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We RPN

Registered Practical Nurses Association of Ontario

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Voices from the Frontlines of Long-Term Care

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Supporting you every step of the way

As this global pandemic has continued to take its toll on communities across the world, I know the past several months have been an extremely challenging time for nurses across Ontario. Its impact has been felt both professionally and personally. For some that has meant working long hours or adjusting to new or different work environments. For others it has meant the loss of income after being limited to one workplace or losing a job altogether. And for any health professional who has contracted the illness, a whole other level of stress has emerged. Outside of work, it's affected families and relationships: whether it's trying to balance child care, or caring for a family member, all the while thinking about how to keep your loved ones safe. But through it all, nurses have continued to show up every day to deliver the care that patients, residents, and clients need, and I want you to know we're extremely grateful.

As your professional association, we've been committed to standing alongside you as this pandemic has unfolded. Through our regular newsletters, we've made sure that RPNs can stay informed and get the latest information and guidance from the government and Chief Medical Officer of Health. We've made it a priority to connect and engage with you through our professional practice outreach, our Facebook Live sessions, and other social media channels so we can bring your voice and experiences from the frontlines to the attention of government. We have never stopped advocating on your behalf. From the beginning of this crisis, we pushed for more personal protective equipment and better data, supported calls for pandemic pay, urged the government to prioritize vulnerable sectors, and encouraged enhanced testing.

As we look back at Ontario's response to this first wave, I think there are several lessons we can learn that will help us prepare for the expected second wave.

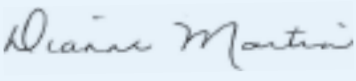
Ensure there is broad and equitable protection for patients, residents, clients, and all care providers across the health system. Our initial response prioritized preparing our acute care sector for a surge of patients but fell short of protecting some of our most vulnerable communities, such as the elderly and people with existing health conditions. As we move into the fall and prepare for a second wave of COVID-19, coupled with the flu season, we need to make sure that all sectors are equitably supported and resourced.

Build support for nurses who have the courage to blow the whistle. We have heard horror stories of nurses who raised the alarm about concerning infection control practices and faced professional reprimand for speaking out. Nurses need to be empowered to use their clinical knowledge and judgement to support patient, resident, and client care. We will be advocating to ensure that nurses have avenues to bring forward their concerns because this can save lives.

Create a steady supply of equipment. Several months ago, nurses faced tremendous stress as a result of shortages of critical PPE. Now that government has had the chance to create new, local supply chains for essential equipment, we need to make sure those continue to be provided to health care providers on a priority basis.

Increase access to mental health and self-care supports that nurses and health professionals need. Nursing is a stressful profession at the best of times. According to a national survey conducted in 2019 by the Canadian Federation of Nurses Unions, nurses were experiencing high levels of stress, anxiety, and moral distress long before COVID-19. The past few months have only compounded those pressures. If nurses are to be expected to continue to provide the essential care that Ontarians need, we have to make sure they have the right support systems in place to care for themselves first.

We still have a long road ahead of us as we collectively fight this pandemic, but I have the utmost confidence in the incredible work that RPNs are doing to keep the rest of us safe. I know that it's been a very difficult time for all of Ontario's nurses but I want you to know that we appreciate your ongoing commitment. And you can be sure that we will be there to support you every step of the way.



Dianne Martin, RPN
CEO, WeRPN

Thank you for a memorable experience

It's hard to believe that my term as WeRPN's Board President is coming to a close this year. Over the last two years, I have enjoyed the opportunity to connect with so many RPNs from across Ontario and learn more about your experiences. It's been a wonderful chance to see how the role of the RPN is evolving. Whether it's working in hospices, public health, correctional facilities, hospitals, working with Indigenous communities, leading research or teaching, RPNs have so many new and changing career paths.

For all nurses and frontline health professionals, 2020 has been a whirlwind year (what a year to be designated the Year of the Nurse!). For many of us, myself included, the past several months have felt like an emotional rollercoaster. When the pandemic first emerged, I was overcome with fear and worry. Worry about my home care clients and how to ensure they could continue to receive care safely. Worry for my family and the steps I would need to take to keep them safe. And of course, worry for my own health, as an older nurse who could be at higher risk of contracting COVID-19. Now, as Ontarians try to return to a semblance of normal life, I worry about the second wave and whether we're truly prepared for what lies ahead.

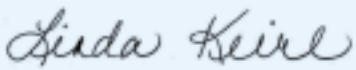
At the same time, this period has provided an opportunity for reflection about the need to strengthen our health sector. As a home care nurse, the pandemic has renewed my belief in the importance of aging in place as long as it's possible to do so. For many older Ontarians, the events of the past few months have raised questions about whether long-term care is where they would like the spend their golden years given the vulnerabilities we've seen in the sector.

While it's not the ideal option for everyone, I believe that expanding support for our home care system will not only keep many older Ontarians safe from the issues of congregated living, but also give them an opportunity to receive care in an environment that's both comfortable and familiar. If more people were supported to stay in their homes, this would ease the growing capacity issues faced by our long-term care system—pressures that are only expected to worsen as our population ages.

For too long, our home and community care systems have been in the shadows of other health sectors. We've seen years of underfunding put even more stress on home care operators and the nurses and personal support workers providing the care. I have had days where I'm expected to see 10-12 clients. How can you be expected to do thorough assessments and provide care if you're constantly rushing from one client to the next? For many of us in the sector, we know that the system isn't designed to give clients the robust holistic attention they need. But perhaps now, against the backdrop of this pandemic, the time is ripe for change. In the months ahead, my hope is that this horrible pandemic will give us all a chance to collectively rethink our existing systems and give rise to new opportunities.

In closing, I want to thank all WeRPN members for the chance to serve as your Board President. It has been an honour and a privilege to help shape this organization and do the important advocacy we are doing on behalf of all RPNs across Ontario. WeRPN is a trusted partner of governments and regularly called on provincially, nationally, and even globally to influence nursing policy change. This year, we launched our new strategic plan that will chart the path for the organization to 2024 and help WeRPN continue to meet the needs of RPNs into the future.

In the new year, I will be handing the reins over to our President-elect Suzanne Schell, RPN. I have known Suzanne for many years and am thrilled that she will be taking on this important leadership role. A special thank you as well to the WeRPN staff and my fellow Board members for making this experience so memorable. And as always, thank you to all Ontario RPNs for your ongoing dedication, compassion and commitment. You inspire me every day.



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Voices from the **Frontlines** of Long-Term Care

COVID-19 has highlighted the longstanding cracks in Ontario's long-term care (LTC) system. With increased attention on the sector, and the Ontario government commiting to launch an independent commission to examine key issues, WeRPN will be pushing for meaningful change to ensure all residents have access to excellent quality care. Currently, RPNs account for over two-thirds of the nursing staff in long-term care and have a robust body of clinical knowledge and experience. So we wanted to ask those on the frontlines delivering care what is working well and what ideas they have to improve quality of care. Here is what some Ontario RPNs had to say about what they'd like to see change:

Taneshia Harrison, RPN

"I love my job and couldn't see myself working anywhere else!"

