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Spring 2021

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We are Practical Nursing

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NURSES'
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We are Resilient

During the 1918 influenza outbreak, both hope and medicines were in short supply because the world had not yet discovered antibiotics. The science of immunizations was not advanced enough yet to respond quickly. With nothing but a linen mask over their faces, nurses ventured into badly ventilated rooms to nourish and care for patients. How remarkable is it that, some 102 years later, nursing's legacy remains one of endurance and empathy?

It's been over a year since the World Health Organization (WHO) declared COVID-19 a pandemic, which set in motion a chain of events the world has yet to recover from. Those on the frontlines, RPNs and your colleagues haven't been able to come up for air in 365, and still counting, days.

In the initial days of the pandemic, when little was known about the virus except that it was deadly and extremely contagious, nurses didn't flinch. You risked your lives and the lives of your loved ones and showed up for work. You took on an invincible and largely unknown enemy by reverting to the basics of your education— infection prevention and control, compassion, and a whole lot of common sense.

Since then, you've faced constant exhaustion from doing double and even triple shifts and then stripping down and showering before hugging your families to minimize the risk of infecting them. Some of you even had to live apart from loved ones to prevent the spread.

The theme of our Spring issue is *Resilience*. Nurses exemplify this in spades. Performing in a high-stress environment requires a special kind of grit. And I am convinced, this virtue is embedded in a nurse's DNA. Now more than ever, nurses are paying an enormous physical and emotional price for choosing a profession that demands them to perform optimally even when they are running on empty.

A nurse's world has always included taking care of the sick and the frail, but the pandemic has introduced new challenges. The decrease in staffing levels and increase in the workload means that many of you are juggling several responsibilities while helping manage outbreaks in your workplace and taking care of your families.

In the pages that follow, we have captured some of your voices and experiences from the last year. And even though your individual experiences vary, the underlying thread remains the same: your enormous capacity for compassion and your resilience in the face of uncertainty. All of us owe you a huge debt of gratitude. I am filled with respect, pride, and admiration at your selfless service day after day.

I also want you to know that even though we're focusing on resilience, I am also aware sometimes there's simply no

surplus supply of courage left to borrow, and that's perfectly OK. Just know, we admire you nevertheless.

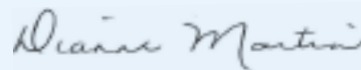
I know we will still face bumps in the road ahead. When the vaccines arrived late last year, I felt a sense of hope. Unfortunately, the shortage and the slow pace of inoculation roll-out have been disappointing, to say the least. I know most of you feel the same way and, like me, are frustrated with the delay.

The next several months will continue to be difficult, but I urge you to be intentional about taking care of yourself. You cannot pour from an empty cup. As nurses, it's almost instinctual to care for others, but it's equally important that you prioritize your emotional and physical wellbeing too.

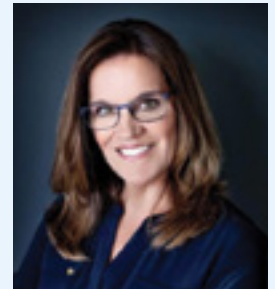
I know you are hurting emotionally and physically from the unending cycle of gloom. We hear your despair. And that's why I want to stress the importance of self-care and encourage you to take on an activity that will help you decompress from the daily stressors. I hope you will find some answers—and—inspiration in the pages that follow.

It's also important to know you can rely on your nursing community. Lean on to your co-workers or reach out to offer an ear to those struggling. Talk and support one another as you collectively shoulder the burden the pandemic has placed upon you. And should there be a need, please talk to a trained professional.

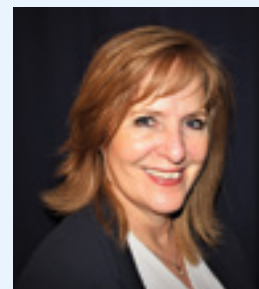
As your professional association, we are here to support you every step of the way on this journey. Whether you have questions about safe practice, want access to resources about safely donning and doffing your PPE or need support for your next career step, you can count on us to be here to support you. I ask that you continue sharing your experiences and include us as you navigate your way. I assure you WeRPN will make sure your voices are heard.



Dianne Martin, RPN
CEO, WeRPN



Looking forward, together



We can all probably agree on one thing: 2020 was a letdown and certainly not the year any of us were expecting.

When the World Health Organization first designated 2020 as the “Year of the Nurse,” I had hoped this year would be a long celebration where we would shine the spotlight on our collective achievements and successes, as well as cheer, mentor and support each other. Instead, we faced a pandemic that has upended our work-life balance and forced us into grim introspection.

Many nurses, myself included, took on extra responsibilities. In addition to my regular duties as an ambulatory care nurse, I was asked to become a COVID-19 assessment centre nurse.

I would leave the COVID-19 assessment centre exhausted because the patient volumes remained consistently high, and I knew that the task was critical and there was no room for errors. Like many of you, I faced additional stress worrying that I might contract the disease and bring it home — risking my family's health.

