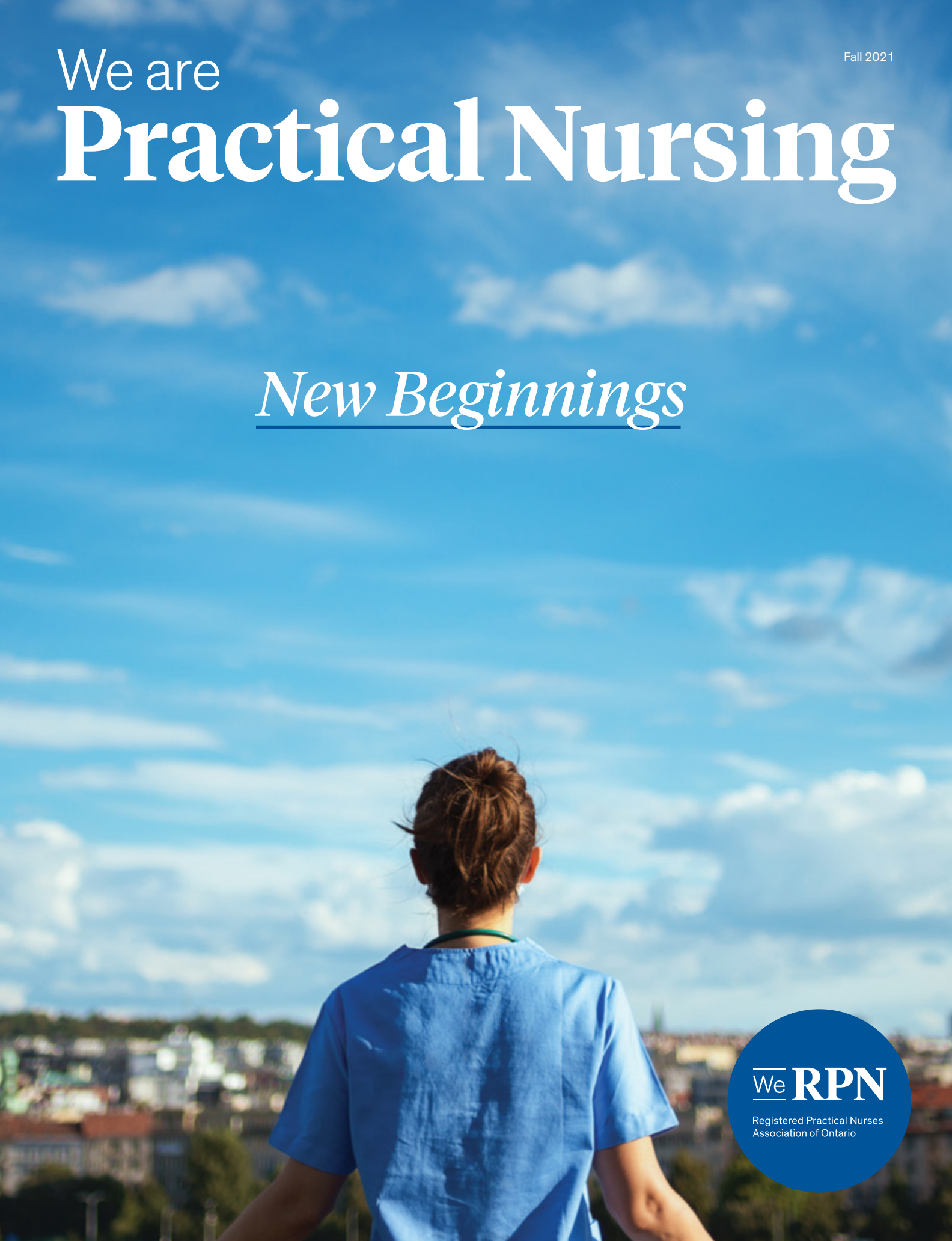
Fall 2021

We are Practical Nursing

New Beginnings



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Practical Nursing

FALL 2021

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- Les critères de sélection
- Le processus de demande

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Ontario

The healing in new beginnings

When I think about new beginnings, I see anticipation, hope, and optimism for whatever is on its way.

We've come a long way over the past year-and-a-half. The progress we're now making on vaccinations means we can look forward to stepping into a familiar but different world — a fresh start.

At the start of the pandemic, as our healthcare sector was grappling with a shortage of personal protective equipment (PPE), worries about the availability of ventilators, and scrambling to ramp up effective infection control protocols, so much was unknown, with everyone trying their best to manage rapidly evolving information.

And against this backdrop, we soon saw pioneering examples of innovation.

Some domestic manufacturers paused the production of their products to help meet the demand for our new necessities. Breweries and distilleries began to produce hand sanitizers; some others like Windsor's Harbour Technologies, which services the nuclear industry, created what would be Canada's first certified N-95 mask. Automotive companies used their assembly lines to manufacture ventilators. The list goes on.

Most importantly, nurses are committed to looking out for each other. Hugs were replaced by watching each other don and doff protective gear to ensure that everyone kept each other safe from any infection breach. We also saw many nurses agree to be deployed to other sectors to help their colleagues in times of extreme need.

In a way, the pandemic forced us to use our collective resources and strength to find new ways to help each other.

Take telemedicine, for example. During COVID-19, virtual care became commonplace to ensure continued access to care without the risk of infection. Our doctors and nurse practitioners learned that we could manage to provide good care over the phone in some cases. Data can be captured from diagnostic or vital monitoring devices such as heart and blood pressure monitors and other home diagnostic equipment.

Gone are the days of having to spend hours in a waiting room for a short appointment that could be done remotely. This is the beginning of a new era of care, one I believe is here to stay. This is the client-centred option we have always thought we should have.

Some other things the world learned, but I always knew: nurses are the unsung heroes of our health system, especially those in the hard-hit long-term care and home care sectors.

COVID-19 cracked open the deficiencies that exist in the current models. RPNs have been sounding the alarm about this for years, but the pandemic underscored that we cannot run staffing levels close to dangerous capacity and expect the system to hold up during a crisis. This was echoed in Ontario's Long-Term Care COVID-19 Commission's final report, and I hope this will lead to meaningful change.

I am especially heartened by some of the recommendations that call for implementing measures to recruit and retain RPNs. As well as to create more full-time positions; and introduce adequate supports for nurses and other healthcare workers in terms of sick pay, as well as offer compensation packages that are in line with the workload, experience and expertise.

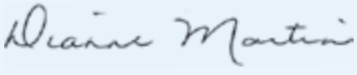
We're already beginning to see some investments trickle in from the government. But there's a long way to go.

The commission's report is a starting point, a new beginning, and a chance for us to engage in the future.

I would like to take this opportunity to express my gratitude to all nurses across all sectors for not dropping the ball even once during what has and continues to be a pivotal moment for Canadian healthcare. You are all a source of inspiration.

