never before considered nurses. But we knew clearly that they also needed services in a dedicated facility. Having worked in healthcare for over 30 years, I was not going to not include nurses as part of my catchment group,” Dejak says.

“As I started to talk to our stakeholders, nurses, physicians, police officers and firefighters, I heard that they did not want to receive treatment and go into a mental health facility or acute care hospital for whatever reason,” Dejak says. What they wanted was a specifically designated, purposely built facility.

“Anybody who has given their life or dedicated their life to this profession, whether it be nurse, fire, police, or paramedics, should at the very least have access to a publicly funded, world-class facility where they can obtain the right care at the right place at the right time.”

“That means they're not put on a three-month waiting list, that they're not waiting two weeks. It's critical that they can get treatment immediately and that we ensure it's not a fragmented piece of their journey; it's a comprehensive, all-encompassing piece.”

Martin agrees that nurses and other first responders need specialized care.

“

Anybody who has given their life or dedicated their life to this profession, whether it be nurse and fire or police or paramedics, at the very least, should have access to a publicly funded, world-class facility where they can obtain the right care at the right place at the right time.

Connie Dejak, President and CEO of Runnymede Healthcare Centre



“People who care for patients require care in a slightly different way than the general population, so they won’t have to see the people they care for while they’re receiving care,” Martin says.

Runnymede’s Dejak echoes this sentiment when she says that having representatives of the people who will use the sites at the table means the programs will adapt as needs change.

“We want nurses. We want firefighters, police and paramedics at the table making decisions,” she explains. “This way, it’s not just health care providers like a doctor or somebody who’s running a facility or the hospital CEO, but the actual users of the program involved. In this way, the program will continue to be viable and will continue to adapt to the needs of your stakeholders. And that’s what was critical for us.”

Dejak says she’d eventually like to expand the role of these programs to make them part of the system.

“In the province of Ontario, we do not have a back-to-work program or services for nurses, firefighters, police or paramedics that is in a dedicated facility geared towards their needs. They don’t want to walk into a general acute care hospital. It’s where they work. It’s where police will bring people. It’s where firefighters see it in a different capacity. This is a facility that is dedicated to them and their families,” Dejak says.

The programs will also be offered to families of first responders. Deejack explains that the effects of PTSI can be significant. She points to the impacts on nurses and their

families over the past few years during the pandemic.

“If your mom is a nurse, you might suffer fear and anxiety. I saw this in my own children. My two kids were always nervous, always concerned about their dad, the firefighter,” Deejack says.

“You can imagine how a teenager whose parent is a nurse, is reading these stories about COVID, the deaths in the ICUs... They don’t have the ability or the training to deal with this. And maybe, you know, mom or dad is coming home, not able to discuss it.”

These children need an outlet, Dejak says. And that’s the goal of Station 3434.

The commitment to help front-line workers suffering PTSI is lifelong, Dejak says.

“I don’t care if you’re retired or on the job. They’re going to treat you there. There is a false belief that when first responders retire or they go off sick, it goes away. It doesn’t. We owe them this help.”

WeRPN’s Martin says that it’s fantastic nurses are offered treatment for PTSIs. She also hopes that work is done to change the environments they work in every day.

“Ultimately, we want them back. We want them healthy and back to work. But they must have treatment that acknowledges they will be traumatized again. It’s kind of unavoidable for nurses. And so how do we learn skills that will protect us in future situations?”

“These are great programs, but we need to fix our environment where we provide care and have immediate support for those experiencing PTSIs.”

Navigating career milestones through mentorship



AFTER RECEIVING her RPN designation in 2016, Emilija Stojavljevic quickly excelled to become Assistant Manager of Resident Care and Education Lead at a long-term care community in Ontario. She attributes her success, in large part, to the mentorship she received as a novice nurse. “This is why I am where I am today. It’s because of the support and guidance of others — of experienced nurses that believed in me.”

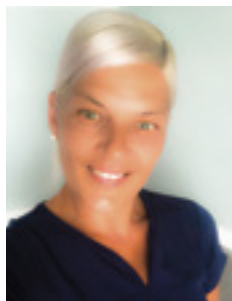
In 2012, WeRPN developed the Mentorship Program as part of a larger strategic initiative to support RPNs in their career development. At the time, few resources were available for RPNs interested in advancing their careers beyond bedside nursing, so WeRPN collaborated with Gail Donner and Mary Wheeler, experts in career support services, to develop this important platform.

As RPNs advance in their careers, they inevitably encounter new challenges, obstacles and enrichment opportunities. WeRPN’s Mentorship Program helps RPNs navigate these changes and realize their career goals by establishing long-term relationships between experienced and novice nurses to encourage mutual professional growth.

The Mentorship Program contains an online search engine where mentees can search for mentors that best suit their needs. They can read profiles, filter through bios, and contact their chosen mentor. Once connected, the Program offers resources to support this new partnership. This includes tip sheets to help prepare for meetings, sample questions for mentors, mentorship relationship agreements, and mentorship action plans.

Beyond just connecting two people, WeRPN’s Mentorship Program is designed to create lasting, enriching, supportive relationships that have a meaningful impact on those involved. In many cases, mentees become mentors for new novice nurses.

Both mentees and mentors benefit from this partnership. Mentors report a sense of personal accomplishment, increased job satisfaction, improved leadership skills, more promotion



“This is why I am where I am today. It’s because of the support and guidance of others — of experienced nurses that believed in me.”

Emilija Stojasavljevic, RPN

opportunities, and a renewed interest in their careers. Mentees report feeling more eager to learn and more confident performing their roles. Novice nurses have someone to turn to when questions arise, making them feel better supported and less likely to become overwhelmed by workplace stress.

Now over a decade after its inception, this program is more important than ever. The global pandemic has exacerbated Ontario’s nursing shortage, causing healthcare workers to take on heavier workloads. Many students have shifted to online models, leaving them feeling disconnected, while current nursing professionals are leaving healthcare at unprecedented rates.

These new realities make mentorship crucial to foster engagement and mitigate burnout. Research shows that, in addition to boosting confidence and self-esteem, mentoring creates enhanced coping strategies and fosters increased job satisfaction.