Outside of my clinical position, I also work as an educator in the Practical Nursing Program at St. Lawrence College. This year brought significant new challenges in the way we educate future nurses. Educators had to reimagine how best to deliver curriculum virtually while maintaining our commitment to quality and excellence. In my role at the College, we implemented new robust infection prevention and control protocols that allowed me to continue delivering in-person education to my students a couple of times a week. However, to ensure everyone's safety, our delivery and evaluation processes had to be changed dramatically. I know that many students across the province have faced different levels of disruptions to their education. My heart continues to go out to them as we collectively try to navigate this “new normal.”

I know my experiences are not unique. In speaking with nursing colleagues across Ontario, I recognize that nurses

everywhere are undergoing what feels like a never-ending roller-coaster ride. We are all responding to the urgency of the situation on the ground to the best of our abilities. We are also adjusting to disruptions in our personal lives, whether that has meant trying to manage virtual classrooms for our children while working from home or caring for an elderly family member that is particularly vulnerable to the disease.

Despite the challenges, I continue to be in awe of the integrity and competence of RPNs as they continue to support various health care teams. I have observed bravery, strength, and compassion. And while I know it's been said time and time again, I feel that we truly are in this together.

But I recognize the tremendous work you have done and continue to do comes at a significant personal cost. I have seen the toll this pandemic is taking on nurses' mental health and wellness. You have had to cope with: ballooning workloads, anxiety, extra shifts, financial stresses, illness and exhaustion, while also taking care of your families. In short, doing everything humanly possible to make sure you're keeping your residents, patients, clients, and those at home safe.

I could not be more proud of this amazing group of current and future nurses of Ontario.

In my new role as president of the WeRPN Board, I am humbled and honoured to represent Ontario RPNs and promise to do everything I can to be a strong advocate for you because you deserve nothing less.

Even though we could not celebrate as we hoped in 2020, I hope you will join me in taking a moment to celebrate what we have accomplished, be proud, and remain supportive of one another. Whatever challenges lie ahead in 2021, I know together we will get through this. Please take care and stay safe.

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

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President, WeRPN

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We are Supporting New Nurses

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Survey Says

71% of RPNs have experienced a breaking point from their job during the pandemic.





We know that the pandemic has had a tremendous toll on thousands of nurses who are committed to delivering care to Ontarians. In December 2020, we asked Ontario RPNs to participate in a survey to better understand the personal and professional impacts that COVID-19 has had on the lives of so many.

This study – the first of its kind in Ontario, entitled: “Wellness, workload and wages – How RPNs are personally coping amid the pandemic,” highlighted realities for nurses both at work and at home since the pandemic hit the province in March of last year. Our goal was to raise awareness about the unique experiences of RPNs and showcase the essential contributions they continue to make to the province’s health system. Our report also included a call to government, urging them to address the concerns voiced by RPNs.

These are some of the highlights.

W

hile 67 percent of Ontario's RPNs say they've never been more proud to be a nurse, 71 percent also reported experiencing a breaking point related to their job over the past several months.

The dire mental health toll and financial stressors on nurses have been further worsened by the COVID-19 pandemic: with one in three nurses (34 percent) considering leaving the profession.

While we know that Ontarians have always felt a deep sense of gratitude for the dedicated work of our nurses, this study underscores the need for all of us to galvanize our gratitude into immediate and long-term policies that better support nurses.

WeRPN and other nursing associations and health care partners have been warning about the consequences of Ontario's nursing shortage. There is also public consensus that Ontario is already facing nursing shortages and has been for some time. According to a January 2020 Omnibus poll conducted among members of the Angus Reid Forum, 95 percent of Ontarians expressed a desire to see more nurses hired to meet the growing needs of the province, especially for its ageing population.



Top finding from the survey: Here's what you told us:

Separated from family:

83 percent of nurses reported reducing the time they spend with their immediate family due to concerns about exposing loved ones to the coronavirus from their work.

Increased workload, reduced wages:

90 percent of nurses said their workload has increased since COVID-19 became a reality, while 57 percent are experiencing financial stress as a result of the pandemic. In addition, close to a third (32 percent) of nurses have had to leave a job (pick one job over another) due to necessary but personally challenging government policies restricting many nurses to one workplace. Incidentally, Ontario's personal support workers (PSWs) recently received a temporary pay increase by the government to support retention and recognize the important work they do. However, this wage increase was not extended to RPNs for their crucial contributions, which in many cases are taking place within the same environments.

Exponentially more stressed, without adequate mental health support:

Nearly all (96 percent) said their daily experiences at work have become exponentially more stressful due to the presence of COVID-19 in the province. Eighty-three percent feel like their mental health has been adversely affected by their work, but even more alarmingly, 67 percent say they don't have adequate mental health support to face the second wave of COVID-19.