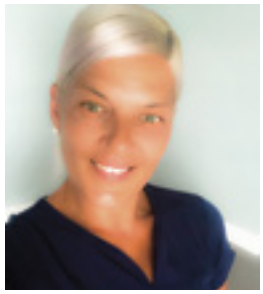
"Currently in the midst of the COVID-19 pandemic, what is working well in LTC, is the care, compassion, teamwork, dedication, and commitment to gold standards of care by front line workers. After 10 years working in the sector, and despite the intensity of care needs, I love my job and couldn't see myself working anywhere else! The close knit and intimate nature of LTC homes often means residents and their families think of nurses as family – and vice versa. LTC is a specialty that many nurses overlook, but it is one where you can make a genuine difference. It gives you the chance to develop valuable experience in assessment and critical thinking skills while building meaningful relationships (horizontally and vertically) across the continuum of care.

There is a need for increased operational funding by provincial, territorial and federal governments and operators to improve physical and organizational characteristics and to enable homes to increase the number of health care workers. This includes staffing ratios, staff training and specialized staff orientation education. This will give staff sufficient time to devote to the needs of each resident with an advanced level of comfort and skills in care provision.

Maintaining certain pandemic infection control measures is more essential than ever. This includes limiting health care workers to one workplace to reduce cross contamination between facilities or cohort staffing to units and resident home areas to reduce unnecessary resident exposure to contagions.

I'd also like to see more resident, family, and physician engagement to really think about the needs of the residents, and explore how nurses can play a stronger advocacy and navigator role in managing expectations."

Taneshia Harrison, RPN is a geriatric nurse, patient advocate, and nurse leader. She earned her nursing diploma from Centennial College. For the past 10 years, she's overseen nursing care and her experiences as a Director of Health and Wellness, Resident Care Services Coordinator, Documentation Nurse/RAI Coordinator Backup, Clinical Practice Nurse, and Staff Nurse have shaped her practice to specialize in bridging healthcare gaps. She discovered her love of teaching through nurse leadership. As a Certified Professional Resume Writer, she helps others put their best foot forward.



Emilija Stojsavljevic, RPN

"Every day we make things happen behind the scenes in LTC."

"Every day we make things happen behind the scenes in LTC. We have passionate professionals caring whole-heartedly for our vulnerable sector. The creative approaches to care that nurses and personal support workers (PSW) deliver in the LTC sector is remarkable. Every day is rewarding and particularly challenging. We are constantly learning. As the complexity of medical diagnoses evolve, residents' care needs are changing and increasing. We need the sector to evolve in response.

I believe it is time to review, reassess, and make changes happen in the LTC sector. Firstly, we need to assess appropriate staff levels to ensure we have the right mix of PSWs, RPNs, and RNs available to meet the individual needs of our seniors and provide safe, quality care to our residents. With complex medical diagnoses, current threats to seniors' health such as COVID-19, and exacerbations in those with chronic conditions, now is the time to ensure the appropriate staff levels and mix of skills needed to provide safe care. Staffing levels must take into account the personalized needs of residents. For example, residents with mobility issues may require the assistance of two people. Fall prevention is an increasing priority. Alarms can't replace people. In fact, equipment might be ineffective without the staff available to respond to alarms and address residents' needs appropriately and in a timely manner.

I would also like to see the sector implement a full time Nurse Practitioner role in all facilities. Seniors admitted to LTC homes require a well-established, collaborative approach in their care. Having a full-time Nurse Practitioner in LTC homes provides daily opportunity to immediately address sudden health status changes in residents. This would alleviate the need for transfers to hospital, reduce resident and family stress, and reduce the strain on our acute care sector.

Finally, the COVID-19 pandemic has highlighted the need for more designated Infection Control leads. These experts could focus exclusively on infection prevention and control implementation, education, and ongoing monitoring of IPAC practices for all departments in LTC."

Emilija Stojsavljevic is an RPN working in the long-term care sector in a role of a Resident Care Coordinator. Responsible for education and quality initiatives, Emilija makes countless contributions to resident care initiatives, mentors team members, embraces challenges, and plays an instrumental role in change with innovative ideas and her notable leadership skills. She is focusing her strengths and energy to what matters the most - safe, compassionate, and excellent care for all.

Sandra Osbourne, RPN

"We use a multidisciplinary team approach when it comes to resident care."

"In my setting, one of our strengths is the team approach and frequent huddles we have when resolving issues. This is key to delivering excellent care. We use a multidisciplinary team approach when it comes to resident care so the outcomes of our residents are much better. Families are regularly engaged and are ultimately happier with the care their loved one receives. Staff are much happier and feel valued when they can add to the discussion about the care needs of their residents. Staff also work better when they can quickly call a meeting to discuss any problem they have so that a delivery care plan of action can be implemented to benefit all.

Falls and aggressive behaviours of residents in long-term care homes are increasingly challenging situations we experience. Falls put residents at greater risk of injuries, or even death. Similarly, residents with aggressive behavior are at greater risk to themselves and others when triggers or potential risks are not properly identified.

I believe that to improve quality of care, a designated staff with added training in these areas should be assigned to the given situation. This staff could do the necessary overall assessment and investigation, working alongside the rest of the team to identify triggers or potential causes. The designated staff could then implement strategies based on findings and work with the team to help manage behavior and risk factors."

Sandra Osbourne is an RPN, teacher, leader and advocate. She has been working with City of Toronto Long-Term Care Homes and Services at Cummer Lodge for the past 23 years providing compassionate care on the behavioral unit for residents with dementia and their families. Her education and years of experience have equipped her to deliver exceptional care with a gentle persuasive approach. Sandra has been recognized with awards and is known as a "behavioral champion" at her workplace. She loves her job and is always committed to delivering excellent nursing care.

Karen Bakker-Stephens, RPN

"More health professionals are required to provide the care our seniors need."

"Long-term care is a great environment as it provides many opportunities for RPNs to practice side-by-side with RNs as valued members of the health care team. One role for RPNs that is underutilized but works well is as admission and discharge coordinator. RPNs in this role use their assessment skills when reviewing potential files of new residents to ensure the resident being admitted can be cared for regardless of which registered staff is eventually assigned. This is a pivotal role that ensures that admitted residents have their care needs match the skill base of the staff in the home. The clinical judgement of RPNs can support any required interventions needed to support the new resident as they transition into the LTC setting. The collaborative approach for this role has provided an opportunity to increase the value of the RPN role within the leadership team.

Going forward, I would like to see more RPNs provided with growth and leadership opportunities in the sector. Having RPNs at the leadership table as Associate Directors of Care, or educators, or even Executive Directors provides the team with a more inclusive lens to ensure care is provided appropriately to residents.

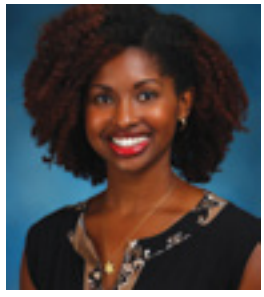
RPNs provide a specialized, cost-effective option for delivering resident care in LTC. It is well known in the sector that more health professionals are required to provide the care our seniors need. RPNs generally outnumber RNs in many LTC homes and representation is crucial at the leadership table to ensure leadership success. The LTC sector has slowly provided leadership by giving RPNs opportunities to educate fellow nurses and personal support workers.

I would also like to see more RPNs receive their Geriatric Certification to validate their role and practice expertise. It would be amazing if all RPNs were certified to assure the public that their care provider has taken the time to obtain the education to provide a very high standard of care to the residents they serve."