We are standing at the cross-road of healthcare reforms. My hope is we continue making sure we're prepared for whatever happens in the future.

Here's to new beginnings!



Dianne Martin, RPN
CEO, WeRPN

A chance for a fresh start

As you read this, my hope is that the worst of the pandemic is in our rear-view.

I have to admit that I am having a hard time imagining a post-pandemic world. It seems we have been struggling to find our way out of the longest tunnel for more than a year. But here we are, ready to turn the page and put the past to rest, an experience that we are unlikely to forget.

Though this pandemic devastated, upended, and disrupted our lives, it also taught me to treasure all that's important — my family, both at work and at home.

When we faced so many unknowns in the early days, I know many frontline health providers were forced to self-isolate to protect their families. We've also spent a year apart from other family members outside our households. I've always prioritized family, but being away from loved ones has made it more apparent than ever how much they mean to me. Despite the distance, my family was the greatest source of strength for me during this period.

Working in a healthcare setting has always been demanding. But this past year-and-a-half has been a testament to the resilience and strength of healthcare workers. More than ever, I have come to see my colleagues and co-workers as an extension of my family. Collectively we — RPNs, RNs, NPs, physicians, and PSWs — were facing the same difficult realities.

It was therapeutic to talk to someone who was in the same boat and understood the challenges, the struggles, and triumphs. I hope that the pandemic has helped to foster more cohesion among teams who have had shared this collective experience this past year. As we look ahead, I believe we will be stronger as a result.

I would like to take this opportunity to particularly salute and thank the RPNs who went above and beyond and pushed past their fatigue and fears. We ran to the fire without pausing to consider the consequences. I have personally witnessed their hard work and compassion towards those in their care. We pitched in and helped when it mattered the most. Many of us faced times when we were tempted to give up, but we held on. Thank you to each and everyone of you for your hard work and dedication.

You have raised the bar, and you should be proud.

As your association president, I am committed to ensuring RPNs get their due recognition and that our voices are heard.

As we look ahead, no one knows what the future will hold. Will we feel safe and confident enough to revert to all the social interactions like hugs and handshakes, or will we be ever so cautious? Only time will tell.

The theme for this issue is New Beginnings. I look forward to taking the lessons from the past and moving ahead with renewed hope. I wish you all good health.

Suzanne Schell

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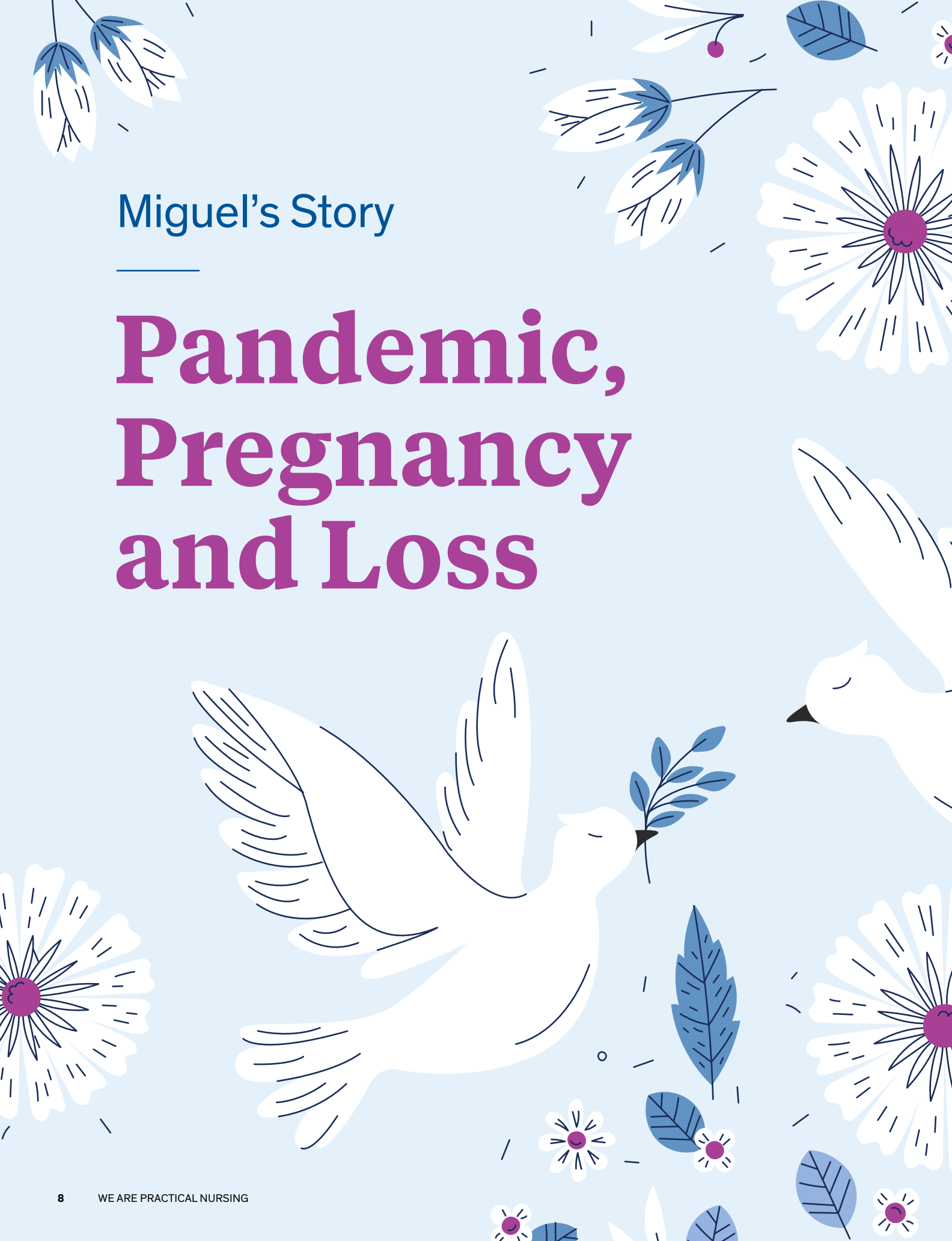
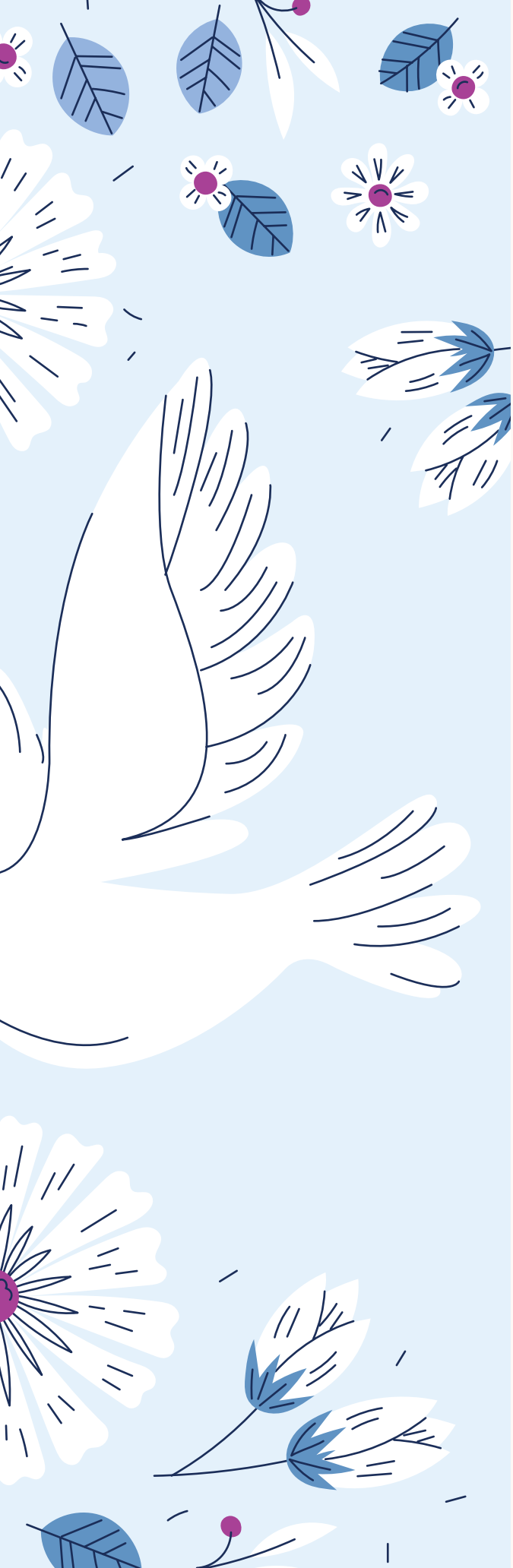
Miguel's Story