Many of you shared your personal stories, and these relay not only tears of heartbreak but also of real humanity and hope. Below are excerpts:

Doing what needs to be done:

“I slept underneath a desk, as I couldn’t leave the nursing home because there were too many critical patients that needed my attention, and we had no staff. I’ve had to be a caregiver, a nurse, housekeeper, family, friend, dietitian and even infection control lead.”

Personal sacrifices with long-term consequences:

“I’m a single mom. When COVID-19 hit in March, I moved to my parents’ apartment, and they moved to my house to care for my 3-year-old. It was devastating to us all. I stayed away until COVID-testing was opened to anyone, and I could be sure that I was not infected. But my daughter now suffers from separation anxiety and sleep issues.”

Witnessing final good-byes and supporting loved ones:

“I have held hands with those dying alone.” Another respondent shared: “We provide support to families whose loved ones are dying or who have died. That for me is heroic- keeping it together as a nurse and not breaking down in front of family members.”

A separate study conducted among members of the Angus Reid Forum in December 2020, revealed an overwhelming majority of Ontarians (94 percent) recognize nurses have had increased stressors put on their mental health amid COVID-19. Further, 90 percent of respondents want nurses to receive additional mental health support.

WeRPN is urging both the public and policymakers to show Ontario’s amazing frontline caregivers that we as a society will take care of them, too – especially as they need it most right now.

WeRPN is also asking our government to prioritize the critical challenges facing nurses. Based on the survey findings, the association’s top asks of policymakers are to:

- 1 Continue the swift rollout of COVID-19 vaccines, so healthcare workers and residents/patients are protected, with immediate priority given to those who are most at risk or in high-risk settings.
- 2 Create more full-time positions for nurses and ensure RPNs are fairly compensated for the integral work that they do.
- 3 Enhance retention of the nursing workforce by creating more opportunities for continuing education and career advancement.
- 4 Enhance mental health supports for nurses and their fellow healthcare workers, specifically, to address the significant mental and emotional toll brought on by COVID-19, which will linger long after the pandemic is over.
- 5 Leverage the unique experience and expertise of nurses on the front lines by ensuring that their voices are foundational to any future consultations and decision making on healthcare reform and policy in Ontario.





A Case for Leadership during COVID-19

Daizy Naf, RPN

Our small-community, long-term care home in rural Eastern Ontario began preparing for the worst when a global pandemic was declared in March 2020, with Susan Poirier, RN, our Administrator at the helm.

During our first staff huddle after the announcement, Susan reiterated the importance of proper hand hygiene. She encouraged social distancing, an unfamiliar term then, but one that has now become a frighteningly casual part of the global lexicon.

When I asked Susan if wearing masks would soon become standard protocol, she didn't answer. But I knew the wheels were turning behind her pensive blue eyes.

Sure enough, we were all masked for our shifts the following week-long before Public Health made it mandatory. Shortly after that, our staff members had to choose only one home to work so as not to become a vector between homes, again initiating a preventative effort before it was mandated.

I knew our lives were in good hands. Susan soon implemented a rule requiring staff to change into and out of their scrubs when entering and exiting the building. The leadership team rationed and stock-piled PPE in preparation for

an outbreak. They created cross-training manuals for staff in case nurses, or PSWs had to be recruited to the kitchen to help with meal prep or housekeeping.

Susan hit the ground running and has kept us safe. There are outbreaks in 17 homes in our region. We are currently one of three homes not experiencing an outbreak. (As of writing.)

What's more, we haven't had one single resident contract the virus, nor have any of our permanent staff.

Susan encouraged us to dress in blue to support the Bell Let's Talk mental health awareness campaign because she understood how vital mental hygiene is to all of those who step foot into the facility to care for our beloved elderly residents.

Last week, we were the lucky recipients of the Pfizer Covid-19 vaccine. The execution of what could otherwise have been a stressful and chaotic ordeal was absolutely seamless.

Approximately 300 residents, staff, physicians and essential caregivers were inoculated within six hours. We all contribute to the success of our home but having strong leadership is absolutely essential. Thank you, Susan Poirier, for consistently making us feel safe at work.

Daizy Naf, RPN, has been nursing for over two years at Dundas Manor LTC in Winchester, Ontario. She graduated from St. Lawrence College, Cornwall campus, in 2018, and now teaches the long-term care clinical rotation to Practical Nursing students at the Brockville campus. Daizy is currently enrolled in Nipissing University's RPN to BScN bridging program and is interested in becoming Gerontology Practical Nurse Certified by the Canadian Nurses Association.



The First Four Weeks of Lockdown: A Diary

Deanna Clatworthy, RPN, BScN, RN, AC

I won't lie. The first week of lockdown felt like a bit of an escape from the usual hectic pace at my clinic. I savoured the peace and quiet, and I got a lot of work done.

Everyone else worked from home. I was the only one on-site.

Week two was a little too quiet.

I started playing classical music to drown out the silence while I worked alone. Alone not just in my office, but I was often the only one in the entire healthcare office building.