Karen Bakker Stephens is a nurse and educator. She has been an RPN since 1996 and is currently Executive Director of an LTC home in the Hamilton Area. Throughout her career, Karen's nursing practice has focused on senior care in both the community setting as well as long-term care. Karen has also been a longstanding member of the Gerontological Nurses Association and WeRPN. Recently, she was part of the team that supported the development of the first ever National Certification Exam for LPN and RPNs, focused on Gerontology and delivered by the Canadian Nurses Association.


Addressing
Anti-Black Racism
in Nursing

By Keisha Jefferies, RN



During the coronavirus pandemic, nurses have been recognized as being among the nation's frontline workers. However, to this day, the contributions of Black nurses continue to be hard-fought, unrecognized, and under-appreciated.

Nurses are essential in care delivery and policy directives that shape the health-care system. The year 2020 is the Year of the Nurse and Midwife. Yet, Canada's history of racism and segregation has contributed to residual anti-Black racism that remains present in Canadian nursing.

Nursing, as a profession, was established on Victorian ideals of "true womanhood", including notions of dignity, purity, morality and virtue. Think white caps and pristine white smocks.

Historically, people who did not meet these "ideals" were prevented from practising nursing. It was believed that Black women did not possess these attriubtes of "true womanhood" and in turn, were prevented from pursuing nursing as a career. Many of these subconcious biases and stereotypes about nursing are still believed today, with evidence showing that the exclusion of Black folks and anti-Black practices persist.

Beginning with oppression

In Canada, the first nursing training facility opened in 1874 in Ontario. The first baccalaureate nursing program started in 1919 at the University of British Columbia.

Moving Beyond Borders, Karen Flynn's 2011 account of the racial segregation in Canadian nursing, vividly describes the experiences of Canada's earliest Black nurses. As Flynn notes, Black folks were not permitted to attend nursing programs. Instead, prospective Black nurses in Canada were told to go to the United States. American schools began allowing Black folks into nursing in the 1870s while Canada continued to restrict admissions to Black folks until the 1940s, granting admission only after pressure from community groups and organizations.

Ruth Bailey and Gwennyth Barton were the first Black nurses to earn nursing diplomas in Canada from the Grace Maternity School of Nursing in Halifax, graduating in 1948. This was almost three-quarters of a century after the first nursing school opened.

Black nurses in Canada

Overall, Black nurses are largely absent from leadership positions and specialty practice areas such as intensive care. Instead, Black nurses are often streamlined into areas that are more physically demanding and strenuous. At the same time, Black people are concentrated in entry-level positions, non-specialty roles or in non-licensed clinical roles such as personal care workers. Beyond physical challenges and visibility, Black nurses are subjected to micro-agressions and racism from patients, colleagues, and superiors.

Gender and class have a substantial impact on Black women nurses with the nursing profession having successfully

We see stark examples of anti-Black racism embedded within a curriculum that not only reinforces the invisibility of Black nurses but also exacerbates health inequities.

racialized gender and class discrimination. Men who enter nursing usually ride the glass escalator: leadership, higher wages and other substantial advantages.

It's a marked contrast to Black women who do not encounter a glass ceiling but a concrete wall from simultaneous racism and sexism. Their existence is invisible, yet their mistakes and flaws are amplified.

Racism reinforced through nursing education

In 2013, I proudly graduated from a nursing program with more than 10 Black soon-to-be nurses. At that time, there were designated seats for qualified Black applicants resulting in a 100 per cent increase in enrolment for Black students.

After the removal of these designated seats, the program now graduates far fewer Black nurses each year. I hear similar findings from nursing graduates at other universities. Yet, despite evidence regarding inequity amongst faculty appointments in universities, most Canadian institutions do not collect nor publish race-disaggregated data related to the student population.

Multiple barriers limit access to post-secondary education for Black students. However, issues within nursing education go beyond admissions.

Considering what is taught in nursing school, we see stark examples of anti-Black racism embedded within a curriculum that not only reinforces the invisibility of Black nurses but also exacerbates health inequities.

What is taught is largely void of the contributions to nursing made by Black pioneers. For example, nurses are not taught about Bernice Redmon, who was refused admissions to Canadian nursing programs and trained in Virginia before returning to Canada in 1945. Redmon became the first Black nurse appointed to the Victorian Order of Nurses in Canada.

The nursing curriculum continues to be riddled with colonial, anti-Black, heteronormative, and hegemonic content. For most of nursing's history, aspiring nurses have been taught how to care for white, straight, and gender-binary patients. If this is not you, even a routine hair, skin, or health history assessment can pose a challenge.

Anti-Black racism in nursing is detrimental to Black nurses and to the health of all Canadians, especially since Black folks suffer from high rates of chronic illnesses including diabetes, high blood pressure, and mental illness. These health inequities are worsened by an undertone of mistrust towards a health-care system that does not have health-care workers who look like you nor who understand your health needs — leading to misdiagnosed or undertreated conditions.

Towards an anti-racist profession

There are successful initiatives in place. The Faculty of Medicine at the University of Toronto has made great strides in combating anti-Black racism through the Black applicant stream and the collection of race-disaggregated data.

At the Dalhousie Schulich School of Law, a successful program established in 1989 has increased the representation of indigenous Black and Mi'kmaq students in the legal profession. Select universities, like Dalhousie, offer entrance scholarships for Black students as a means to alleviate financial barriers.

Nursing can learn from these bold, innovative ideas and work towards adopting anti-racist frameworks in education and practice. This begins by actively recognizing, appreciating and celebrating Black nurses and their contributions in nursing. Despite the persistence of anti-Blackness in society, nursing education, and health care, Black nurses continue to provide care. Now, more than ever, we must recognize and celebrate their contributions.

The Role of the RPN/LPN

Nurses are an integral component of our healthcare system. Whether at the RPN/LPN, RN or APN level, nurses have a resounding impact on patients, communities, and society as a whole. Canadian literature shows that Black nurses are well represented and arguably, overrepresented at the RPN/LPN level. Moreover, Black, Indigenous, and People of Color (BIPOC) tend to be concentrated at the RPN/LPN level.

This is a major win in one respect, since representation is vitally important to cultural inclusive and equitable care at all levels. However, concern arises upon examination of the RN and APN level, where there is much less representation of Black nurses. Across the profession, the scope of practice shifts. However, the patient population - and their inherent health needs of equitable care – remain the same.

As described above, there are multiple reasons that point to variability in representation throughout nursing, including but not limited to challenges encountered by internationally educated nurses, anti-Black racist practices in education, as well as the glaring problem of implicit bias.

Without actively striving towards and maintaining representation throughout nursing, the profession has few safeguards against perpetuating harmful stereotypes and, in turn, providing assumption-based care. Extensive research in both Canada and the United States describe the harmful (and sometimes fatal) health outcomes that are directly linked to implicit bias, relying on stereotypes or providing assumption-based care. Beyond patient care, there is a growing body of literature that unveils the lived realities of Black nurses in Canada. These are stories of both despair and triumph.

Committing to the representation of BIPOC folks in nursing is a way to ensure that the historically supressed voices and knowledge of the Canadian population are not only valued but also included and integrated into nursing in order to continue the advancement of the profession.