These are just some reasons Emilija chose to join WeRPN’s Mentorship Program. As a student in 2016, Emilija was exposed to various programs, education initiatives and career supports available to novice RPNs. When she progressed in her career, she knew it would be important to uplift others like she’d been encouraged.

Today, she oversees clinical nursing programs and educates nurses and non-registered team members. She quickly rose to a higher management position and credits her mentors for developing her practice and her commitment to teaching. “Establishing that partnership helped propel my career. My mentor provided so much support, and their knowledge and competencies really guided my practice.”

Emilija enjoys seeing her mentees develop into more effective and inspired practitioners. Working as a mentor, she continues to learn from and with her mentees. Educating new team members pushes her to sharpen her professional skills and remain current in the constantly evolving healthcare landscape. She must also learn new teaching methods to cater to students with various learning styles, diverse interests and needs. In her mentorship relationships, she seeks to highlight students’ strengths and address the gaps in their knowledge.

Nursing is a collaborative profession. For Emilija, engaging in a mentorship relationship highlights the importance of communication skills nurses need in all areas of their practice. Beyond just imparting nursing knowledge, a key role of mentors is to demonstrate the decisiveness, empathy and patience

integral to healthcare administration. In this mutually beneficial partnership, mentors and mentees work together to hone their practical knowledge and skills.

Emilija is passionate about nursing and is always considering how to improve outcomes for the population that she serves. “Mentoring is an investment in novice nurses and an accomplishment for those that mentor them. It’s about knowing that you’re sending someone out there who is confident and competent, that they will be prudent nurses who do the best they can.”

The benefits of this relationship extend far beyond mentor and mentee. Organizations that implement these programs indicate a marked increase in retention. In Ontario, mentorship programs will become an essential part of the strategy to improve nurses’ working conditions and the state of the nursing profession.

“What we do greatly impacts the public, and we are committed to protecting them,” says Emilija. “The more invested we are in each other, the better the outcomes. That’s why I think mentorship is so important.”

CARE IN MO- TION

THE RPNS ON ICHA'S REGIONAL
MOBILE TEAMS PROVIDE CARE
FOR THOSE EXPERIENCING
HOMELESSNESS IN TORONTO



IT'S TRUE that no day in nursing is alike. For the RPNs at Inner City Health Associates, where they are working changes daily too.

These nurses' clients are in the shelter system or homeless on the streets. This understandably adds a layer of complexity and confusion among clients, communities and health system providers. How are patients supposed to navigate a system that is otherwise dependent on a home address?

Last September, the ICHA launched a regional mobile nursing program to provide community care in three distinct geographies across Toronto. While the program is still actively undergoing its phased expansion, the result will be to integrate nursing into the over 80 sites that ICHA supports.

In each region, there are two teams with RPNs, one specializing in primary care and another in substance cases. Once a week, a family physician and psychiatry specialist provide care at these locations, and all work together in an integrated manner to deliver high-quality and tailored continuity of care.

Shaye Martorino, RPN, is the Nurse Manager at ICHA leading the regional mobile nursing teams. She knows the value and impact of being a part of a multidisciplinary healthcare team that meets its patients where they are — in the shelter system or the streets.

During the pandemic, ICHA, alongside city, hospital and community partners, operated a COVID-19 isolation site that provided nursing support 24 hours a day, seven days a week. Nursing complemented peer, harm reduction, shelter and housing support to ensure that clients discharged from hospitals who were unhoused could receive the care they needed in a dignified environment. Martorino's previous experience with mental health and substance care attracted her to the role.

"Given that we work with marginalized communities, I anticipated that it wouldn't be a position that everyone would be comfortable in supporting and providing that level of care that was required at that time, especially with it being a pandemic."

In the beginning, Martorino says she focused on the gaps in care, harm reduction and substance care.

"As things transitioned, an Enhanced Shelter Support Program was designed," she explains. "We thought, okay, COVID restrictions are changing, and people are moving around now. How can we evolve this and integrate nursing deeper? So, part of that was we want to ensure that we're providing equal care and nursing services to all the shelters we're supporting. So that's why we came up with the regional mobile model."

By meeting clients where they're at, Martorino says she's better equipped to break down barriers to care. For many of their patients, mobile nursing is their first positive experience with the healthcare system.

The regional teams focus on client autonomy, giving patients the information, support, time and space to decide how they want to access care. This can mean providing wound care, access to STI tests, referrals for testing and specialized care and general mental and physical well-being.

"We meet them where they're at early on, support them, stabilize and eventually transition them to long-term community providers," Martorino says. "Whether that's around wound care, vaccines, phlebotomy, not all of our clients that we're supporting are at the point within their care that they can access community resources. We also have to look at the social determinants of health and how that affects others."

Although a lack of housing is the backdrop barrier to all of their work, the most powerful social determinants of health for their patients are income and resources, as it affects access to medication. ICHA can cover a small portion of the costs of client medications every year, but for many, this will not be enough for all their medication needs.

Shaye says her team also functions as an advocate for clients.

"Whether or not it's for support with transportation, or trying to get them in with a dentist or transitioning their care to a family

doctor, or with a housing centre, the amount of time and energy that goes into it is substantial. I can't imagine having a client who is unwell being able to do all that," she says.

Justin Gathara, RPN, is a primary healthcare nurse at ICHA. Most of Gathara's patients have never seen a family doctor for a general checkup, including blood work that most Canadians typically have.

"You encounter clients who have had major issues their whole lives, and nobody has ever really taken the time to investigate any of it or find out what's going on. And a lot of clients either are refugees or newcomers to Canada," Gathara adds. "They don't know anything about how the system works. 'This is how you find a family doctor'."

Finding a doctor that takes new patients, which is increasingly difficult for everyone, could mean travelling across the city. Gathara says that this is something his clients, who are living in shelters, simply can't afford.

"That's where we come in," he explains. "For the first time in years, we're able to chat about health concerns, take a family history to learn about predispositions to genetic illnesses, and then we can test for those. We can get up to date with the vaccinations that they haven't had since they were children. So, one of those barriers that we can tackle, first of all, is not finding access to a primary care provider in the community."

After years working on an acute medicine floor in a hospital, Eric Dasilva, RPN, moved to community nursing and the mobile care unit during the COVID-19 pandemic. This was a side of nursing Dasilva didn't know existed and for the past two years, he has found working with those experiencing homelessness and struggling with substance use to be a valuable learning experience.