Our patients are different than other clinics – ours are HIV+ and have compromised immune systems. They messaged constantly, telling me how terrified they were, and so I started sending out newsletters every few days with updates on the virus. The pandemic was stirring up a lot of old trauma issues as many had lived through the AIDS epidemic and had lost many friends. Now, they would have to try to survive this pandemic too.

Week three was a new low.

I felt so alone. It wasn't fun, and the workload increased. With our friends at Public Health focusing on COVID-19, we felt it was important to ensure that sexual health testing and treatment were available in our community. We quietly put out the word, and the phones started ringing. I developed a simple way to offer testing virtually. I packaged kits with swabs and instructions and put them in a bin outside our door. Patients would call, get triaged, have their requisitions emailed, and stop by to pick up a self-swab kit.

We called patients when we got their results. The first time I had a patient in for an STI treatment during the lockdown, I was all alone and frightened. Gloved and gowned, in my mask and shield, I answered the door and let a stranger in. While treating them for syphilis, I held my breath in the room even though I was covered in PPE from head to toe. I worried that seeing these patients would perhaps be how I became infected.

Week four was dark.

I felt like I was at sea in a boat, alone. No one was coming to help with the workload. One of my co-workers was infected with COVID-19. Another was called to work at the hospital in the COVID fight. I was doing the work of three nurses, and it felt as if there was no end in sight.

I worked 60-70 hours per week to keep up. Then the sad news came that we didn't qualify for pandemic pay. It felt as though our work wasn't important. I worried night and day about the mental

health of our patients. They are already marginalized and isolated, but this was a whole new level of isolation.

I tried to find innovative ways to reach out to the patients. I mailed them masks and sent them videos on how they could stay safe. I made weekly shopping trips to supply our new food hamper project. I mixed and bottled aloe gel and alcohol and sent it to patients to provide them with that added level of protection.

The heaviness of COVID and working alone continued until the day that one of our nurses returned to work, and I wasn't alone anymore. I missed the hustle and bustle of our very busy clinic, but what I had really missed was human interaction – even if it was in PPE while speaking from opposite ends of the hallway.

I learned many lessons during the first lockdown. I wondered if I would ever feel comfortable bringing a patient into an exam room again without first covering every inch of the space in Cavicide? Will I feel comfortable doing a throat swab without a mask and visor on? Will I feel comfortable when our waiting room is full again? I can only hope so.

Deanna Clatworthy, RPN, BScN, RN, AC, is a nurse, health educator and public speaker who is passionate about equitable, accessible and holistic healthcare for marginalized communities. She served on the Board of Directors for WeRPN for five years and is inspired by the work of this organization. She led the development of the Transgender Healthcare program at ARCH Clinic, where she has worked for nine years. She has currently applied to begin her Masters in Nursing this fall.



Lessons I Learned from a Pandemic

Stephanie Horner, RPN

As a Registered Practical Nurse fighting on the frontlines of COVID-19, this past year was one of the most challenging, frightening, and critical moments for me as a nurse. It tested all of us in ways I never imagined and confronted me with grief from a completely new perspective.

It showed me the vulnerability of patients and their unique health needs and the impact of what happens when one is forced to be separated from their social network supports and family—the things you have to do to keep yourself and your loved ones safe.

As a nurse who has faced this pandemic at full force since day one, I have faced and overcome many barriers; learned and continue to learn more about becoming resilient to the pressures of my work. This has never been truer in long-term care (LTC), which has been hit the hardest. The LTC sector has experienced the least favourable outcomes with record-high patient deaths across many communities. This pandemic has pushed nurses to become more and more resilient with fewer resources and greater responsibilities. It has, however, taught me about leadership and the absolute necessity of working as a team. Working with one's team members towards a common goal is what gets you through. It never ceases to amaze me how sharing little moments of

joy and laughter can make a difference. Being creative and leading by example is the name of the game.

One of the greatest challenges I have faced during the pandemic has been having to call families to tell them their loved ones have died, in many cases due to COVID. I still remember the long silence that follows. I have found it's difficult to find the right words and say them in the most compassionate and sensitive way possible. Sometimes the simple act of listening can mean everything to that family member. Shock can be unbearable even if one thinks they are prepared for the bad news.

So, how have I overcome adversity in the face of COVID-19 this past year? I have constantly reminded myself of my contributions and what this healthcare crisis can teach me. I have also thought about my own self-care and the need to be connected to my passions, now more than ever. I am staying physically active with running. I stay connected with close friends, even if it's a little different now than it was before. As nurses on the frontlines, we all need to keep telling ourselves: we are in this together, and there will be better times ahead, no doubt. We must keep fighting for it no matter what!