Pandemic, Pregnancy and Loss





The following is a personal account from an RPN. Her heart-wrenching story of loss and grief are stark reminders of the personal sacrifices nurses and other frontline workers continue to make in the line of duty.

In the summer of 2020, after years of dealing with infertility, waitlists and pandemic delays, my husband and I had the opportunity to complete our first round of in vitro fertilization (IVF).

I remember feeling a huge sense of relief and excitement about finally getting the chance to have a family, but I was also struck with a sense of fear due to this novel virus that we knew very little about. Was it the right time to go ahead with IVF during a pandemic? I am a Registered Practical Nurse who works in an acute-care hospital, and my husband works in construction, both professions with a high risk of exposure. At the time, we had just got out of the first wave of the pandemic. There was minimal information about the risks and consequences of acquiring COVID-19 while pregnant to help us make an informed decision.

Equipped with the best information we had access to, we decided to go ahead with the treatment since we had already waited and tried for so long to have a family. As long as I was careful, I felt confident everything would be okay. I also knew that as a high-risk pregnancy, I would be followed closely by maternal-fetal medicine. In August, shortly after undergoing the procedure, we learned our treatment was successful. I will never forget how happy we were to be pregnant finally.

The beginning of the pregnancy went smoothly. It wasn't ideal to attend my appointments alone due to COVID protocols, but I generally felt good. At work, we had access to proper PPE, and I worked in a part of the hospital that was a distance from high-risk areas, so I felt relatively safe.

Then in the fall, our hospital experienced a COVID-19 outbreak with all floors affected and several patients and staff infected. During that time, I was extremely anxious and scared to go to work each day. I felt a huge personal dilemma. On the one hand, I was proud to be a nurse, and I wanted to support my patients during this time. But on the other, I was terrified of getting sick and the impact it might have. I tried my best to be strong for my patients even though inside I was screaming, "I'm scared, too."

I was 18 weeks along, and I discussed my fear and concerns with my OB. At the time, experts thought the risk of severe illness for most pregnant women was low, with most pregnant women being asymptomatic or displaying only mild to moderate symptoms. I was advised that I could continue to work until 28 weeks, when the risk of complications would increase. I trusted my health care provider and continued to go to work.

The illness

One day, not long after working a 16-hour shift, I developed nasal congestion, an irritated throat, and I couldn't taste or smell anything. I immediately booked an appointment to get tested for COVID-19 and was devastated when my results returned positive. I was terrified for my baby and for myself. I also worried about who else may be infected as well. I immediately informed the local health unit and my OB. I kept running over the details of my final shifts in my mind. I couldn't wrap my mind around how I contracted the virus. We were wearing PPE at all times, and there was no breach. All the patients had been tested, and none were positive. The only thing I could think of was it might have happened while on break when I had to take my PPE off multiple times to eat. Did I forget to wash my hands after taking off my mask or not wash them well enough? The questions continue to swirl in my mind. I will never know how that happened.

My 20-week anatomy scan was delayed while I was in quarantine. Once cleared, I attended the appointment and was excited to learn we were having a boy. He was moving around a lot, so they had a hard time visualizing everything to say with certainty that everything was okay. When I returned for a follow-up, they noticed my cervix was shortening, which is not expected to happen in pregnancy until about 32 to 36 weeks. My OB didn't seem concerned and believed the shortening was likely due to the viral infection's stress on my body. They would continue to monitor me. At the time, I felt stressed about what was going on with body and was also still struggling with lingering symptoms from COVID, such as fatigue, headaches, body aches, and loss of smell. I asked my family doctor to write me off on leave until I felt better and more comfortable returning to work.

The complications

A week later, my ultrasound revealed that our son's anatomy appeared normal, but my cervix had shortened even more to 2.5 cm. While my doctor didn't recommend an intervention, I knew something wasn't right, and I remember fear started sinking in. I felt tired all the time and pelvic pressure. My doctor kept reassuring me everything was fine and thought the pressure was due to our baby just sitting low. My cervix was still completely closed.

One night the following week, I had a lot of pelvic, rectal pressure, diarrhea, and I started spotting. I went to OB triage — the emergency department for pregnant women. They performed a speculum exam and confirmed I was not having contractions. When I returned the next day for a follow-up, my cervix had shortened more, it was 2.4 cm, but it was still completely closed. The next day I felt the same as far as pressure, fatigue and discomfort. Later that evening, the pressure got worse. I started having pain and pressure that came and went. A few hours later, it was so bad I could no longer walk or stand. I knew then I was in labour.