"A lot of our clients don't have permanent addresses," Dasilva explains. "They're in one shelter, and then they are in another shelter. So, when doctors even want to follow up with them, sometimes they don't know where they are. Sometimes they're just suddenly kicked out of the shelter. So, all these things really play into our clients' ability to get proper treatment."

Dasilva says it's his job to listen to the whole story the client is telling as he provides care.

"I remember I had one client who was an older gentleman. He explained he got injured on the job in the 1980s and said the doctor prescribed him a bunch of narcotics. Next thing you know, he has an opioid addiction. Then he



loses his job. He can't drive. And now he has no income. His closest doctor was a 30-minute walk. All these things started piling up on him," Dasilva says.

He says there is a lot of stigma about various types of care, including methadone, to treat opioid addiction. His job is to build trust with patients who haven't had primary care and de-stigmatize treatments.

Gathara has also found himself having to help clients regain trust in a system plagued by stereotypes "I recently had to send somebody to the emergency room because he was hurt pretty badly. But when he came back, he explains that the health care workers in the ER didn't treat him with the kind of respect and the kind of professionalism that you would expect," he says.

"There's a notion or preconceived idea of how homeless people are, or maybe they're just seeking pain medication, or it's all an act, for example. And that plays into what they've experienced their whole lives of going to the hospital or the emergency with an actual issue, but kind of not being taken too seriously or being dismissed a little bit," he says. He adds it makes his job harder to build up that trust.

"I would like other people, specifically nurses and other healthcare workers, to remember that



MY JOB IS TO BUILD
TRUST WITH PATIENTS
WHO HAVEN'T HAD
PRIMARY CARE AND
DE-STIGMATIZE
TREATMENTS.

ERIC DASILVA

this is somebody's someone. It's somebody's son, somebody's father, somebody's brother. We work with them a lot of the time, so we get to hear their stories from them. So we know that they have children. We know they have grandchildren who love them. We know they have parents who are worried about them," Gathara says.

Ariana Bof, RPN, a primary care nurse at ICHA, agrees. She moved from a hospital job to ICHA's isolation site at the beginning of the pandemic and then transitioned into community spaces going into different shelters.

Like the others, Ariana says the job comes with many learnings.

"To be honest, I never wanted to do anything with mental health. I thought, 'No, I don't want to do mental health,'" Bof says. "Three years later, I don't think I would trade my job for anything else. I love going to work. I needed a change."

She explains that when she saw the posting for her role on the WeRPN site during the pandemic and told her mother she was applying for a job in a community care setting, her decision was met with concern.

"I said, 'Mom, my friends that work in hospitals get hit.' It happens everywhere."

She says there is a lot of misunderstanding about the patients she cares for daily. "A lot of the time, you have grown men sitting in front of you and crying about things. To always fear them is kind of ridiculous because they are human as well."

As Martorino points out, community care services, like ICHA's mobile team, can take much-needed pressure off hospitals and other critical care institutions facing staffing shortages. The connection her team is building with clients provides an outreach, harm reduction from a trauma-informed lens that will decrease the number of visits to the ER.

The designated spaces for care in shelters also means that any negative experiences or traumas from past hospital visits or critical care institutions aren't present.

"We're sort of a bit more informal, so to speak, compared to hospitals," says Gathara. "I know sometimes with a whole hospital setting, it can be a little bit intimidating for clients to be there. But clients build that rapport and that relationship with us quite quickly because we're in a safe space. As for them, and we listen to what their concerns are, we pay attention to what their needs are, and we respect whatever concerns and whatever past traumas they've had with the healthcare system. And that way, they kind of understand, and we work together that way."

The team agreed that community nursing comes with big rewards.

"Some of the most rewarding experiences I've had is something as simple as giving someone a band-aid. Because they've felt so comfortable with me to come to me to ask for that care," Shaye explains. "That speaks volumes if you have an understanding of the folks that we're working with. Just them walking in the door because you've made that space comfortable and welcoming. You're building that connection. And I think seeing that connection action is like the biggest reward, for sure."

Gathara adds that connection is often a new experience for their clients.

"Sometimes you help somebody deal with something that nobody has been helping them with, and they turn around and say, 'thank you so much, this has been a thorn in my side and thank you for taking the time'. That really does warm my heart. And I can go home and say it was a good day. I did something small for somebody. So, my world is a little bit better today."

The ABCs and FAQs of PLPs

Everything you need to know about PLP
(but may have been afraid to ask)

MOST NURSES get Professional Liability Protection (PLP) to be compliant with the College of Nurses of Ontario requirements. Then, like most insurance policies, promptly forget about it.

And that's as it should be — because no one should be in a situation where they do not have access to PLP coverage. But the past few years have seen a rise in both claims and the fees required to defend those claims.

Most nurses tend to only think that we're protecting ourselves from malpractice when the range of complaints is in fact far broader — from practice concerns from employers or workplace employees to complaints from patients or family members angry about their treatment.

With healthcare environments being more stressful — on all fronts, and complaints on the rise, the WeRPN team receives many questions from RPNs about PLP insurance — from the coverage required, to the process when a claim against you has been made. To help all RPNs understand the importance of coverage — and why supporting each other has never been more critical, a few scenarios are provided.

“I just got a new job and my employer offers coverage. What's the difference between this and the insurance I receive under my WeRPN membership?”

A: WeRPN membership includes PLP coverage that extends well beyond the CNO mandates. It's even more comprehensive than most employer-sponsored programs.

The big difference is that WeRPN's PLP coverage includes legal expenses accrued in the course of a legal defence. Nursing malpractice claims can be expensive to defend and can result in substantial damages awards or settlements. In fact, the average legal cost to defend a disciplinary claim is approximately \$8,800, and the frequency of claims continues to rise.

A nurse who doesn't have this additional legal expense coverage would have to pay these expenses personally.



“I'm an RPN at a busy clinic in downtown Ottawa. The clinic is frequently understaffed and at maximum capacity. In addition to working full-time under difficult conditions and raising a young family, I recently lost my father so I decided to take a temporary leave of absence to grieve and rest.

With less income coming in, I'm looking to cut costs. So I'm thinking of not renewing my membership until I'm working again. Does this expose me to any risk?”