Stephanie Horner, RPN, RPN Refresher (Hons) Humber Program, BScN, has a diverse background of nursing experiences in clinical practice, including roles in geriatric rehabilitation, home care, long-term care and retirement health care settings for patient populations with various complex and chronic care needs since 2017. She has successfully completed a number of courses such as Coronary Care 1, Post Grad Health Assessment, and Fundamentals of Hospice Palliative Care. She also has extensive training and has focused on Behavioral Interventions and Dementia Care, something very prominent in the work Stephanie has experienced with geriatric populations.



Breaking the Glass Ceiling, One Step at a Time

Jada Myers, RPN

I wanted to share how lucky –and proud—I am to be an RPN. I have been employed at my organization for 25 years now. In those 25 years, I have had the privilege to work on almost all the units. From ER, the floors to the out-patient clinics.

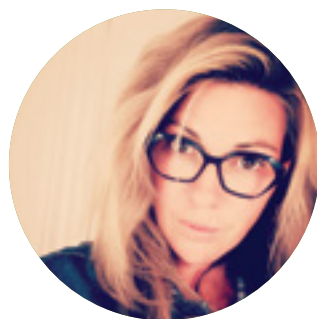
When COVID-19 started, I was redeployed to a COVID assessment centre to swab patients. Within a month, I had an opportunity to demonstrate both my clinical leadership and nursing skills.

I was involved in the growth of the clinic, and I am now part of the team that's involved in the planning for the vaccine rollout. I am now consulted by various physicians and management when problems arise.

I am very proud of my accomplishments and feel I am now paving the way to allow other RPNs to grow and expand their roles in our hospital. It is a warm feeling to know that future RPNs will be able to have the opportunities that I have had. I am very proud to be an RPN and to know that we can continue to help fight this battle and be leaders in this fight against COVID-19.

I hope my words will inspire other RPNs to continue to persevere and help make positive changes.

Jada Myers has 25-years of experience as an RPN. Last year, she was redeployed to the COVID assessment centre from her home base, the out-patient stroke clinic. As an RPN, Jada has worked in ER, out-patient clinics, post-op, palliative, and rehab. Pre –pandemic, Jada was a travel nurse who frequented countries such as the U.S., Mexico and Thailand.



Silver Linings: Adapting in Challenging Times

Jessica Ennis, RPN

When I think about that day in March 2020, the day the stay-at-home emergency order was implemented, I remember the uncertainty I felt about the future. I remember thinking: how are we going to train our new direct care providers virtually and provide them with the necessary in-person training while keeping staff safety as our number one goal?

As a Registered Practical Nurse (RPN) working in an operational role, managing the onboarding and orientation for SE Health, I knew the next few weeks meant endless days and nights to arrive at some creative solutions. We needed to develop a plan that provided a robust virtual orientation and come up with it quickly.

Working diligently and collaboratively with various teams, we implemented innovative new ways to support 90 percent virtual onboarding within two weeks of the emergency order. The support from our various clinical leadership teams, operational teams and key stakeholders made these 180-degree pivots happen quickly.

Our first anniversary of virtual orientation is here. And it is time to reflect. Over the past year, we have brought on hundreds of new nurses, Personal Support Workers, and rehabilitation staff. Adapting and changing our orientation from in-person to a virtual platform created many meaningful and significant silver linings. It has increased our clinical and non-clinical trainers' capacity, increased our new employee satisfaction surveys, and standardization of all orientation material across the organization.

That day in March held so much uncertainty. Yet, it has proven to be a game-changer in how we standardized the content and delivery of orientation while utilizing virtual trainers and virtual platforms.

We continue to evaluate our new hires' satisfaction and feedback for constant improvements in our new environment and adapt as we move along in this journey. Our main goal is to continue to support our direct care providers by offering an amazing onboarding experience.

Jessica Ennis, RPN, has experience in community home care with SE Health. She started her nursing career over 15 years ago and has practiced as a visiting nurse and Personal Support Supervisor. She's currently SE Health's Orientation and Onboarding Program Manager. Her focus is on leading a team of specialists who provide amazing orientation experiences for new employees.



The Pressing Needs of Community Nursing During COVID-19

Nancy Bolden, RPN

As the pandemic started, new challenges for community nursing began.

As community nurses, we travel from one home to another to visit and treat multiple clients. Unlike a facility, we could not screen clients. So, we taught them the importance of COVID-19 screening over the phone before we entered their homes.

Our caseloads increased as quickly as hospitals emptied their beds in preparation for the pandemic. Our “stable” clients decreased while we saw a noticeable increase in more “unstable” clients. Also, we realized we needed to increase our clients’ knowledge about their health to become more independent and help reduce the time we spent in their homes.

Above all, we needed to alleviate our clients’ fears and reassure them that they would be safe with the plans we made for them. We faced challenges when PPE was in short supply. We knew healthcare facilities were facing PPE shortages, but as community frontline workers, we felt we were among those forgotten.

We learned to live with the challenges. Currently, we continue to guestimate and order our supplies for the week to keep the use of PPE to a manageable

level. I think this pandemic has changed community nursing permanently.