One important aspect, or takeaway if you will, is the need to leverage the profound leadership displayed by nurses. This would require nurses to challenge the current understanding of what is meant by representation and extend it beyond a proportion or particular number of healthcare providers. Rather, as BIPOC scholars are suggesting, achieving true representation requires addressing the systemic and institutional barriers that exist throughout nursing – inclusive of practice, education, research, and policy.

Having achieved a recognizable level of representation, RPNs/LPNs are in a prime position to lead by example and cause a ripple effect across other levels of the profession. As nurses, it is our duty to advocate for health and address injustice. Beginning with ourselves is a great place to start this work.

This article was originally published on The Conversation at theconversation.com and has been adapted for this publication by the author.

Keisha Jefferies is a Toronto-based African Nova Scotian woman, born and raised in New Glasgow, Nova Scotia. She is a registered nurse and PhD candidate in the School of Nursing at Dalhousie University. Her research examines the leadership experiences of African Nova Scotian nurses and the implications for nursing practice and education. Her scholarly and advocacy work focus on addressing anti-Black racism in nursing, equitable admissions in post-secondary institutions and social justice at-large.

Keisha has clinical and policy experience in the areas of neonatal intensive care and breastfeeding. She is a Junior Fellow with the MacEachen Institute of Public Policy and Governance at Dalhousie. Lastly, her research is funded and supported by Vanier Canada Graduate Scholarships (Vanier-CGS), Killam Trust, Research Nova Scotia, Johnson Scholarship Foundation, BRIC NS and the Faculty of Graduate Studies and School of Nursing at Dalhousie.

What to Expect from the Fall Legislative Session

by Tiff Blair

A lot has happened over the past several months and much has changed because of the ongoing COVID-19 pandemic. Since hitting Ontario, government has been all-hands-on-deck managing and responding to the current crisis. While the province has moved slowly through initial reopening stages, we know that this illness will be with us for some time to come. With a looming potential of a second wave top-of-mind for everyone, including government, a lot of what happens in the coming months will depend heavily on how the COVID-19 challenge evolves.

There are, however, some things that we can reasonably expect to see government move on when the Ontario Legislature resumes sitting on September 14, 2020.

Ontario Budget

The 2020 provincial budget was originally set to be tabled on March 25, 2020 but was postponed by the urgent and quickly-changing situation posed by COVID-19. Instead, government released *Ontario's Action Plan: Responding to COVID-19*, which focused on addressing immediate financial needs and provided planning assumptions for the year ahead. At this time, government promised to provide Ontarians with a long-term outlook once the economic situation of the pandemic was assessed.

The government will release a multi-year budget by November 15, 2020. Although it is difficult to predict at this point what priorities and needs will influence the budget, we can expect that investments in health, particularly long-term care (LTC) and public health, will, at the very least, remain stable.

Long-Term Care

As we all well know, the COVID-19 pandemic has had a devastating impact on the province's LTC sector. This has prompted government to double-down on its commitment to "fix the broken LTC system," and we can expect to see significant activity on the LTC file over the coming months.

The LTC Commission, established to review the long-term care system to get a better understanding of the impacts and responses to the COVID-19 outbreak, was launched this summer. The Premier has publicly stated that he is highly motivated to make changes in LTC and to complete the review and bring forward recommendations swiftly. Therefore, the work of the Commission is likely to move swiftly with its findings and recommendations potentially delivered as soon as early fall. Government action to implement at least some of the most immediate recommendations would follow quickly, possibly by the end of the fall session.

We can expect part of this action by government to relate to staffing. Prior to the pandemic, the MLTC established the Long-Term Care Staffing Strategy Advisory Group to provide strategic advice on staffing in the LTC sector across the province. The work of the Advisory Group continued through the pandemic, with the long-standing staffing crisis emerging dramatically during the pandemic. The Ministries of Health and Long-Term Care have since been working together to ensure adequate staffing in both hospitals and LTC ahead of the upcoming flu season and a possible second wave of COVID-19. Government will want to demonstrate that they are beginning to address staffing issues at a minimum and working toward a more stable sector over the coming months. As such, we are likely to see at least some pieces of the Advisory Group's work move into implementation through the fall.

Likewise, as government seeks to demonstrate that they are doing everything they can on LTC, we anticipate further announcements and commitments to help get new LTC beds built quickly.

Mental Health

Mental health has been a stated priority for this government since the beginning of its mandate. With a great deal of uncertainty and anxiety about both the present and the future, the pandemic has only further exacerbated Ontarians' mental health needs. It is likely that we will see more on mental health through the fall session, including more details about previously announced programs and initiatives. We may also see further investments with consideration of the pandemic's impacts, particularly in schools as they prepare to resume in a new shape in September.

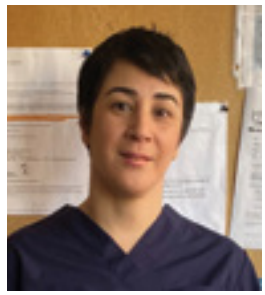
Health Care Transformation

The government is unlikely to want to do anything major in health over the coming months, unless it is in direct response to the COVID-19 situation. For this reason, it can be expected that the health sector will remain relatively stable over the coming months. That said, government currently finds itself past the halfway point of its mandate and in the middle of its ambitious plans for health system transformation. Although temporarily stalled as a result of the pandemic, we have seen government resume, slowly, to move forward on structural changes and establishing OHTs. Even this work is being done with a lens of COVID response and preparation.

Supply Chain

One of the earliest learnings coming out of COVID-19 is the need for a more centralized and streamlined supply chain in Ontario so that critical supplies, such as PPE, are available when needed. While centralizing supply chains emerged as a consideration in government's health transformation agenda, we expect government will be more motivated to push forward supply chain reforms in anticipation of a possible second wave of COVID-19.

Proud to be a Registered Practical Nurse



By Masomeh Toraby, RPN

At the beginning of April, I knew I wanted to help support the pandemic response. I contacted the long-term care facility I used to work at in 2014 and asked them how they were doing. They told me they were experiencing a shortage of PSWs and nurses to support resident care, so I agreed to come and help them. I want to share my experience to offer a glimpse of what it was like during the pandemic and the meaningful roles that RPNs play in the lives of residents.

When I walked into the lobby, a couple of residents came to me smiling. They had remembered me from when I worked there years before. "Will you be working on our floor again?" they asked. I was happy to be back.

The floor I was assigned to had one positive COVID-19 case when I started. I could tell the resident was so frightened, but when he saw me he started smiling. As I always do, I smiled back to show my compassion for the difficult situation he was in. I have always believed if we channel our emotions, we can help others manage theirs. This resident spent 14 days in isolation while I was there and every night, it was like he was waiting for me.

I was the only person who seemed to be able to talk to him and make him feel safe. Once he was cleared after his 14-day isolation, he took my hands in his and said, "God bless you. I saw your wings the first night you came into my room with your beautiful smile. I saw your eyes and I felt I would be OK."

When he said that, I started to cry. I was overjoyed to know that I was able to make a difference in his life and offer him comfort when he needed it. Residents in LTC facilities need to feel love, empathy, and care. As nurses, our role isn't just about administering medication and moving on to the next resident without feeling. We all need to be good listeners and show empathy toward each other. I am proud to be an RPN, to make a difference in peoples' lives and help make them smile.