A: Even if you're not actively working while on short-term or long-term disability or maternity leave, the CNO still considers you a 'practicing nurse' and requires you to have PLP coverage.

Delaying your renewal could cause a gap in PLP coverage, depending on when you return to work. WeRPN's PLP program is occurrence-based and covers claims for incidents that occur while the coverage is in place. A gap puts you at risk of not being covered.

WeRPN offers flexible payment plans that allow you to manage expenses versus risking a gap in your PLP coverage. Just reach out to the WeRPN office to walk through the options.



We're here for RPNs across the province. Find out more about your insurance coverage at:

[WERPN.COM/JOIN/INSURANCE](https://werpn.com/join/insurance)
[INFO@WERPN.COM](mailto:info@werpn.com)
[1-877-602-4664](tel:1-877-602-4664)

"I'm an acute care nurse, working in a hospital. I received a subpoena to appear as a witness in a malpractice case against my colleague who's been accused of a medication administration error.

I'm concerned about repercussions with my colleague and the unit. And I also don't want my colleague's behaviour to reflect on me.

To better understand my responsibilities as a witness, I would like to consult a lawyer before offering my testimony. But I understand that the lawyer fees will be costly and then I'll need to miss shifts. Would I be eligible for support for these costs?"

A: Witness subpoenas occur in CNO investigations, with some investigations including multiple witnesses. WeRPN's comprehensive PLP program provides coverage for expenses incurred when appearing as a witness in matters arising out of the Regulated Health Professional Act (1991) and any amending or superseding legislation or as a witness in an incident relating to his/her profession of nursing.

"I've worked in a long-term care facility in Hamilton for the past two years. I received a letter from the CNO informing me that a claim of professional misconduct has been filed against me by the family of one of my patients.

The letter contained a copy of the complaint as well as supporting materials. The patient's adult daughter claims that I breached the patient's confidentiality by providing information about the patient's condition to another family member.

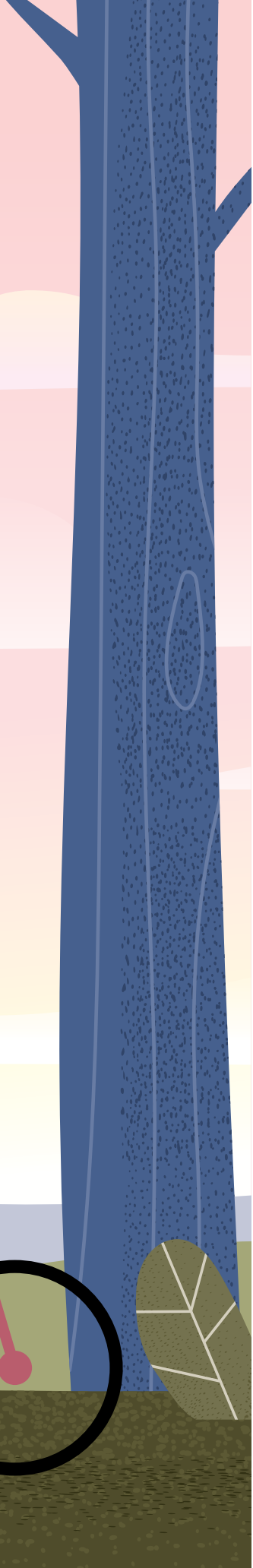
There are challenging family dynamics surrounding the patient's treatment and care and I feel confident my conduct has been professional. But I'm anxious that I've received a complaint and I'm uncertain how to best defend myself. What are my next steps?

A: Rest assured, you have 30 days to respond to the CNO's letter, and your PLP insurance coverage that's part of your WeRPN membership is there to cover you for this exact scenario.

Sadly, disciplinary claims like this are on the rise. With more patients and family members experiencing added stress and frustration within the health system, RPNs are often the ones shouldering those grievances regardless of how carefully they performed their job. But you are not alone and will be well supported as you defend against this claim.

SPACE TO BE





As the ubiquitous airline safety tip says, you must put on your own oxygen mask before helping another passenger. For nurses, practicing self-care is more important than ever. WeRPN Board members share their tips for recharging.

Recenter yourself by getting active outdoors

I often find I need to be more proactive and plan ahead to practice self-care. I enjoy getting out onto the trails for a walk/hike or snowshoe (either on my own or with friends and family) taking time to decompress and enjoy my surroundings. Where I live, there are many trails that are easily accessible. I'm also fortunate to have good alpine skiing nearby, challenging roads to bike, and a large body of water to paddle on.

Keeping physically active helps remind me what is important, recenters me and helps me reconnect with those who are important to me.

—Dickon Worsley, RPN; President

Music, family and relaxing exercise soothe the soul!

When I was a kid, I took accordion lessons and realized music was an outlet for me. During COVID-19, my son gave me a concertina for Christmas. I spent every evening for two months learning how to play one song, and it was so much fun! Concentrating on it took away my other worries and concerns. I've learned more songs since then, but when I am feeling stressed, I still go back and play that first song I learned. It warms my heart.

During the pandemic, I also recognized how much I missed my family and spending time with them. My daughter and I started to practice yoga weekly, and we still do. Both the exercise and our togetherness have a huge calming effect.

—Suzanne Schell, RPN; Past President

Meditation, exercise and reconnecting with the Earth

My self-care routine involves scheduling time for myself. Life can get so busy, and the To-Do lists are never-ending. Making self-care a routine is the only way I've been able to stay accountable to myself, which in turn allows me to be accountable to others.

My self-care consists of 'morning' (whenever I wake up, depending on my shift) meditation to get my mindset right for the day, usually followed by a workout. Depending on where I am and the weather, I try to get outdoors — I like to go barefoot during the warmer weather — to reconnect with the Earth.

My favourite workout combo was boxing and yoga; boxing allows you to get the frustrations of the day out, and yoga balances the mind and body. Since I've been travelling, BeachBody On Demand has been a great resource with many options!

—Lindsay Pentland, RPN; Board Member for WeRPN Region 1

“LIFE CAN GET SO BUSY, AND THE TO-DO LISTS ARE NEVER-ENDING.”

Establish boundaries outside business hours

My favourite ways to practice self-care involve either a quiet night of knitting at home, which I find very peaceful, or going out with my girlfriends, where I know we will laugh and be loud, and my stress will melt away.