Our clients adapted, and nursing has become a new norm. Virtual visits are more popular. Clients are excited to learn how to care for simple wounds and have taken new ownership of their care plans.

The struggles I face are around closures of stores, restaurants, etc., not because of nutrition, but because public washrooms are closed to the public. When you are on the road for eight to 10 hours every day, it does become a problem. Using clients’ washrooms has its own challenges. Homes in rural Ontario are spaced far apart, and we realized not having access to washrooms was becoming an issue for all teams. We got some relief when hotels in some towns allowed us access.

In the midst of it all, we had some heartwarming moments as well. For instance, when our client took time to make masks for us. As nurses, we became more aware of the mental health impacts on those self-isolating. We had to develop ourselves to become more proficient with virtual care and have a more in-depth approach to virtual care. The community opened up to nurses in appreciation. When our clinics were closed, we had support from a community business that opened up to give us a place for a flex clinic.

Yes, there was both bad and good. We are not done yet. COVID-19 has thrown us a curveball that will affect us for many years to come. We will grow as health care workers and continue to support each other. I am tired of continual change, but I will continue on as the pandemic continues on as well.

Nancy Bolden worked in healthcare as PSW for 27 years before bridging to become an RPN. She graduated with honours and also holds a diploma in Oncology. Nancy is currently a community nurse with VON. Her special interests include pediatric nursing, palliative care, wound care, and mental health. Nancy has served as both a nursing and PSW peer mentor and was part of a hand-washing education clinic in local schools.

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Registered Practical Nurses
Association of Ontario

Creating a Pause



BY

Camille Khallouf BA with **Jennifer Hirsch** MD FRCPC,
Diane de Camps Meschino MD FRCPC, **Orit Zamir** MD FRCPC,
Mary Elliott MD FRCPC, and **Paula Ravitz** MD FRCPC

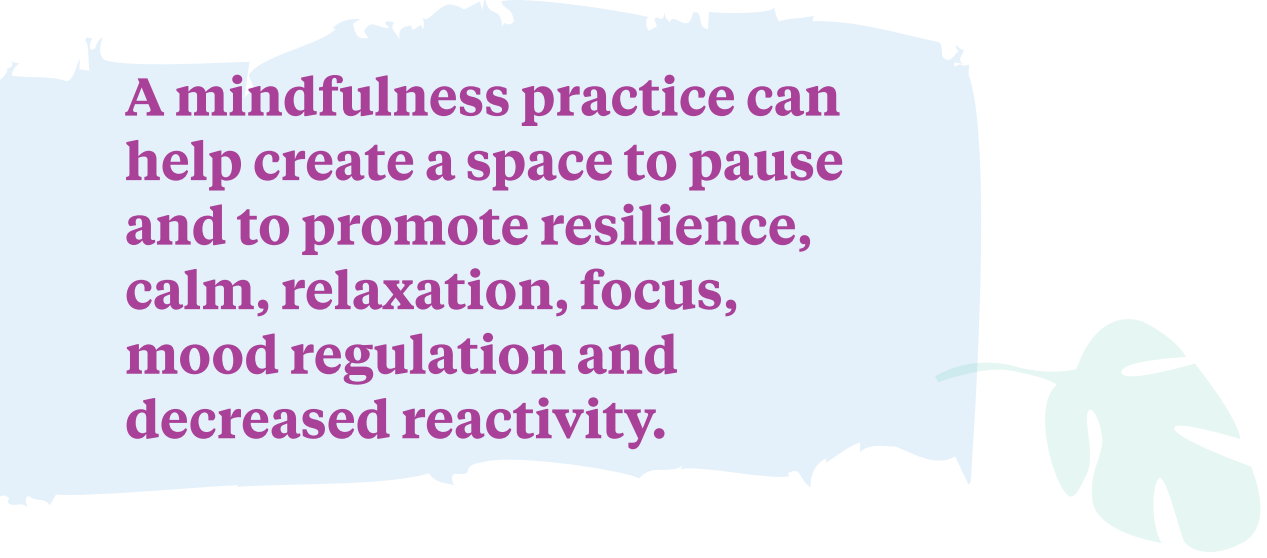


The current COVID-19 pandemic has presented new physical and psychological challenges for healthcare providers. A current study at the University of Toronto suggests that ongoing workplace stressors are causing nurses to experience long-term, moral distress. We wanted to help our colleagues and peers enhance their resilience during this critical time. As such, [Pause 4 Providers](#) was born, and we began running nightly 30-minute online drop-in mindfulness groups for healthcare providers in Canada and beyond. Each session offers short mindfulness practices to unwind, revitalize and find calm in the midst of the pandemic.

In the early days of COVID-19 changing the world of medicine, we wondered what we could do to make a contribution. We independently reached out to a mentor offering our skills as mindfulness teachers, wondering if we could host groups. The four of us met on Zoom and quickly realized we were united in our desire to create an easy to access program for healthcare providers to reduce stress, unwind, relax and learn strategies for self-care.