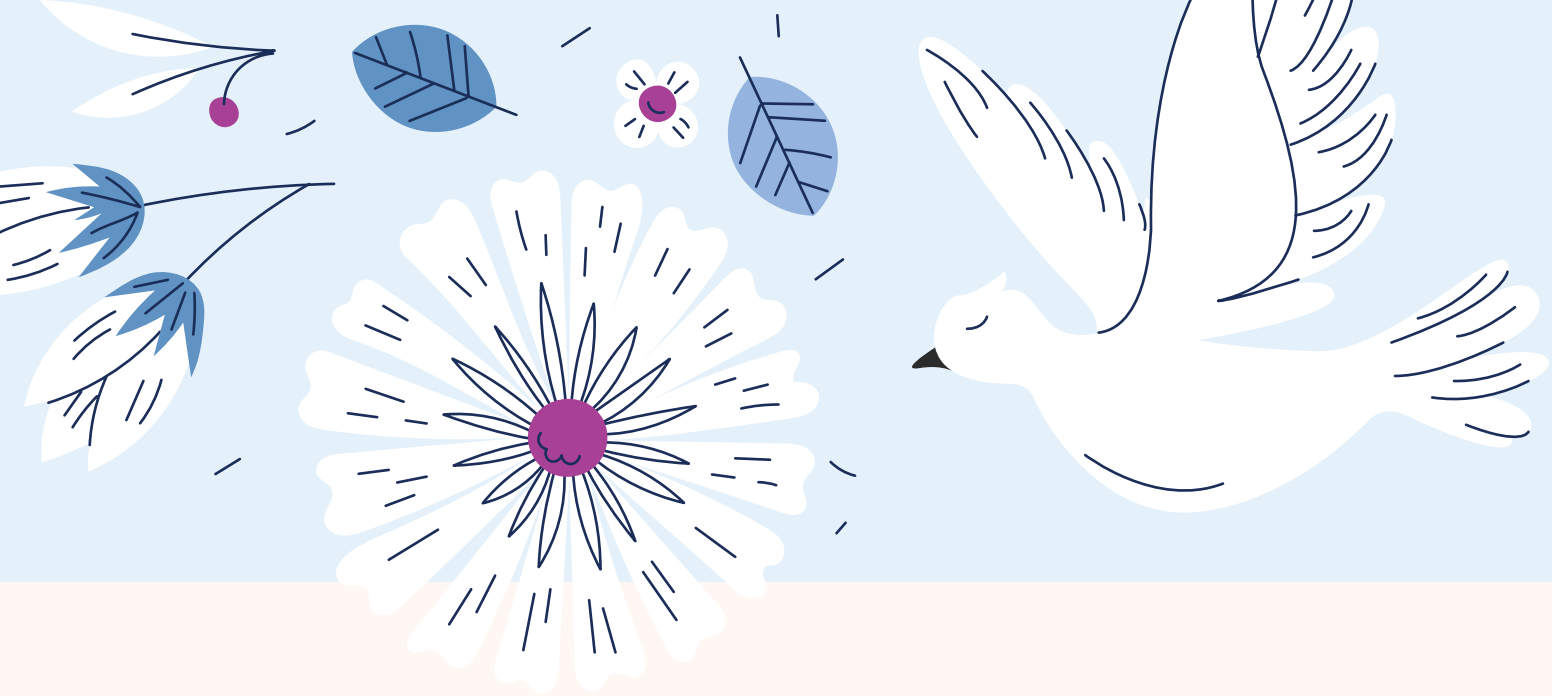
We hurried to OB triage. They rushed me to labour and delivery and put in an IV to run magnesium sulphate to help slow down contractions and prevent injuries to my son's brain. They also gave an IM injection of a steroid to help our son's lungs develop if he came early. Within minutes, my water broke, my contractions and pain got worse and were coming every 30 seconds. Before long, I was in the OR, where the doctor told us the odds of our son surviving and the risks of him having disabilities due to his prematurity. I could barely hear or respond to anything the doctor said because of the pain. Suddenly, I felt the urge to push. I delivered our son at 23 weeks, four days. He only weighed 1 pound and 4.5 ounces. We told the doctors to do everything they could to care for him. At that time, all I knew was I loved him so much, and I would do anything to protect him. They took him away from me instantly to put him in intensive care.

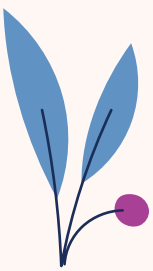
My son, now and forever

My beautiful son, whom we named Miguel, was 23 weeks when he was born. No organs are fully developed at that time, so he needed to be intubated and on a ventilator, IV hydration and nutrition, a feeding tube, and IV medication. The doctors and nurses told me that he had a 50 percent chance of survival and greater than 50 percent chance of having disabilities. I was told he would likely be in the NICU for approximately five to six months.

The weeks he spent in the NICU were a traumatic rollercoaster ride of good and bad news, but we still felt blessed to have him and spend every day and night with him. A few days after he was born, he developed a bilateral intraventricular hemorrhage. Due to how unstable he was, we couldn't hold him, but we could touch his hand and help change his diaper three times a day. After some time, he developed a lung infection from the ventilator and quickly went septic. Septicemia happened rapidly and couldn't be controlled by aggressive antibiotics. The infection spread to all of his organs, causing multi-system failure. The day before he passed, we were able to hold him in our arms all day and night. I am very grateful for the time we spent together as a family. In my heart, I know he felt our love for him. He passed away at 5:00 am on January 25th, 2021.

The day we lost him was the worst day of my life. I had never felt love like that before, and now our beautiful son was gone. Afterwards, I remember feeling so much anger, deep sadness, and I was looking for anyone and everyone to blame, including myself. I was yearning for an answer as to how something so terrible could happen. I eventually came to realize that I did everything I could to protect him.





Making sense of the loss

During my six-week postpartum follow-up, I received the results from pathology testing done on my placenta to determine the cause of the pre-term birth. The results showed that my placenta had developed blood clots, stopped growing and was small for gestational age. I have received a few opinions from several specialists. One who attributed the clots to me acquiring COVID-19 while pregnant. Others who believe that COVID-19 was the likely cause but couldn't say for certain. I thought that knowing what caused this tragedy would make us feel better, but it stirred up many other emotions. COVID-19 has taken so much from so many people.

As time goes on, we have much more data about the impacts of COVID to help guide decision-making about health and safety protocols and vaccination rollout. In reflecting on my own experience, I think more needs to be done to protect our vulnerable population, including pregnant women. While it's positive that pregnant women have now been prioritized to receive a vaccination, they should also be taken more seriously and followed closely by their health care provider, especially if they acquired COVID-19 while pregnant.

The road ahead

I also believe more information needs to be made public about the long-term complications for those who have gotten sick. People who had COVID-19 are at a high risk of having long-term heart and lung disease and neurological and mental health disorders. In my case, on top of grieving the loss of my son, I am getting tests done to understand the physical damage that COVID has caused to my body. If people were more aware of long-term complications, it might help raise the importance of following health and safety guidelines.

It's unclear when this pandemic will end. That's why it remains so important to follow public health guidelines and take advantage of vaccines that are now available to us. We know the complications and risk of death associated with getting COVID-19 is far worse than the risks of the vaccines. We also now know that women who get vaccinated while pregnant pass antibodies to their babies. As health care providers, we need to educate ourselves and stay current on the latest studies and guidelines to help inform others.