Recently, I have become better about establishing boundaries at work and not replying to emails outside of business hours. When clinicians prefer to call me on evenings and weekends to have meetings, I decline and ask that they find time during business hours.

—Deanna Clatworthy, RPN, Board Member
for WeRPN Region 2

Focus on the small things that bring you joy

Our resilience in maintaining mental health while working in nursing has certainly been tested over the last several years. I believed I was managing my mental health for the most part — but I was not. I was more focused on my physical well-being. As pressure continually built up, the need to take care of my mental health became more evident and urgent. My mental health needed help on three fronts: my home, work, and personal life. The pressures and anxieties that manifested seemed to spill into all three aspects of my life. I found comfort in advocating for better conditions in healthcare by joining WeRPN’s Board of Directors, leaning on those who are close to me, counselling and keeping up with the small things that bring joy, like being on the water, working out, yoga, travelling and arts and crafts.

—James Philbey-Richards, RPN, Board Member
for WeRPN Region 3

Seize the day, get outside and share your feelings

My self-care has transformed over the last few years. I have become much more intentional with my time and routine and more mindful and reflective. The biggest change I have made is to start waking up at 5am each morning. That time may be later on days I don’t work; however, the key is to give myself more time for my morning. I have reflective time. I work out. I prepare my breakfast and my lunch for the day. There is no rushing. I feel ready and prepared for the day.

I have also increased my physical activity, which started simply as a walk each day for a few minutes. Now I walk a few times daily, from 15 minutes to an hour, depending on when I can get outside. The fresh air and sunshine are essential in helping me to feel my best.

The last self-care change I’ll share is regular therapy or counselling. It helps me focus on my goals and develop plans to accomplish them. I meet anxiety in a different way and grow through the challenges and changes life hands me. I am more relaxed, less reactive, and enjoy my time inside and outside of work. I encourage everyone to take small steps to find the things that support the person you want to be.

—Sharon Hunter, RPN, Board Member
for WeRPN Region 5





**“AS PRESSURE
CONTINUALLY BUILT
UP, THE NEED TO
TAKE CARE OF MY
MENTAL HEALTH
BECAME MORE EVIDENT
AND URGENT.”**

Set your routine and stay organized!

I have always looked at self-care as being a daily pursuit. As a person who thrives on organization and prioritizing everything that needs to be done, I have found that routines are a foundational way that I can take care of myself. Setting routines certainly does not seem all that exciting, but it frees up my emotional and decision-making energy so I can focus on what matters most to me.

I have simplified and created daily routines that help to take care of me, my family and my home. Meal prep is a game-changer! Systems and routines for daily, weekly and monthly tasks and To Dos help to prevent me from feeling like I must do it all today and becoming overwhelmed. The saying that resonates the most with me is, “create a life that you don’t need a vacation from,” and that is my goal.

—Angela Corneil, RPN, Board Member
for WeRPN Region 6

Walking and talking with loved ones

I began my career as a registered practical nurse in the midst of the COVID-19 pandemic, so my inner health and well-being have never been as important to me as it is right now. Many things that I used to enjoy — getting together with family, singing together and making music — were limited over the last few years. I didn’t realize these things so positively impacted my mental health until I had to stop doing them. To combat the loneliness and isolation that the pandemic had on many people, I would go on many walks, sometimes for hours, and call a family member or an old friend. Now that some pre-pandemic activities have resumed, I occasionally drop into choir events on my days off or drive to see family, which I always look forward to.

—Lydia Mead, RPN, Board Member-at-Large

Exercise your body and mind

Being in nursing school keeps me very busy and can be extremely challenging. It pushes you to the limits of your physical and emotional health. That is why I find doing activities to help with my mental health extremely important. I enjoy a good walk outside in a forest or even on the side of the road. I also find it extremely helpful to reflect on my feelings; I will contemplate how logical a feeling is and, if required, come up with an action plan to address it.

—Daniel Hiemstra, Student Representative

Driving evidence on RPN practice

WERPN is committed to increase the body of knowledge about the utilization of RPNs, optimization of the RPN roles and the impact and value of RPN interventions on client outcomes across the sectors in our health systems. In December, the association hosted a research symposium to highlight and disseminate findings from key RPN research that has been catalyzed with WeRPN's support.

Dr. Elizabeth Peter and Dr. Don Rose from the University of Toronto shared the findings of their research on the moral distress experienced by nurses during the pandemic, especially those working in long-term care homes. They identified strategies to reduce moral distress and presented the perspectives of 20 RPNs interviewed in the study.

Dr. Behdin Nowrouzi-Kia from the University of Toronto and Dr. Basem Gohar from the University of Guelph presented their study's preliminary findings on the pandemic's impact on the mental health of RNs and RPNs in northern Ontario. They discussed the responses of nurses and the most significant changes in their lives as a result of COVID-19.

Dr. Denise Connelly from Western University presented how RPNs working in LTC homes adapted to the pandemic and developed resilience during personal, professional and institutional crises.





In December 2022, RPNs gathered for the Driving Evidence Research Symposium — a platform to discuss strategies for leveraging RPN knowledge in different roles, building resilience and reducing moral distress.

Her presentation drew on quantitative and qualitative data from 434 RPNs and identified facilitators, barriers and suggested resources and support to help build resilience among RPNs. Dr. Connelly in partnership with Christina Khan, RPN, also presented on building knowledge about rehabilitation nursing from the RPN perspective.

Jen Calver, RPN, Ph.D. (student), GPNC(C), and Samantha Salatino, RPN, MSChQ, presented a resilience guide that WeRPN developed to support the recruitment and retention of RPNs in long-term care homes. The guide provides a framework to build systems

of organizational resilience based on the evidence from the Connelly et al., 2022, Social Science and Humanities Research Council of Canada's Specialty COVID-19 Partnership grant. In collaboration with Farzana Rahman, she also presented on Staffing Stability in Long-Term Care.

JP Munro and Norma Tomlin from WeRPN presented the WeRPN Resilience Initiatives Program, which includes self-care and resilience resources to support front-line healthcare workers at an individual and team level. They discussed how certified WeRPN Resilience Practitioners can implement these resources, including an online app, with a dedicated team of RPNs at a long-term care facility.