Masomeh Toraby was born and raised in Iran. She became a nurse to help heal others. When she immigrated to Canada as an internationally educated nurse, she completed the practical nursing program and became an RPN. Masomeh is a proud nurse who always brings heart to the care she provides.

CNA Certification Program: **New Exams, New Opportunities**

By CNA staff

With the introduction of a specialty certification in medical surgical nursing from the Canadian Nurses Association (CNA), Registered Practical Nurses (RPN) now have more opportunities for professional development and to contribute to improved patient outcomes.

CNA is accepting applications until September 10, 2020 from RPNs interested in writing this certification exam in fall 2020.

For most of its 29 years, the CNA Certification Program has offered national nursing specialty credentials to registered nurses and nurse practitioners. In 2019, CNA expanded the program to give RPNs/LPNs access to specialty certification. This came shortly after CNA opened its membership to RPNs/LPNs and registered psychiatric nurses across Canada.

The first exam tailored for RPNs/LPNs was in gerontology. It was delivered in November 2019 and resulted in 50 RPNs/LPNs receiving this CNA certification. Next, CNA turned to medical-surgical nursing given the strong interest in this area among nurses. Data from the Canadian Institute for Health Information indicated there were 15,488 RPNs/LPNs in medical-surgical nursing in 2017 across Canada. This met CNA's criteria to develop and sustain a certification exam.

For CNA, working with nursing partners on the development of these certification exams is essential. Recently, CNA engaged with WeRPN, Canadian Association of Medical and Surgical Nurses (CAMSN) and a variety of nurses from across the country who offered guidance as CNA considered offering medical-surgical nursing certification to RPNs/LPNs.

Introducing certification to RPNs/LPNs provides professional growth opportunities, says LPN Denise Kominetsky, chair of the Saskatchewan Association of Licensed Practical Nurses. "To become an expert practitioner, you have to challenge yourself to strive to learn more than you did before." Even more important, says Kominetsky, is that becoming certified contributes positively to patient care.

Kominetsky is on the CNA working group that is developing medical-surgical nursing exam competencies. She is one of numerous nurses who are volunteering as subject matter experts with CNA and Yardstick-Assessment Strategies, the company that performs all CNA exam development and maintenance.

Selecting this specialty as the newest certification for RPNs/LPNs makes sense because medical-surgical nursing reaches so many patients, says RN Annie Chevrier, CAMSN's president, who has been certified since 2013.

RN Brenda Lane, CAMSN's past president, says a CNA medical-surgical nursing certification confirms a nurse's extensive knowledge. "There are not a lot of these specialty areas that have to have the diversity that med-surg nurses have to have," says Lane, a professor in the Bachelor of Science in Nursing program at Vancouver Island University. Lane has maintained her certification since 2010.

Michelle Dumont, an RPN at Ottawa's Queensway Carleton Hospital, has contributed to every stage of the CNA exam development and will participate in an analysis of the first exam writing this fall. For her, it's been interesting to collaborate with other nurses to create an exam that suits the scope of practice in all provinces/territories. "There can be some variations in the scopes across the provinces, however with all of our input, we really kept in mind what is clinically happening in each of the provinces at the same time."

Dickon Worsley, a WeRPN Board Member and RPN with experience on a surgical floor, was involved in competency development and question building for the exam. Worsley believes certification is an attractive attribute to potential employers. "It gives practical nurses a step up to say *I do have a certification, I am an expert in this field, so have a look at me*."

For more information about the medical-surgical nursing certification, including application details and exam dates, visit **cna-aiic.ca/certification**

Envisioning a New Staffing Strategy for Long-Term Care: Q&A with Anita Plunkett, RPN

In February 2020, the Government of Ontario established a Long-Term Care Staffing Study Advisory Group to provide strategic advice on staffing in the long-term care sector, following recommendations from the Public Inquiry into the Safety and Security of Residents in Long-Term Care. The advisory group is made up of experts, academics, thought leaders, and stakeholders, including Anita Plunkett, a Registered Practical Nurse and PSW educator from Eastern Ontario.

We connected with Anita to discuss her experience as a thought-leader providing advice to government on this important and relevant topic.

What was your reaction to being asked by the Ministry of Long-Term Care to join this advisory group?

I was incredibly honoured to be asked. Not only was this a great leadership opportunity for an RPN, but it also allowed me to bring my experience from a variety of settings to the table. It also gave me a wonderful opportunity to work with so many excellent health care leaders.

What is your role on the advisory committee?

I am part of a collaborative group examining the issues and challenges currently facing staffing in LTC, as well as putting forward recommendations as to how these issues can be addressed. I have not only been able to bring my knowledge and expertise as a nurse and training instructor, but also engage with stakeholders from LTC and learn about their ideas and perspectives.

Why do you think it's important to have the voice of nurses and other frontline care providers included in these kind of advisory groups?

As a nurse and former PSW, my work has been mainly in LTC. I was able to see and experience firsthand some of the challenges and issues that the advisory group is examining. PSWs and nurses make up the largest numbers of the workforce in LTC and provide the bulk of resident care. Having their voice at the table is paramount to understanding some of the changes that need to happen to provide an optimal quality of life for those who are most vulnerable.

Was there anything you found especially surprising about your experience or what you learned from stakeholders on the topic of staffing in Long-Term Care?

Most of the ideas brought forward by the advisory group members and stakeholders weren't necessarily surprising, but I did gain valuable insight into some things I wasn't aware of prior to participation with the group. For instance, the positive impact that an increase in the presence of nurse practitioners has on the acuity and quality of life for LTC residents wasn't something I understood fully as the homes I was involved with did not have this role.

Since you joined this group in February a lot has changed. While nurses have long been calling attention to systemic issues in LTC, the COVID-19 pandemic has highlighted the urgent need for change. What role do you think staffing plays in overall LTC reform?

COVID-19 has certainly tested the limits of staff in LTC and put the incredible work they do in the spotlight. Staffing challenges have existed for a number of years and this certainly was the focus for the advisory group. Looking at ways to increase the perceived value of LTC work and staffing is a starting point. We have had several discussions around suggestions for staffing mix, ratios, and leadership opportunities.

You have taken on a number of different leadership roles throughout your career. What inspired you to seek out those opportunities?

I believe any position in nursing is a leadership role. You advocate for your residents, patients, and clients in a variety of settings and circumstances. I have been fortunate to have had opportunities that allowed me to continue to build my leadership capabilities. I believe that nursing involves a level of responsibility and a commitment to improving the quality of life of Ontarians. Whether through my role as a PSW instructor to co-chair for school board programs, owning a foot care business, and participating on the LTC staffing advisory committee, I like to seek out the ability to make positive changes and grow in my role as an RPN.

How has your clinical practice experience equipped you to be a strong nursing leader and advocate for change?

Working in both LTC and the community allowed me to utilize a variety of clinical skills in two different sectors of health care. The role and skills that an RPN contributes in these two areas can sometimes be quite different and therefore there are many growth opportunities. This in turn has given me the confidence to seek out nursing leadership roles and be a voice not only for the role of RPNs but also for residents, patients and clients across all health care sectors.

What advice do you have for other RPNs interested in leadership opportunities?

I absolutely love being an RPN, and I think loving what you do is a good first step for opening up to leadership opportunities. It is also important to recognize that nursing is not a stagnant field. It requires ongoing education and a commitment to advocating for change. You need to have a willingness to reach out beyond what you think you can do and seek out further development and training to get the needed skill sets to move forward in a leadership capacity.