I hope that sharing our story will honour our son and help raise awareness about the importance of ensuring the safety of those working on the front lines, especially pregnant women or others with underlying health conditions.

Putting the PIECES together

WeRPN research supports new approaches to holistic resident-centred care.

A Pan-Canadian team of academic researchers and RPNs is implementing a pilot project to safeguard the health of residents and curb future outbreaks at two long-term care (LTC) facilities in Ontario.

The team will apply a proven intervention technique known as PIECES that integrates physical, intellectual and emotional health while maximizing individual capabilities for quality of life, the living environment and social concepts, including a person's beliefs, culture, and life story to provide holistic person-centred care.

The initiative, funded by a consortium of agencies across Canada, will be piloted at Copper Terrace in Chatham, Ontario and Vision '74 Inc. in Sarnia, Ontario.

This new virtual intervention will engage all care team members, including the resident, family members, registered practical nurses, and other health care providers. The research project will focus on three promising practices: the presence of family, people in the workforce, and planning for COVID-19 (or any pandemic) and non-COVID-19 care.

The approach hinges on understanding the complex care needs of older adults to build on strengths. The primary objective is to put residents at the centre of care planning.

Team members will study barriers and enablers and document residents' well-being, health outcomes, and isolation levels in the hopes of developing new ways to cope with future outbreaks. The project also seeks to foster engagement among the resident and family members and bolster the resilience of registered practical nurses providing health care.

WeRPN connected research team members and RPN Champions Jacqueline Ripley, RPN and Infection Prevention and Control Lead Nurse with Cooper Terrace and Melissa Babcock, RPN, Behavioural Supports Champion, Resident Assessment Instrument — Minimum Data Set (MDS RAI) Lead and Quality Improvement Coordinator at Vision '74 to learn more.

Involving RPNs in research projects provides nurses with the time to better understand certain aspects of health care, help encourage change and deliver a positive impact for residents
— **Melissa Babcock**

I believe it is important to look at the whole person and involve the family as much as possible in care, especially during these hard times.
— **Jacqueline Ripley**

Jacqueline Ripley, RPN
Infection Prevention and Control Lead Nurse with Cooper Terrace

WeRPN: Why does the PIECES project interest you?

JR: I believe it is important to look at the whole person and involve the family as much as possible in care, especially during these hard times. Unfortunately, during the pandemic, the restrictions of visitors and being away from family has had a negative impact on many residents. As nurses, we have seen a heightened number of behaviours likely related to the social isolation we have all gone through.

MB: I have been a BSO Champion at my organization since the program started. Our internal BSO team was looking to adopt many of the core competencies in the PIECES framework, so it was a natural fit for me to participate in this project. Being involved in this project allows me to collaborate with researchers and educate our frontline staff on this new virtual approach to PIECES. Overall the project is a great quality improvement project incorporating families, residents and staff.

WeRPN: What's the objective of the project?

JR: This project is intended to support the development of appropriate care plans specific to the resident using the PIECES framework. To do this, it is important to collect all information regarding the resident and their past that might be relevant and impact their care. Visitor restrictions have made it harder to keep in touch with family members regularly over the past year. Implementing virtual PIECES will allow us to have the family member with us at the bedside to complete the care planning to the best of our ability.

MB: I hope this project will promote organized team collaboration between families and the care team using the PIECES framework to collect the resident-specific information navigate appropriate assessments. For the year, we will be examining the barriers and enablers to implementing the virtual PIECES approach. We will also be looking at the impact on resident well-being, health outcomes, and isolation levels in the hopes of developing new ways to cope with future outbreaks. In the end, I hope that it will help foster the RPNs' confidence to treat several different behaviours in a holistic approach and that we can share our findings more broadly across the sector.

Melissa Babcock, RPN
Behavioural Supports Champion, Resident Assessment Instrument – Minimum Data Set (MDS RAI) Lead and Quality Improvement Coordinator at Vision '74

WeRPN: Why do you think it's important to have RPNs involved in research?

JR: RPNs offer a first-hand perspective. We are on the floor working with every resident. We view the heightened behaviours and work at de-escalating them every day. Without the RPN perspective, I am unsure how easy it would be to implement this project and collect valuable data.

MB: Many RPNs working on the frontlines are leaders who advocate and promote optimal care for their residents. Involving RPNs in research projects provides nurses with the time to better understand certain aspects of health care, help encourage change and deliver a positive impact for residents.

WeRPN: What stage are you currently at?

JR: Seven RPNs across our facility, including myself, recently completed the PIECES training via Zoom. To date, we have had one meeting with all seven RPNs to discuss how to implement our PIECES training throughout the home.

MB: Currently, we have trained six other staff in the virtual PIECES approach. We recently connected the RPNs who participated in the PIECES training to discuss how best to implement PIECES in our current practice setting. We are now exploring ways to collect PIECES information for our LTC home and study how to effectively use the PIECES framework. We are planning on involving residents, staff and families to examine the impacts.

WeRPN: What are some of the lessons you've learned so far?

JR: I have learned a lot from attending the regular project meetings. I never realized how much effort and time it took to complete a research project of this scale. It has been interesting to see how much work and collaboration goes into a project like this.

MB: I have learned a lot about what goes into a research project, and it's time to make it successful. I have had the privilege of being involved in the discussions regarding scoping reviews, reviewing surveys and plans for data collection. The research team has been diligent in ensuring family, staff and residents are engaged in the research project.

WeRPN: What are some highlights of your career as an RPN? And how does this project fit into that?

JR: I have been an RPN for three years and have worked at Copper Terrace for the last two years. My favourite aspect of nursing is direct patient care and providing the best possible care to all the residents I care for. I think the implementation of PIECES virtually is a valuable part of being able to do this and to be able to better collaborate with care partners and the resident.

MB: I have worked at Vision for the last 18 years and watched it evolve as LTC has continued admitting more complex residents. Over that time, I have had the chance to wear many hats, whether it was an admitting nurse, configuring Point Click Care documentation, completing MDS RAI assessments, holding care conferences, providing Behavioural Supports or working on the floor. These experiences have given me insight into all of the different aspects that contribute to resident-centred care. And it's given me an appreciation of the importance of team collaboration. At Vision, the quality of care is always at the forefront, and we are constantly looking at ways to expand our knowledge to improve resident care. I am optimistic that this project will help us do that and that the findings can be shared across the sector to enhance the safety and quality of resident care.

Leading from the heart

The pandemic was a test of April Preisentanz's strength as a leader.

At seven years old, April Preisentanz drew a picture of herself in a nurse's uniform for a school project and captioned it, "When I grow up, I want to be a nurse."

She forgot all about it. Years later, her father presented her the artwork when she graduated from the Practical Nursing program from Confederation College. Dreams from her childhood have turned into reality for April, an Inter-Professional Team Coordinator (IPTC) with the Waasegiizhig Nanaandawe'Iyewigamig Health Access Centre (WNHAC) in Keewatin, Ontario.