Mindfulness has been shown to support well-being by helping to alleviate stress, enhance emotional regulation and bolster resilience. We wondered if it would be possible to offer virtual drop-in groups for healthcare workers during the pandemic? Within two weeks, we had set up free 30-minute virtual drop-in mindfulness sessions for healthcare providers every weeknight.

This is how Pause 4 Providers was devised.



A mindfulness practice can help create a space to pause and to promote resilience, calm, relaxation, focus, mood regulation and decreased reactivity.

Addressing critical needs at a critical time

The COVID-19 pandemic has placed an exceptional burden on the mental health, well-being healthcare providers. We know healthcare providers are at risk of emotional distress, struggles with adaption to change and loss, uncertainty, moral injury, grief and burnout. Accessible and barrier-free services to address their well-being and mental health are essential at this time. Pause 4 Providers aims to help with one piece of the well-being puzzle. It is meant to augment other services.

While demonstrating exceptional commitment and providing continuous, compassionate care, nurses have been faced with new challenges. Nursing staff have been re-deployed to unfamiliar units, asked to learn new skills, worked longer shifts and manage with judiciously rationed resources. In the context of stressful circumstances, nurses are reporting elevated fatigue, anticipatory anxiety, psychological distress, post-traumatic stress and burnout.

Faced with the ongoing challenges of the COVID-19 pandemic, it is more important to equip healthcare providers with resources to safeguard their well-being, regulate their emotions and strengthen perspective. A mindfulness practice can help create a space to pause and to promote resilience, calm, relaxation, focus, mood regulation and decreased reactivity. Pause 4 Providers is addressing critical needs at a critical time by helping to enhance resilience and mental health (well-being) among providers.

Fostering an online community

It was central for us to help reduce the sense of isolation and foster community, especially given the need for some healthcare providers to be in self-quarantine, and for the change in how people do their work, i.e. physical distancing. Our hope was to ease some of the hardships that our workforce is experiencing with resources and material that could help bring a moment of ease into the new daily reality.

Mindfulness meditation is an evidence-based treatment for stress management, reduction of anxiety and regulation of mood that fosters well-being, self-awareness, and coping. In the midst of difficulty, mindfulness can assist healthcare providers in recognizing and responding to the moment to challenges as they arise, allowing them to be self-compassionate and take action to better care for themselves.

The practices we teach vary in length and use breath, body and sensory anchors, and enhance self-compassion and connectedness. A typical Pause for Providers session includes 2-3 mindfulness practices, such as mindfulness of the breath, body scan, self-compassion practices as well as a practical discussion on how to incorporate these techniques into work such as mindful hand washing, grounding in the body, inserting a self-compassion break practice.

In the beginning, we relied on our physician-friends and colleagues to spread the word. The response was overwhelmingly positive. We are now reaching healthcare providers in isolation and those on the front-lines of care,



Clockwise from top-left: Dr. Jennifer Hirsch, Dr. Orit Zamir, Dr. Diane de Camps Meschino and Dr. Mary Elliott. Screen capture from a Zoom call.

including those in high-risk and under-served settings. We continue to reach out to a broader audience with the Pause 4 Providers website. It hosts pre-recorded practices for asynchronous participation.

Join us for a session

As we navigate the fluctuating demands of the COVID-19 pandemic, we continue to adjust our mindfulness sessions to best respond to the ongoing needs of healthcare providers. In the hopes of disseminating mindfulness-based interventions for providers, we are presently evaluating the impact of the Pause 4 Providers program to enhance well-being and coping in healthcare providers.

With vaccines and new treatments becoming available, we hope that we can soon put ourselves out of business. In the meantime, we continue to offer brief, drop-in mindfulness sessions twice a week to support all healthcare providers in Canada and beyond. We hope you will join us, if you are looking for a way to relax, recharge and learn how to incorporate moments of mindfulness into your day.

Visit us at www.pause4providers.com, and please feel free to share the program with your interprofessional colleagues.

Drs. Mary Elliott, Jennifer Hirsch, Diane de Camps Meschino, Orit Zamir and Paula Ravitz would like to gratefully acknowledge their receipt of an Academic Merit Organization Innovation Award to support this work.

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10

Self-Care Tips For Nurses

with Apps to Support your Success

1. Practice Mindful Eating



Be conscious of what you're eating and when. Preparing foods ahead of time or in batches that can be frozen reduces the need to purchase fast foods. Better nutrition = better overall health.



MyPlate food log

2. Increase your Fluid Intake



It's recommended that an adult drink 2+L of fluids per day. We know this can be hard to maintain, so use a water bottle to measure your intake, add flavours you like and include water-rich foods in your diet.



Hydro Coach

3. Improving sleep by eliminating electronics before bedtime



Reducing your exposure to light and electronics an hour before bedtime can help you relax your mind so that you are better able to fall asleep and stay asleep.