What do you hope will happen now after the advisory group submits its recommendations?

The advisory group submitted its report at the end of July and we look forward to the Ministry looking at the items from all stakeholders moving ahead.

About Anita Plunkett:

Anita began her health care career approximately 15 years ago as a Personal Support worker, working in home care and long-term care (LTC). Looking to expand her knowledge and skills, she bridged to complete her Practical nursing training at St. Lawrence College in Brockville. As an RPN, she continued working in community care and LTC. When an opportunity opened up to become an instructor of a PSW program through the Catholic District School board of Eastern Ontario (CDSBEO), she jumped at the chance. Being able to further develop her skills and translate those into training was a perfect fit for her. For the past 10 years, she has been an instructor in the classroom, clinical and consolidation areas of CDSBEO's PSW program and has taught at their Cornwall, Brockville, Kemptville and most recently Smiths Falls locations. She has also become L.E.A.P. certified and is a GPA coach. In 2013, she obtained her Certificate of Adult Education from St. FX University to further support her role as an educator. Now she provides education and training to hospitals, LTC homes and community agencies throughout the Ottawa and eastern Ontario region.

In 2018, she became the PSW co-chair for the Continuing Education School Board Administrators (CESBA), where she supports and advocates for the 22 school board PSW programs in Ontario. As a representative, her focus is to improve the quality of PSW education in Ontario in order to ensure the safety and quality of life for those accessing PSW services. In 2020, Anita was asked to join Ontario's Long-Term Care Staffing Study Advisory Group. This group was established in response to recommendations from the Public Inquiry into the Safety and Security of Residents in Long-Term Care.

Let's Help Build Collaborative Teams

By Mary Furlan, RPN

Often as nurses, we find ourselves completely focused on the task at hand, especially when our ever-growing to-do list is longer than the number of hours left in our shift. When we focus on what needs to be done, we sometimes end up diminishing the contributions of our unregulated co-workers in the overall care of patients and residents. We don't do this on purpose, it just happens as an unintended consequence of the evolving role of the RPN in different settings. As time goes on, the result is the erosion of the bonds of a well-functioning team, especially in long-term care.

Recently, I had the unexpected opportunity to work on a new unit. During the morning report, we learned that a resident, who had been experiencing declining physical functioning, had fallen just before we arrived. Later, I overheard a PSW explain to another colleague how she had hurt herself while assisting that resident during a transfer. After connecting the injured PSW to health and safety support, another PSW and I reviewed the details of the incident as well as the availability of equipment to transfer the resident safely, without causing undue harm to either the resident or staff. My PSW colleague asked me if they could go ahead and start using a sit-to-stand lift. When I agreed, she also asked me if I would update the care plan and the staff communication board so that other staff would know about the changes. I readily agreed and added that we should also refer the resident to physio for an assessment of their transfer abilities.

My willingness to immediately act on the safety issue that affected both residents and staff came as a surprise to the PSW, who had 10-years experience working on that unit. She recounted how in the past, when she would bring a concern to the attention of a nurse and ask for action that could help prevent future care issues, she felt her concerns were minimized, brushed off, or completely dismissed. This left her feeling increasingly disenfranchised and marginalized. Sadly, this PSW explained that in her many years of experience in her role, she had never had a nurse stop what they were doing, listen to her, and immediately act on her concerns.

The role of the nurse has become increasingly task focused, usually in the face of both peer and workplace pressure. Nurses need and want to get as many things done as possible in order to avoid explaining to the incoming shift why something wasn't done. Through the rush of the shift, the time spent with the residents and patients and unregulated staff alike is reduced to impersonal encounters, even though much can be learned from slowing down and being attentive to both. The relationship between a nurse and an unregulated care provider has far reaching effects - perhaps even beyond the workplace. It should be the goal of every nurse to encourage participation of all staff, maximizing input and involvement at every opportunity, regardless of role in the home. Perspective matters when it comes to quality of life of the staff as well as patients and residents.

Mary Furlan, RPN received her PN diploma as a mature student in 2006. She has practiced in community care, pediatric complex care, and while working in long-term care, gained experience in a variety of roles from staff nurse to management. Mary completed the IDEAS Advanced Learning Program in 2015 and developed a strong interest in culture change through quality improvement. In September 2019, Mary started the PN to BScN Collaborative Bridging program at University of Windsor/Lambton College. You can find her on Twitter, advocating for better living conditions for LTC residents @MarysxcntrcCan

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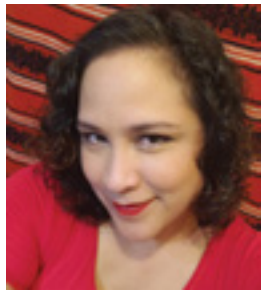
Registered Practical Nurses Association of Ontario

Why are mentally ill people dying at the hands of the police?



The hidden realities of a flawed system

By Anisa Carrascal, RPN

We've seen increasing coverage of police-related deaths among individuals experiencing a mental health crisis in the community. In my opinion, chalking up police brutality to lack of training, fails to recognize a much more complex and systemic problem. While it has become evident that police officers are poorly equipped to attend mental health crises, the root of the issue stems from the design of our mental health system.

One of the reasons we continue to see undue escalation and violence is the resistance of many police forces to let community services, family, or others who may engage in a more positive manner with the person in distress to participate during a crisis. As mental health workers, our goal is to de-escalate the situation and help the person receive the help they need. It is what we do all day, every day. Our specialized training and experience affect the quality of the interaction. Too often, people do not understand that managing mental health crises is a real skill. It takes a long time, hard work, and practice to learn to do it with kindness and compassion, and more to the point, effectively. It also requires knowledge of the community you are serving and very often a relationship with the client in distress.

When a person is feeling vulnerable, they will not respond, let alone trust, a stranger wearing a gun that approaches them with a "you better behave" attitude. That is what happened in the case of Ejaz Choudry, the elderly man who died at his own home this past June after police officers refused the help of his family members. I have heard countless horror stories from my clients about their experiences with the police. For many, these experiences have been more about enforcing authority than providing support.

Attending to a mental health crisis is very time consuming and runs counter to many other established systems. Too often, police officers are expected to "keep the peace" as fast as they can so they can attend to other calls, rather than being encouraged to resolve issues for all involved. In this way, the police will want the person "contained" as soon as possible so they can pass them on to the next cog – the emergency room (ER) – as fast as they can. When someone suffering severe distress does not cooperate with this agenda, things can get ugly and people can end up hurt.

Unfortunately, our health system is also often ill equipped to deal with these crises. Many staff in ER departments lack mental health crisis management training. Often, the response to a severe crisis in the ER will be the use of mechanical and/or chemical restrains. Then the patient will get passed to the

next cog – the psychiatric unit – and the cycle will continue until the person is eventually sent back to the community.