When WNHAC received its first COVID-19 positive case last year, April and her team sprang into action. The pandemic was a test of April's strength as a leader. In 2020, April transitioned from active nursing into a nursing leadership role.

As an IPTC, April provides supervision and oversight to the client-centred, inter-professional teams. This encompasses diverse service providers (regulated and non-regulated health professionals), promoting teamwork within and between teams and work groups while maintaining focus on the organization's mission, vision, values and strategic direction.

Over the past year, April has worn different hats and sometimes struggled with not being alongside her peers on the frontlines, given her new administrative role. However, she has reflected on the impact she's able to make in this different capacity. As she has embarked on this new journey, April notes that she's become aware of the importance of adapting to change and finding balance.

"To be a successful leader, it is so important to practice the art of humility," April says. "I am up for the challenge and will always do what is needed to support our staff to deliver a high quality of services to our clients."

While the past year has presented many challenges and opportunities for April and her team, it has also been an opportunity for personal and professional development.

"I have been witness to the growth and change of so many employees that were required to re-deploy to alternate work assignments. It has allowed me to accept change more easily. I have witnessed resiliency firsthand, and I am so honoured to work with and lead such a competent and compassionate group of people. I'd like to think that their efforts over the last year are, in part, a reflection of who I am as a leader. In that lies my contribution to the fight against COVID-19."

Ensuring Access to Care in Ontario's North during the Pandemic

April's team provides primary health care to Indigenous and Métis clients in the Kenora area, including several remote communities.

During summer, they travel by boat, and in the winter, fleet vehicles serve them well on the ice roads. When other transportation options aren't available, the team has been helicoptered out to island communities. Though inclement weather can make access a challenge, the centre has developed specific policies to ensure the team's safety while providing uninterrupted access to services.

Over the past 18 months, the team adapted to new ways of providing care. A key component of WNHAC's strategy in the COVID-19 fight included the establishment of a mobile COVID testing service with the Lake of the Woods Hospital (LWDH) and Kenora Chiefs Advisory (KCA) and the management of an isolation centre.

Following a referral or request from the community, a testing unit with a team comprised of an RPN and a support person was dispatched within 48-hours. The teams worked out of the back of their fleet vehicles to collect nasopharyngeal swabs.

"Because of the various social factors affecting the population we serve, our assessments went beyond physical symptoms to ensure that the client would be safe and secure during isolation periods following testing," April explained, adding WNHAC aligned its services as per public health recommendations and community enforcement measures.

More recently, April and her team began focusing on smooth vaccine rollout to those in their catchment. She is happy to report that the demand for testing has decreased substantially with the widespread rollout of COVID-19 vaccines in Indigenous communities.

> “The more Indigenous nurses and health care providers we have, the better our chances of influencing much needed change in the health care system.”

Indigenous Nursing

As an Indigenous nurse with roots in the community, April believes having a shared history helps build a meaningful trust between Indigenous nurses and their clients.

“The Indian Residential School System, the Indian Act, the Sixties Scoop and Indian Hospitals were all tactics and policy initiatives designed to eliminate the Indigenous way of life,” she noted. “Long-lasting and intergenerational effects of colonization continue to impact Indigenous people as they are challenged with a multitude of physical, social, and emotional conditions that have negative impacts on their overall health and wellness.”

Indigenous peoples continue to experience stigma, racism, and discrimination in their everyday life and many have feelings of mistrust in the health care system. But having Indigenous nurses in the community also provides encouragement and demonstrates resiliency to the community and its members. It also results in better health outcomes, explains April.

“The more Indigenous nurses and health care providers we have, the better our chances of influencing much needed change in the health care system.”

At WNHAC, the team is intentional about incorporating culture in the care they provide. Respecting culture and traditions is the cornerstone of the organization’s mandate. They do so by creating easy access to services and providing culturally safe spaces that encompass the mind, body, heart, and spirit.

“Cultural safety and humility are part of a continuum, or a journey,” April notes. “WNHAC supports employees in learning and reflection to develop awareness of culture through participation in organizational activities, hands-on experiences, and through formal learning opportunities.”

In addition to educating providers and creating culturally safe spaces for clients, WNHAC also has staff dedicated to facilitating access to various cultural ceremonies and traditional medicine clinics to ensure clients have a choice.

Reflections

In looking back at her career and experiences to date, April has the following advice to newer nurses who are embarking on their nursing journey at a challenging time.

“Know your value because RPNs receive hands-on training and experience from day one, and those experiences serve to enhance your skill and knowledge beyond the classroom and textbook. Don’t ever feel undervalued because you didn’t receive a university degree. Feel honoured you have the privilege to make a difference in the lives of people in need. And keeping all of that in mind, just try! Join committees, volunteer for projects, and advocate for change in areas you feel passionate about. All of these efforts will naturally help you advance to other leadership roles, and you are worthy if you try.”

April Preisentanz, RPN

April is an Indigenous nurse registered to Deer Lake First Nation, who was born and raised in Kenora, Ontario. She has been working at Waasegiizhig Nanaandawe’lyewigamig Health Access Centre (WNHAC) since her graduation in 2007. April had many opportunities to obtain additional competencies throughout her career and considers herself fortunate to work for an organization that is forward-thinking and supportive of all nurses working to full scope. When she’s not working, April and her family enjoy hunting, fishing, and snowmobiling in her beautiful community.

Strengthening a Healthy Culture of the Aging Experience

The impact of COVID-19 magnified the challenges faced by older people living in our communities and by their care partners.

Gerontological nurses use a specialized body of knowledge, skill and judgement to work alongside and with older people. Each older person is recognized as unique. In their professional practice, gerontological nurses collaborate with older persons, their care partners and their care teams to promote healthy ageing, optimize abilities, and provide care and support according to healthcare needs and individualized goals. Gerontological nurses recognize and identify common misconceptions of ageing and apply research and practice knowledge to influence healthy ageing, wellbeing and comfort care for individuals living with acute and chronic illnesses and end-of-life care.

The impact of COVID-19 magnified the challenges faced by older people living in our communities and by their care partners. Great efforts have been made to raise awareness of ageism and common misconceptions associated with ageing. These steps have brought ageing into the conversation of all Ontarians in the healthcare sector and beyond. The lessons learned from COVID-19 highlight the significant role of gerontological nurses' voices in influencing societal viewpoints and systems so that older people thrive throughout their lives.

A healthy culture of ageing respects individuality and promotes dignity while maximizing the independence of older people in all aspects of their life. Listening to the narratives of those in our communities that are ageing gives gerontological nurses the opportunity to identify and build relationships and sustainable options to support people in ageing well. We recognize the value every person brings to their community. By supporting everyone in ageing well, we ensure the success, health and wellbeing of our communities. We are positioned to bring the voices of our colleagues, individuals ageing in our communities, and those who are consumers of health care by authentically listening to the stories, experiences and personal expressions forward to implement policy and health system changes.