Dr. Connelly also presented the experiences of RPNs implementing virtual PIECES™ care planning in long-term care homes during the pandemic. Her presentation discussed promising practices designed to keep residents, families, caregivers and staff safe from COVID-19 by engaging with residents and families, multidisciplinary professionals, RPN champions and administrative staff.

Dr. Josh Wyman, from Western University, highlighted opportunities for improving the identification, assessment and reporting procedures in instances of potential elder abuse.

Frances Bruno, RN, PhD, discussed opportunities to grow the supply of home care RPNs through employer-based education assistance.

Overall, the symposium provided an important platform to discuss strategies for leveraging RPN knowledge in different roles, building resilience and reducing moral distress. WeRPN looks forward to continuing to grow the body of evidence on the incredible contributions of RPNs through its research strategy.



QUEEN'S PARK DISPATCHES

The one constant at Queen's Park is change, and much has happened in Ontario politics since our last update. Here are three important updates all RPNs should know about.



LEGISLATION

Bill 124 — Gone, but not forgotten

BILL 124, the Ford government's public sector wage cap legislation, was declared unconstitutional in a late November 2022 court ruling. The Ontario Court confirmed what nurses have long known, that the bill infringed upon the constitutional right to free and fair collective bargaining. WeRPN is proud to have driven advocacy efforts against this legislation and its unfair impact on RPNs — and all nurses — across the province.

Regrettably, the Ontario Government soon filed an appeal of the court decision. WeRPN responded on behalf of RPNs by writing an open letter to the Premier and Minister of Health in early January to urge the government to drop the appeal.

"Now is the time to invest in our nursing workforce, not in lengthy court battles. We urge your government to give nurses the respect they deserve and reconsider its decision to appeal the Ontario Superior Court of Justice ruling," wrote Dianne Martin, WeRPN CEO.

We will continue to advocate for RPNs to fight this unfair wage cap legislation and do everything possible to ensure RPNs receive meaningful wage increases.

▼ EXPLAINER —

Your Health: A Plan for Connected and Convenient Care

ON FEBRUARY 3RD, Ontario released a new healthcare plan titled ‘Your Health: A Plan for Connected and Convenient Care.’ The plan demonstrates a continued focus on government priorities — large-scale health infrastructure, addressing the human resources challenge, increased access to care where you are, and reduced wait times — and showcases many previous announcements.

The plan is separated into three pillars, each seeking to address a different challenge in our health system. Pillar three, ‘Hiring More Health Care Workers,’ is the most relevant for RPNs. Under this section of the plan, new announcements include 500 new seats in practical nursing programs and 1,000 new seats in BScN and BN programs. The government also commits to accelerating nursing education pathways— something WeRPN has strongly advocated. The government is also investing \$100-million in 2,000 nurses in LTC homes with the support of WeRPN’s Bridging Education Grants in Nursing (BEGIN) program.

The other pillars include new announcements like expanded access to Youth Wellness Hubs, a rebranding of Health Connect Ontario to Ontario 811 and funding to create 18 new health teams under the Ontario Health Teams model. The plan also features new announcements such as expanding the paramedicine ‘treat-and-release’ program, investing in long-term care homes to provide diagnostic services for residents to reduce emergency department visits, and creating two new residential treatment centres for youth in the western and northern regions of the province.

WeRPN has continually championed investing in more opportunities for RPNs to expand their education — either through specialized programs or bridging. We are pleased that the government is making some strides in this area, but there is much more to do.

▼ MONEY —

Provincial Budget 2023

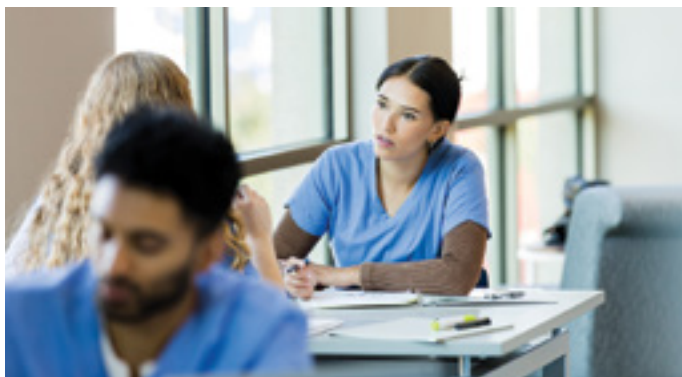
The 2023 Provincial Budget was released on March 23, 2023. Despite ongoing advocacy by WeRPN and RPNs repeatedly sounding the alarm about the growing strains on nurses and our healthcare system, the budget lacked strong action to tackle Ontario’s nursing crisis. The government had an opportunity to make meaningful investments to show nurses they are valued and enable them to deliver the best possible patient care, but unfortunately this budget fell short.

WeRPN put forward five key recommendations to help retain our province’s exceptional nurses and recruit more nurses to meet the growing needs of Ontarians. We asked the government to seriously consider our five recommendations:

- 1.** Establish competitive and harmonized nursing wages to incentivize retention.
- 2.** Legislate nurse-to-patient ratios to enhance patient safety.
- 3.** Renew investment in the Nursing Education Initiative (NEI).
- 4.** Expand the Bridging Education Grants in Nursing (BEGIN) to acute care settings.
- 5.** Reduce overreliance on for-profit nursing agencies to save money.

While WeRPN was pleased to see a commitment to nursing recruitment by growing spaces in nursing programs and enhancing investments in the Enhanced External and Supervised Practice Experience Program, we are disappointed by the lack of movement on our recommendations.

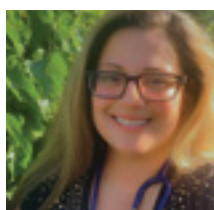
Going forward, WeRPN will continue to work with government and call for further investment to support the retention of Ontario RPNs. Our 2023 budget submission focused on key steps the government can take to address the challenges facing Ontario’s RPNs with specific actions to be implemented.



2022 AWARDS OF EXCELLENCE

In the face of numerous challenges in the healthcare landscape, several remarkable nurses stood out due to their unwavering commitment to their patients and profession. Amidst an ongoing global pandemic compounded with other respiratory illnesses placing increasing strain on the healthcare system, celebrating exceptional nurses who embody the best of the nursing profession is all the more critical.