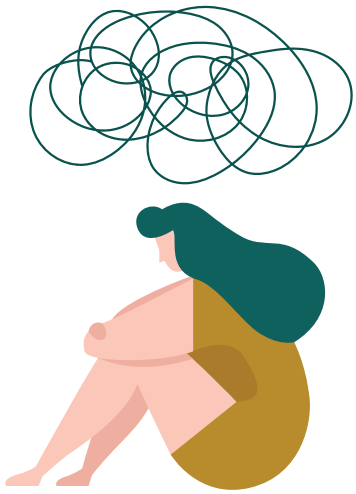
By the time the person is back at the starting point of this cycle, they may not have gained anything from the whole process. On the contrary, the process itself can be traumatic for many mental health patients. Worst still, there are not enough psychiatric nurses, social workers, or specialists in the community to meet these needs, and recruitment remains a challenge due to lower than average salaries. Funding for adequate programs is insufficient as are community resources.

Many patients who have been through the "revolving doors" of the mental health system know exactly how to answer a health care professional's questions to avoid an admission. Too often, staff in the ER do not review the collateral information provided by community services and do not engage them in the care plan before considering discharge. It is not that they don't care, it's that the system they are working under is pushing them to move the patient along as fast as possible and assume that the next cog in the system will take care of the issue. This leaves most patients who are resistant to accept help without support returning to the community untreated and potentially at risk of causing harm to themselves or others. If a person has gone through this process several times and continues getting discharged without receiving proper help, they will eventually become disruptive and possibly dangerous. Police officers are then called to contain these situations and the vicious cycle starts again, each time more volatile, and requiring more extreme measures.

The great majority of severely ill mental health patients endure enormous social inequalities. Most live in shelters or on the streets. In the best of cases they live in very precarious housing. Many suffer from concurrent disorders and even present untreated dual diagnoses. It is even more common for them to have been born and lived all their lives in generational poverty and suffered severe emotional and/or physical trauma. The great majority belong to an ethnic minority or marginalized group, have passed through the foster care system, and/or are in some kind of legal trouble. It should be revealing to learn that the average life expectancy of a person living on the streets is 56 years, when the national average is 81.

Unfortunately, most police officers do not get trained on these subjects, and many do not engage with the communities they serve in meaningful ways that would allow them to see these disparities. Some are also affected by their personal biases and do not receive anti-oppression and anti-discrimination mandatory training on a regular basis, like most other community organizations do. If you don't know the factors that contributed to a person's crisis and have not been trained to understand why they are behaving the way they are, it is so much easier to use extreme force.

So much needs to change to improve the lives of people with mental health illnesses. Right now, we are still refusing to see them, to really understand them, and to design a system that truly serves them. Until profound reforms come to place, we will continue seeing people die and suffer under the current system. I hope that the winds of change coming our way are strong enough to make a difference.



Anisa graduated with Honours as an RPN from Humber College in 2011. After graduation, she worked at the Inpatient Psychiatric Unit at the Michael Garron Hospital, and at the same time as a Community Mental Health Nurse for Good Shepherd Non-Profit Homes. She is currently working as a Nurse Case Manager at the New Dimensions ACT Team for the Canadian Mental Health Association. She is passionate about advocating for equality in health care and the improvement of mental health services.

Region 2
Acclaimed

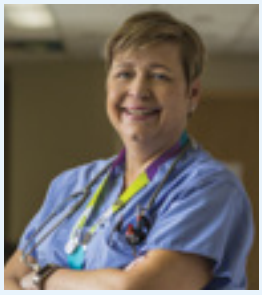
Victoria Bertrand
Acclaimed

Victoria's nursing career began in 2016 upon completion of the Practical Nursing program at Conestoga College. During her studies, Victoria served as the Student Representative on WeRPN's Board of Directors. In this role, Victoria had the opportunity to enhance her advocacy and policy skills. Victoria's passion and energy ensured practical nursing students' voices were heard.

Victoria currently works at the ARCH Clinic in Guelph as an RPN, where she fosters an inclusive environment for patients. Victoria's compassion allows her to make meaningful connections with those for whom she cares for. Her passion to work with individuals from vulnerable populations was ignited from her experience at Homewood Healthcare Centre in Guelph. Working in psychiatry, Victoria's strengths as a nurse quickly emerged, as seen through the trusting relationships she built with patients facing substantial barriers on their journey to well-being.

Victoria's eclectic experience, spanning long-term care, medicine, oncology, and surgery, have afforded her many firsthand opportunities to see and experience nursing practices and the needs which come with the profession. These experiences have enabled Victoria to continue training and advancing her skill set through her passion and devotion for the profession.

Region 4
Acclaimed



Wendy Colmenero
Acclaimed

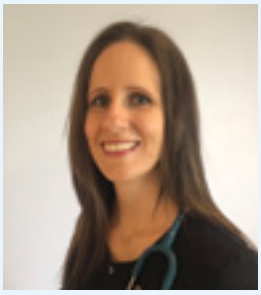
Wendy Colmenero is a Registered Practical Nurse currently practicing in the Emergency Department at Michael Garron Hospital. Most recently, she spent a number of shifts redeployed to the local nursing homes as part of an outreach team to support the management of COVID-19 cases.

Wendy has been practicing as a nurse for 35 years, working with medical, surgical, psychiatric, and geriatric populations. She has been active on various committees including Unit Based Councils and Nursing Assembly.

Wendy has also completed a WeRPN fellowship. For this Fellowship, her research topic was "Nicotine Addiction with Mental Health Inpatients". During the course of Fellowship, Wendy obtained a certificate in Nicotine Addiction from the University of Toronto. She has also been awarded the Daisy Award in recognition of outstanding patient care.

Wendy has presented numerous posters at WeRPN conferences on various topics including violence in the workplace. Wendy's peers have identified her as a strong advocate for the full utilization of RPNs in acute care settings. She continues to promote quality care given by knowledge and skilled RPNs.

Region 6
Candidates



Jen Calver
Candidate

Jen Calver is a Registered Practical Nurse from the Port Hope area. Jen began her career in health care as a Personal Support Worker where she discovered a passion for working within dynamic health teams to provide care and support to populations with chronic health complexities. In 2014, Jen graduated from the Practical Nursing Program at Fleming College with a WeRPN Award for Student Excellence. Since graduation, Jen has been actively involved in the nursing community to advocate for nurses and health allies, aging populations and health systems. In 2019, Jen completed her Bachelor in Allied Health Sciences (BAHSc) degree with Highest Distinction. She was also among the first group of nurses to receive her Gerontological Practical Nursing Certification - GPNC(c).

Jen has experience working in a variety of practice, education, and research roles across health care and academic institutions. Her nursing clinical background is in long-term care and public health. Jen is currently working as a Director of Hospice Services, completing her Master's Thesis, and is actively involved with the Gerontological Nursing Association as the Professional Advocacy Director. Jen is passionate about the important role of nurses across the health continuum and would be honoured to serve on WeRPN's Board of Directors.

Debora Cowie
Candidate

Debora Cowie has been a Registered Practical Nurse at Ontario Shores Centre for Mental Health Sciences for the last 30 years. She has worked in neuropsychiatry, psychiatric rehabilitation and presently in complex psychiatry. She has a strong clinical interest in schizophrenia, psychosis, and the complex care needs of patients in tertiary mental health. Debora currently represents Region 6 on WeRPN's Board of Directors and is a member of the Mental Health Special Interest Group.

Over the course of her career, Debora became a grief and bereavement educator, recognizing aspects of loss within patients, their families as well as in nursing. She has been a developing panel member of RNAO's Best Practice Guidelines for End of Life Care. Debora has also taught nursing leadership, critical thinking and mental health throughout Ontario as well as leadership to LPNs in New Brunswick.