Gerontological nurses work relationally to bring forward ideas and solutions to motivate and inspire those around them and across communities. The skills, knowledge and strengths of nurses contribute to identifying opportunities in their community to promote ageing well. Together with care partners and other health care professionals, we can educate others to provide information to help people make informed choices while navigating through support networks.

A culture of healthy ageing promotes individuals to make autonomous choices that respect the diversity and unique attributes of individuals. Understanding that common physiological changes are influenced by the social determinants of health including, but not limited to socioeconomic status, geographical location, education, lifestyle factors, culture, and gender. The ageing journey is a lifelong process, and nurses continue to play an important role in supporting individuals at the community, public and population levels of the health system.

Moving forward into the recovery stage of the pandemic, GNAO invites all nurses to reflect on their professional practice and the contributions they have made to help strengthen a healthy culture of the ageing experience. Whether through direct interactions at the point-of-care, regional, provincial or national levels of the health system, gerontological nurses make a difference in the lives of others. Pause to reflect on the moments when you seized the opportunity to mitigate misconceptions of ageing, promoted respect for dignity and independence, or engaged an action plan to encourage the involvement of older people in your professional practice. During the midst of uncertainty, change, devastation and death — gerontological nurses will continue to advocate, promote team problem-solving and decision-making to optimize care outcomes. All older people and their families deserve competent nursing care that promotes dignity and recognizes each person as individuals with their own beliefs, values, and preferences. In this light, you are the true leaders of healthcare.

Let your voices be heard!

About the Gerontological Nursing Association Ontario

Gerontological Nursing Association Ontario (GNAO) is a provincial organization representing nurses who strive to make a difference in the lives of older people and the nurses who care for them. The vision of GNAO states: all older people in the province of Ontario are cared for by nurses whose practice is evidence informed, relationship centered and meets the current Canadian Gerontological Nursing Competencies and Standards of Practice.

Established in 1974 by a group of volunteer nurses in Toronto, the group was incorporated as a non-profit and charitable association in 1979. The strong leadership and commitment of this Association has continued to promote high standards of specialized nursing care, provide continuing learning opportunities in Gerontological nursing, and participate in advocacy activities and events to support healthy aging across the province.

Submission by:

Jen Calver, RPN, BAHSc (Hons), MHSc (Candidate), GPNC(C) Central East Chapter, **Karen Bakker-Stephens**, RPN, BEd (AE), GPNC(C) Hamilton Chapter, **Madeline Sumpter**, RPhT, BAHSc (Hons) Central East Chapter, **Therese Lim**, BScN (Hons), BA, RN, GNC(C) Northwest Chapter, **Catherine Schoales**, RN, BEd, MScN, PhD (student) Northwest Chapter.

Resource: CGNA (2020). *Gerontological nursing standards of practice and competencies*. Fourth edition. Canadian Gerontological Nursing Association. Available at CGNA.net

RPN Voices

Poetic Justice

A poetic response to a global health crisis.

Global health crisis
Everyone is very scared
Nurses; our heroes.

*

From where we are now
New hope emerges quickly
A new beginning.

*

Masks cover our face
Our hearts alone show we care
Deep breath in; exhale.

*

Here we are waiting
Light appears after darkness
Changed lives forever.

*

A Phoenix rises
From ash of what used to be
We are stronger now.

Stress, burnout, sweat, tears
Solace in our unity
Stronger together.

*

Six feet apart now
Tomorrow is a new day,
Side by side we stand.

*

Now forever changed
A butterfly emerges.
Ready for what's next.

*

Meek, mild and frightened
Challenges make me stronger
See me, hear me roar.

*

Freedom is calling.
We do what we have to do.
This chapter is ours.

Jessica Rochon, RPN

Jessica Rochon, RPN, has been nursing for 10 years. She graduated from Canadore College in 2011 and worked in Forensic Psychiatry for five years at the North Bay Regional Health Centre. In 2016 she moved on to Canadore College as a mental health nurse (Triage Navigator) in Student Success Services. Most recently, she has transitioned to the Campus Health Centre at Canadore College/Nipissing University as the Practical Nurse in the clinic. Jessica is currently waiting to attend Clinical Skills in Well Women Care at McMaster University.

A new normal

Familiar sights and sounds are slowly coming back at our rural long-term care facility.

Long-term care (LTC) has been the most affected sector of healthcare in this pandemic.

Residents' lives were turned upside down. Our once-bustling country long-term care home became strangely quiet.

There were no campfires, musical entertainments, sights of residents coming and going to appointments or shopping, no Saturday morning produce markets or the smiling faces of volunteers.

Residents had to wave to their family through the window while asking, "but why can't they (families) come inside?" They did not understand it was all to keep them safe from a deadly virus. We implemented video calls, but it was a new technology that was unfamiliar to some of our residents.

Our recreation therapists, Personal Support Workers (PSWs), nurses, environmental workers, and even the maintenance folks in the home stepped up to entertain, comfort and keep our residents company. We rolled with the never-ending changes to policies and procedures. We sat for countless COVID-19 swabs and lined up for our vaccines as soon as we could. We did anything and everything to keep our residents safe.

We are now seeing the light at the end of this long, bleak tunnel. Our efforts at keeping the virus out of the home paid off as we did not have a single COVID-19 case in our resident population. Our robust infection control practices continue, even though almost all our residents and staff are vaccinated.

Families are coming back to visit, volunteers are starting to come back for outside activities, and the sun is finally coming out again. Residents can go out to see the swans and their new babies swimming in the pond; one of their favourite activities.

We still must wear our masks, though, and smiling faces are what everyone misses most. Our smiles show care and love towards our residents, and they can't help but smile back at us. Those with and without dementia respond greatly to a smiling face. I know we are all greatly looking forward to the day we can remove our masks and smile at our residents again. If we keep persevering, that day will come.

Jessica Emmerson-Reidpath, RPN

Jessica Emmerson-Reidpath has been nursing for over five years at Wellington Terrace LTC in Fergus, Ontario. She graduated from Georgian College with honours in 2008 and from the Palliative Care course at Conestoga College in 2019. Jessica has always worked in long-term care as she loves caring for the elderly and especially those at the end of life. She is a life-long learner and is currently enrolled in a Medical Cannabis course through the University of Colorado Boulder

A post-pandemic world will be different and yet familiar

Familiar sights and sounds are slowly coming back at our rural long-term care facility.

As a fairly new Registered Practical Nurse (RPN) who is currently completing Centennial College's Bridging to University Nursing program, I have spent a lot of time discussing COVID-19 with my classmates and our perceptions of a post-pandemic life.

Through these conversations, I have found a few common themes. Many feel we will not return to a "pre-COVID" life, while others believe otherwise. We may slowly return to a mask-less lifestyle where this virus is seen as another flu, and we receive potential yearly "booster" shots to ensure appropriate herd immunity.