These dedicated individuals and employers went above and beyond in their duties, providing compassionate care and positively impacting the lives of their patients and staff. In recognition of their exceptional efforts, WeRPN was proud to honour these healthcare leaders with our annual Awards of Excellence.



AWARD OF EXCELLENCE AND INNOVATION

Christina Khan, RPN

The Award of Excellence and Innovation is presented to an RPN who has contributed significantly to practical nursing in Ontario and whose efforts have demonstrated exemplary nursing practices. Recipient Christina Khan has been an RPN for 15 years, practicing in an inpatient stroke rehabilitation program. She also has experience in the long-term care sector. Christina participated in the research study, “Building Capacity in Rehabilitation Services: Mapping Rehabilitation Nursing Care Practices in Geriatric and Stroke Rehabilitation Units,” which examined the impact and contributions of RPNs to the care of stroke and geriatric rehabilitation patients. Her energy and positive attitude have inspired her nursing colleagues to consider the importance of nursing contributions to the field of research.



PRECEPTOR AWARD OF EXCELLENCE

Catharine Case, RPN

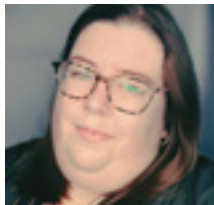
The Preceptor Award of Excellence is bestowed upon an RPN in recognition of outstanding contributions as a role model for a practical nursing student. This year’s recipient, Catharine Case, has been an RPN for nine years and is currently practicing in an inpatient unit — Medical Care — at *Niagara Health*. She juggled school, work and a family to become an RPN and mentored 1–2 students per year for 2-1/2 months at a time to help them meet a mandatory graduating requirement. Cathy has been celebrated multiple times throughout her career, including having been recently featured on Niagara Health — for springing into action to coordinate the on-site wedding of a palliative care patient’s daughter at Niagara Health’s Fort Erie location.



AWARD OF EXCELLENCE
IN MENTAL HEALTH

Tania Strong, RPN

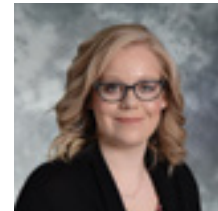
The Award of Excellence in Mental Health is a new award sponsored by TELUS Health MyCare. The award recognizes an RPN who has significantly contributed to the field of mental health in Ontario and who promotes mental health awareness and provides supportive care. Recipient Tania Strong an RPN of 12 years, works at the Belleville and Quinte West Community Health Centre. Tania treats all patients equally and empathetically. “She is a role model for nurses and is the first to advocate for patients when decisions need to be made at an organizational level,” said her nominator. Tania actively listens to her patients’ concerns and promotes mental health awareness by identifying local resources, such as social workers from community health centers.



EXCELLENCE IN THE CARE
OF OLDER ONTARIANS
(THE MARTHA AWARD)

Amber Potter, RPN

The Excellence in the Care of Older Ontarians Award celebrates the dedication of an RPN who provides exceptional care to older adults in a manner that is respectful, compassionate and professional. This year’s award winner, Amber Potter, initially studied to become an athletic therapist; however, as someone who has always loved enriching the lives of others, she realized nursing was her true calling. Only two years into her new career as an RPN, Amber was promoted to Associate Director of Clinical Services at Park Lane Terrace in Paris, Ontario. Her colleagues describe her as an extraordinary nurse who exemplifies what it means to be a leader in long-term care. “[She] gives 110 per cent all the time.”



MICHAEL AND WERNER
GEIDLINGER EXCELLENCE
IN PALLIATIVE CARE AWARD

Chelsea Gagnon, RPN

In honour of the memory of Michael Geidliger and Werner Geidliger, this award recognizes the unique character and excellent care delivered by RPNs to patients at the end of life. This year’s winner, Chelsea Gagnon, began her career as a PSW but returned to school to become an RPN. She now works in a clinical setting with the Complex and Palliative Support team in Espanola, Ontario, where she assesses the needs of patients in the community and provides support to individuals with life-limiting illnesses. Chelsea was recognized for having helped many patients and families during their palliative care journeys, as well as for advocating for them, providing the best quality of care and helping to meet patients’ needs and goals.



**AWARD OF EXCELLENCE
IN RESEARCH: RPN**

Sue Struth, RPN

This award is presented to an individual RPN who has significantly contributed to research in practical nursing in Ontario and whose efforts have demonstrated evidence-informed nursing practices. Sue Struth is the inaugural recipient of this award and has been an RPN for more than 12 years, formerly working as a wound care and infection control lead at Schlegel Villages. Sue has been an applications specialist in the practical nursing program at Conestoga College since 2015 and plays an integral role in research projects within the college's Canadian Institute for Seniors Care. Sue received a WeRPN research grant in 2021, co-leading a study with the executive director of the Canadian Institute for Seniors Care exploring the role and experience of RPNs in long-term care.



PRESIDENT'S AWARD

Shaye Martorino, RPN

This award honours an individual, group, or organization demonstrating outstanding commitment to furthering the utilization and recognition of RPNs in Ontario. This year's recipient, Shaye Martorino, is a nurse manager at the Inner City Health Associates (ICHA) 's Enhanced Shelter Support Program, where she cares for people experiencing homelessness. Shaye has been an RPN for ten years, having graduated from Sir Sanford Fleming College in Peterborough, Ontario, and is currently enrolled in Athabasca University's post-RPN Bachelor of Nursing program. Federal Chief Nursing Officer Dr. Leigh Chapman, who previously worked as the inaugural director of clinical services at ICHA, described her former colleague as having a natural leadership talent apparent to staff, colleagues and clients alike. For more information about Shaye and the life of a street nurse, check out our featured article, "Care in Motion."

EMPLOYER OF EXCELLENCE AWARD

**St. Joseph's Healthcare (SJHC)
London — Parkwood Institute**

The Employer Award of Excellence recognizes an employer that has demonstrated outstanding achievement in improving the utilization of RPNs and fostering a safe, respectful and empowering work environment where RPNs can work to the fullest of their knowledge, skill and judgment. St. Joseph's Healthcare (SJHC) London — Parkwood Institute consistently seeks ways to advance care, particularly through research initiatives. Their project, "Mapping RPNs in the geriatric and stroke populations," helped develop a rehab nursing standard of practice in Canada. SJHC promotes the nursing profession as a whole by striving to adhere to the best practice guidelines for the nursing standards of practice in accordance with the College of Nurses of Ontario (CNO). to consider the importance of nursing contributions to the field of research.