Debora is a member of Ontario Shores Centre for Mental Health Sciences' Workplace Safety Committee. She has also developed the role of a Workplace Champion to act as an educator, mentor and advisor on the issues of violence and bullying to all staff.

Debora considers herself a transformational leader, a nurse who takes risks, is creative in thought and strongly committed to professional role advocacy and influence as well as safe and effective nursing care.

Member-at-Large

Candidates

Angela Corneil
Candidate

Angela has been a Registered Practical Nurse since 2013. She has practiced to her full scope and has experience in long-term care, sub-acute, and acute care medicine. Angela brings a strong enthusiasm for change and is dedicated to enhancing the respect for RPNs within hospital and community settings.

In her current role as Program Support Partner, Quality & Process Improvement at Peterborough Regional Health Centre (PRHC), Angela is highly involved in committees and regularly takes on leadership roles. She was the recipient of the WeRPN Bursary and Dorothy Wiley Health Leaders Institute, and was selected by WeRPN to receive a $10,000 bursary for the be The Change-Clinical Leadership Development project. Recently, she spearheaded the screening and access program for PRHC and is continually focused on building capacity of hospital staff.

Angela is a performance-driven leader progressing towards a Bachelor of Health administration degree to enhance her contributions to the health care system and all patients. Angela is always up to the challenge and models the way to success.

Darlene Hakker
Candidate

Darlene Hakker has been a Registered Practical Nurse for just over 8 years. After graduating from Lambton College, Darlene began her career as a community nurse with Bayshore Home Health and working at Sarnia's local hospice. After two years as a visiting nurse Darlene began working full time at the LHIN's Acute Care Clinic. This experience was the perfect opportunity for Darlene to leverage the full scope of RPN skills and showed her the value RPNs bring to many health care settings.

While working in the clinic, Darlene was a preceptor to multiple RPN students and would show just what an RPN is capable of when used to their full scope, helping to energize and create pride in her students. Recently Darlene made the change to LTC working at Vision Nursing Home where she is currently enjoying the hands-on and loving care she can provide to the gerontological population.

Darlene sits as president for her local chapter of the Gerontological Nursing Association and through this has seen first-hand the impact professional associations can have on their field and community. She looks forward to bringing this energy to the position of Member-at-Large with WeRPN.

Anna Malfara
Candidate

Anna Malfara, Director of Care for Memories+ Group (Home Health Care Services & Adult Day Program), is a nurse with 20 years of experience, much of which has been working with older adults in the community. Anna's strong gerontology background, working closely with clients living with cognitive and physical challenges, has fueled her passion for providing supportive care and resources to clients and their loved ones in the community. Obtaining a strong understanding of the varied health needs of older adults and coordination with client's health teams gives family members total peace of mind that their loved ones are in good hands at all times.

Dickon Worsley
Candidate

Dickon Worsley graduated from the Georgian College PN program. He is currently employed at the Collingwood General & Marine Hospital in Collingwood where he works with a team of highly skilled medical staff on the surgical unit. With the onset of COVID-19, Dickon was transferred to the emergency department to provide additional support and has very much appreciated the opportunity to hone his skills and assist in the time of need. Dickon is a committed and passionate nurse and caregiver who worked in long-term care facilities prior to his employment at the hospital. His efforts have been recognized by the staff and patients alike.

Since being elected Student Representative for WeRPN in 2015, Dickon has continued to be an active member of the WeRPN Board of Directors team as the Member-at-Large. In 2019, he was asked to support the Canadian Nurses Association in setting a Med-Surg certification exam for practical nurses. He thoroughly enjoys being part of these activities outside of the hospital as it allows him to broaden his knowledge and scope of practice, while working with leaders in the profession who are driven to represent the best interests of nurses within the entire province.

WeRPN 2020 Annual General Meeting (AGM) Proxy

For the Annual General Meeting (October 29th, 2020) of the Registered Practical Nurses Association of Ontario

The Board of Directors has resolved that no nominee shall be entitled to vote at such meeting unless the proxy appointing her/him shall have been deposited with the Association no later than October 5th, 2020, and no nominee shall be entitled to vote at the Annual General Meeting, October 29th, 2020, unless the proxy shall have been deposited

I, _____ of the _____ in the province of _____
(Town/City of Residence)

a member of the Registered Practical Nurses Association of Ontario (WeRPN), hereby appoint _____

of the _____ or, failing her/him, _____
(Town/City of Residence)

of the _____ as my nominee to vote on my behalf at the meeting of the members of the Association.
(Town/City of Residence)

I direct my nominee to vote as follows:

1. Approval of the financial statements for the period ending June 30th, 2020: ☐ For ☐ Against

2. Appointment of HGK Partners LLP as auditor of the Association for the year ending June 30th, 2020: ☐ For ☐ Against

3. Approval of the following proposed Resolution:

ASSOCIATION MEMBERSHIP FEES

Whereas the inflation of costs are now anticipated to potentially interfere with the delivery services, new RPN public awareness programs, and increased advocacy and response to current issues,

Be it resolved that the Registered Practical Nurses Association raise its annual membership fee by $12.48 which represents 5% on regular annual membership, effective 2021-2022 fiscal year. ☐ For ☐ Against

4. Board Elections

CANDIDATES FOR REGION 6 ☐ Jen Calver ☐ Debora Cowie

CANDIDATES FOR MEMBER-AT-LARGE: ☐ Angela Corneil ☐ Darlene Hakker ☐ Anna Malfara ☐ Dickon Worsley

5. On any other matter (in the absence of specific instructions):

My nominee is to use her/his discretion _____, or My nominee is not to vote _____

I, _____

a member of the Registered Practical Nurses Association of Ontario (WeRPN), hereby revoke any proxy I previously gave.

Dated this _____ Day of _____, 2020 Signature _____

Address _____

CNO Registration No.: _____ WeRPN Membership No.: _____

PROXY MUST BE RECEIVED BY MONDAY, OCTOBER 5TH, 2020.

Completed proxy must be received by the Association no later than October 5th, 2020. Do not write any messages on the proxy, nor enclose any other mail in your envelope. If you file a proxy, but then attend the meeting and wish to vote in person, please be sure to notify the Chief Executive Officer so that your proxy can be cancelled. Please mail your completed proxy to: **Board of Directors, WeRPN**, 5025 Orbitor Drive, Building 5, Suite 200, Mississauga, ON, L4W 4Y5; fax it to: **(905) 602-4666**; *or* email it to kflores@werpn.com.

We are Educated.

WeRPN's workshops and online eLearning programs provide ongoing professional development to expand your learning experience at your convenience.

Topics include leadership, self-care, patient-centred care, role clarity, workplace violence prevention, conflict de-escalation, medical assistance in dying, and more.

WeRPN's nursing leadership series offers practical tools and resources to support RPNs to build their leadership skills and influence change in health care. The series includes:

Leadership 1: Developing Your Leadership
Leadership 2: Influencing Change in Healthcare
Leadership 3: Championing Patient Centered Care
Leadership 4: Optimizing RPNs to Full Scope

Our fall leadership series begins on September 21st 2020. Register today to reserve your spot.

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We RPN
Registered Practical Nurses Association of Ontario

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