I tend to agree with both perspectives. I do not believe we will return to a similar lifestyle as before because society's view on individuals wearing masks when sick has changed. Before COVID-19, wearing masks out in public was strange. I would like to see people wear masks when sick to avoid spreading illness within the community as a socially responsible action. This is something that is already seen as a common courtesy in several Asian cultures, and I believe this would significantly reduce the spread of droplet respiratory illnesses going forward.

I also feel that hand hygiene, a very simple yet important and extremely effective action, will become commonplace within our communities. I hope that hand sanitizing stations become a permanent fixture in all our stores and restaurants. This will significantly reduce the spread of COVID-19 as well as the common cold and flu, which have both dropped since the start of the pandemic.

Looking ahead, with proper health measures, I do believe that society will return to a mask-less lifestyle, with some positive changes.

RPNVoices

Patricia B. Cichocki, RPN

Patricia Cichocki, RPN, graduated from Sheridan College, Davis campus, in 2019 and is currently providing relief work at the Juravinski Cancer Centre triaging new patient referrals. She will be starting a new position as a part-time RPN on a surgical floor at Credit Valley Hospital. Patricia is currently studying to becoming a Registered Nurse. She will be attending Ryerson University in September of 2021. Patricia is interested in operating room nursing and aspires to further her education post-RN to potentially working in rural and remote areas of Ontario with marginalized populations.

Board of Directors Results

WeRPN is pleased to share the results of our Call for Nominations for the association's Board of Directors. Members will be encouraged to cast their vote online in the weeks leading up to the Annual General Meeting on October 28, 2021.

Member-at-Large

Acclaimed

Angela Corneil
Acclaimed

Angela is a performance-driven leader and role model. She has been a Registered Practical Nurse since 2013.

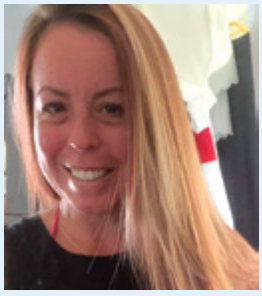
She has experience in long-term care, sub-acute and acute care medicine. Angela brings a strong enthusiasm for change and is dedicated to enhancing the respect for RPNs within hospital and community settings.

In her current role 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 also spearheaded the screening and access program for PRHC and is continually focused on building capacity of hospital staff.

Angela believes upgrading her skills and education can benefit the health care system, particularly the patients. She's always up to the challenge and models the way to success.

Region 1

Acclaimed



Lindsay Pentland
Acclaimed

Lindsay Pentland grew up in Windsor-Essex. She chose to work for the local rural hospital for the last 13 years. During her time there, her experience included Med-surg, Rehab, palliation and working in the emergency department. During the COVID outbreak, she passionately advocated for her colleges as their union representative within the hospital.

Her experience also includes working in positions outside the hospital setting. Lindsay has held the role of a lead nurse for a pain clinic and has experience working in the long-term care sector. She has also worked for several patient transport companies.

Her hobbies include gardening, yoga and boxing. She is well rounded and loves to travel and explore the world.

She would like the opportunity to use her years of experience to help WeRPN grow and to help the RPNs they serve.

Region 3
Candidate

Christine Peacock
Candidate

Christine has dedicated over 37 years of nursing to caring for people from birth to end of life across the health system.

Christine works at St. Catherine's General Hospital where she delivers care in the postpartum unit. Christine's knowledge, compassion and skill shine in this setting helping families welcome and care for their new arrivals. This year, she has also been supporting Niagara Health in the COVID vaccination clinic.

Over her career, Christine has practiced in many areas at Niagara Health such as emergency, surgical services, rehab and intensive care unit. She has also worked palliative care in the community and in long-term care which has provided her with an enhanced appreciation for the unique challenges facing geriatric clients.

Christine is an active volunteer and advocate for nurses through her union board and trustee positions, pay equity committee work and interdisciplinary and nursing professional practice councils. Christine is also the recipient of the Nursing Excellence Award for Direct Patient Care.

Region 3
Candidate

James Philbey
Candidate

James Philbey graduated from the Practical Nursing program at Conestoga College in Kitchener.

James' nine-year career as a nurse continues to be all about advocacy, both on behalf of his patients and colleagues. Given how challenging it has been for nurses during pandemic, James is committed to ensuring RPNs' efforts are recognized and supported. He hopes to use his seat in the WeRPN board to serve as a platform for his work on behalf on the RPNs.

James currently works as an RPN at the Norfolk General Hospital in Simcoe, Ontario, where he works on the Complex Care, Restorative & Slow Stream Rehabilitation floor of the hospital.

The area of nursing he finds fulfilling is wound-care. To that end, James has successfully completed the International Interprofessional Wound Care Course (IIWCC) accredited by the University of Toronto.

James believes in continuous learning, working to full scope and learning new things. This helps him bring knowledge into his nursing practice. Implementing interventions and knowing they have benefitted someone is a satisfying for him.

Region 5
Acclaimed

Sharon Hunter
Acclaimed

Sharon's decade-long nursing career has been fulfilling because she loves the work she does and has a thirst for knowledge and new experiences.

Her career has spanned across various settings including long-term care, retirement homes, home care and specialized wound and advanced foot care clinics. Sharon's a passionate champion for the nursing profession. She's an advocate for equity and change and believes collaborating across the health care spectrum can bring the best outcomes to patients.

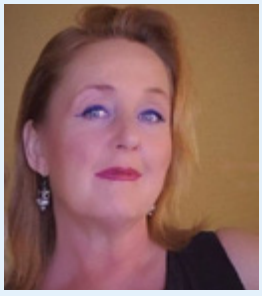
In addition to her role as nurse, Sharon was a teacher/instructor. She has taught PSWs and mentored many practical nursing students and colleagues throughout her career.

Currently, Sharon's the operations manager for a home care agency.

In her personal time, Sharon enjoys spending her time with family and friends, attending conferences, and wellness retreats. She loves listening to audio books and is passionate about self-development.

As a WeRPN board member, Sharon looks forward to meeting new people and enjoying new experiences.

Region 7
Acclaimed



Kimberly Wagg
Acclaimed

Kimberly has been a Registered Practical Nurse for 37 years with experience working in hospital — medical, rehabilitative, surgical, long-term care — nursing home, retirement community, home care community and educational community. She sits on the Patient and Family Advisory Board, Seniors Advisory Committee and Watershed Committee within her community. Kimberly has also served on the College of Nurses' Board of Directors as well as within the Finance, Conduct, Fitness to Practice and Registration Committees.

Patient advocacy is Kimberly's strength. Given her educational background and work experiences in both the public and private sectors, she has the tools to be objective and compassionate in the delivery of care. She is committed to delivering skilled, knowledgeable, dignified and ethical nursing care to uphold patient safety.

Kimberly's strong background in post-secondary education has also enabled her to help prepare caregivers to gain a broad understanding of their importance within the healthcare team.

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