**AWARD OF EXCELLENCE IN
RESEARCH: ORGANIZATION**

**Canadian Institute for Seniors
Care at Conestoga College**

This award is presented to an organization that has participated in research on practical nursing in Ontario, and whose efforts have optimized or advanced evidence-informed RPN nursing practices. The inaugural winner of the Award of Excellence in Research (Organization) is the Canadian Institute for Seniors Care at Conestoga College. The institute advances evidence-informed RPN nursing practices and promotes nursing research by collaborating and engaging in projects that enhance care for seniors and nurses. All RPN nursing faculty, practical nursing students and clinical instructors are provided with opportunities to collaborate on all aspects, from research design to knowledge dissemination, resulting in numerous peer-reviewed publications. The institute also invites practical nursing students to conduct research as volunteer practical nursing students or hired research assistants.

Nominations for the WeRPN Board of Directors

Dear WeRPN Member:

WeRPN is seeking nominations for members of the association's Board of Directors. We are currently recruiting members to represent Regions 1, 3, 5 & 7 for 2-year term 2023-2025 and Regions 4 & 6 for 1-year term 2023-2024. All terms to begin in October 2023. In accordance with association by-laws, to be eligible, a nominee shall:

- have maintained a Membership in the Association for minimum of two consecutive years preceding his or her nomination;
- meet the requirements for directors in the Act;
- be a member in good standing, of the College of Nurses of Ontario

Board members will be elected from the pool of nominees through votes cast in advance of the WeRPN Annual General Meeting (AGM) on October 26, 2023.

Completed nominations forms are due no later than **Monday, July 17, 2023.**

Nominating a Candidate

To nominate someone for the WeRPN board, the nominator must be a current member of WeRPN. The nominator must reside or work in same region(s) of the nominee, with the exception of Member-at-Large, in which case the nominator must reside or work in Ontario. Nominators are required to complete and submit the nomination form, along with a brief biography of the nominee.

Commitment Required of Directors

Board members must commit to a two year terms and expected to attend Board meetings that take place five times per year. Board members may also be expected to chair a committee and prepare reports and recommendations for board discussion.

Bylaws

1.0 Division Into Regions

1. The Association shall be divided into seven (7) regions, with each region representing the geographic areas covered by two Local Health Integration Networks (LHINs).

Currently, there are six regions — region 1, 3, 4*, 5, 6*, 7 that are up for election for the board of directors of WeRPN.

WeRPN Region	LHIN Numbers	LHIN Names
1	1, 2	Erie-St. Clair & South West
3	4, 6	Hamilton Niagara Haldimand Brant & Mississauga Halton
4	7, 8	Toronto Central & Central
5	10, 11	South East & Champlain
6	9, 12	Central East & North Simcoe Muskoka
7	13, 14	North East & North West

*one year term

1.02 Qualification for Directors

1. Each Director shall:
 - a) Have maintained a Membership in the Association for a minimum of two consecutive years preceding his or her nomination;
 - b) Meet the requirements for directors in the Act;
 - c) Be a member in good standing of the College of Nurses of Ontario

1.03 Election of Directors

1. Directors shall be elected for a two-year term at an Annual General Meeting (AGM) of the Association members.

The role of the Board of Directors is to represent the member in issues of Governance for the Association.

Competencies include but are not limited to:

- Working with people;
- Consensus-building;
- Conflict resolution;
- Teamwork;
- Leadership and motivation;
- Ambassadorship;
- Ethical conduct and conflict of interest;
- Knowledge of today's nursing environment; and
- Engagement.

Please Print Form Details

Nomination Form for WeRPN Board of Directors Regions 1, 3, 4*, 5, 6*, 7

Nominee's Name _____

Address _____

Postal Code _____ Phone _____ Fax _____

WeRPN Region _____

WeRPN Reg # _____ College of Nurses # _____

E-mail Address _____

Signature of Nominee _____

Nominator's Name _____

Address _____

Postal Code _____ Phone _____ Fax _____

WeRPN Region _____

WeRPN Reg # _____ College of Nurses # _____

E-mail Address _____

Signature of Nominator _____

MAIL: Send to WeRPN, 5025 Orbitor Dr, Bldg 5, Suite 200, Mississauga, ON L4W 4Y5

EMAIL: Complete and email online form available in the **member's section** at **WeRPN.com** and send to kflores@werpn.com by July 17, 2023.

If you have any questions, please contact:

Kristel Flores

E kflores@werpn.com

T 905.602.4664

TF 1.877.602.4664, ext. 234



Healthcare
Professionals

GIVE YOUR INSURANCE PREMIUMS A WHOLE NEW LOOK.



Johnson Insurance has worked closely with WeRPN to provide access to helpful services and products that take care of your home and car insurance needs.

With Johnson, WeRPN members have exclusive access to:

 
up to **\$960.00**
in savings when you
bundle home & car insurance*



- **First Claim Forgiveness**
- **Flexible Payment Options**
- **Identity Theft Protection**

Take advantage of this special offer now. Mention group code QK for your preferred rates when you give Johnson a call today at **1.877.732.6714** or visit **Johnson.ca/healthcare**.

YOUR GROUP CODE FOR DISCOUNTS : QK

Call Johnson today at **1.877.732.6714**

We RPN
Registered Practical Nurses
Association of Ontario

JOHNSON 
INSURANCE
HOME • CAR

Johnson Insurance is a tradename of Johnson Inc. ("Johnson" or "JI"), a licensed insurance intermediary. Home and car policies underwritten exclusively, and claims handled, by Unifund Assurance Company ("UAC"). Described coverage and benefits applicable only to policies underwritten by UAC in ON. JI and UAC share common ownership. Eligibility requirements, limitations, exclusions, additional costs and/or restrictions may apply and/or vary based on province/territory. *As of March 1, 2021, \$960 combined savings available on home and car insurance if the following discounts are applicable: conviction free, multi-line (home and auto), multi-vehicle, winter tire, stability, and member (home and auto). Dollar savings may vary otherwise.