Calm

4. Set a sleep schedule



Try your best to create a regular sleep routine. This is particularly important for shift workers to ensure that they have enough time to recharge. You may need more sleep than you think!



Sleepfulness App

5. Set exercise goals



Pick an activity to increase your exercise for 30 minutes/5 times a week = 150 minutes. Regular exercise will help you improve your mind and mood. It can be as simple as taking a walk!



MyFitnessPal

6. Set yourself up for exercise success!



Find activities that engage you and make you happy. For some, a group activity is more engaging than an individual pursuit. If you are doing something you like, you have a better chance of success. Looking forward to an activity that fits your preferences is important and makes exercise fun!



FitBit

7. Limit your social media exposure



While social media keeps us connected, too much time on social media can have a negative impact on your mood. Set timers and limit your time. This includes using your phone.



Offtime

8. Manage stress by taking the time to STOP!



Stop, **T**ake a breath, **O**bserve what's happening around you, then **P**roceed with a helpful action. This pause will give you an opportunity to stop, reflect and reset, then move forward with something positive in mind!



Happify

9. Choose positive coping methods when stressed



Find what works best for you to manage stress. Positive coping strategies can include relaxing by listening to music, refocusing with meditation or exercise and if this isn't enough, seek counselling to help you through stressful situations.



Headspace

10. Take a mindful break and recharge!



Do this as often as needed, especially during a stressful day at work! Step away from the situation, refocus for a few minutes, pay attention to your situation without judgement, and be kind to your mind.

Impact and Innovation

Q&A with Kari Gray, RPN

In Fall 2019, WeRPN launched a new funding opportunity to support RPNs to lead quality initiative projects in their workplaces. RPNs from across Ontario were invited to submit project proposals focused on the theme of *Joy in Work or Impact and Innovation*.

A total of twelve RPNs, working with an executive sponsor from their organization, were approved for funding to implement their ideas over the course of 6-8 months. As part of the program, the RPNs also participated in a range of educational sessions to equip them with key knowledge and tools to support their project implementation. In addition, each participant was matched with one of WeRPN's professional practice associates who provided ongoing coaching.

WeRPN connected with Kari Gray, who led an Impact and Innovation project, to discuss her program experience.

Tell us about your journey in nursing?

In 2005, my grandfather became ill with pancreatic cancer, and he was unable to access palliative or hospice care in his area. A person in his care team suggested I consider becoming a nurse after watching me take care of my grandfather. Five years later, I graduated from the Practical Nursing program at Fanshawe College.

I started my career with the Huron Perth Healthcare Alliance (HPHA) in 2010 and worked in their Seniors Mental Health for eight years. In 2019, I was transferred to the HPHA Helpline and Crisis Response Team and presently work there as a crisis worker.

What prompted you to apply for the WeRPN Impact and Innovation grant?

While I was working at the HPHA Seniors Mental Health team, a client of mine had utilized Medical Assistance in Dying (MAiD), but his family did not have access to MAiD-specific support and assistance.

While attempting to find MAiD support, I found out that the nearest bereavement support group, Bridge C-14, was in the Ottawa area. I approached HPHA's Director of Patient Care to see if our hospital and mental health services would be able to provide the family with MAiD-specific support.

At the time, I mentioned the WeRPN Impact and Innovation Grant opportunity and introduced an idea to start a bereavement support group with a local family physician who provided medical assistance in dying procedure in Southwestern Ontario. Together, we reviewed the lack of resources in the area and realized that the families experiencing the unique grief that comes with medically assisted death felt left out.

Then, during the 2019 Nurses' Week Celebration, one of the vice presidents at HPHA mentioned the hospital was interested in supporting my proposal.



I submitted my application to WeRPN and was informed my project was selected to receive a \$10,000 grant to support implementation. I started the first support in Oct. 2019.

Can you describe the project?

The MAiD Support Group was a WeRPN project supported by HPHA, specifically, Mary Cardinal, VP of People and Chief Quality Executive and Kailyn Pasma, RN, Manager of Inpatient Medicine, Seniors Mental Health and Seniors Mental Health.

We provided MAiD-specific support to family members whose loved ones had died through MAiD. The group was an eight- week model based on the Grief Recovery Method and involved working through the Grief Recovery Method Handbook. Members completed homework and other exercises. We also discussed the language used while discussing MAiD and the grief felt after MAiD.

What was the process involved in developing this project?

There were several steps: obtaining consent and support from a Director of the hospital, finding a mentor, finding a team to work, preparing a detailed plan and proposal, submitting the proposal to WeRPN and finally executing the plan. During this time, I also received a Grief Recovery Method certification.

How did the project impact the families?

The families felt the support group helped them open the conversation about MAiD with their friends and families. The grief recovery method focuses on completing the relationship with the person who died rather than seeking closure. Closure can be interpreted as the relationship is over. Whereas completion allows a person to discover and communicate all that was unfinished in all aspects of the relationship.

The course ended around Christmas, but group members said they had learned coping skills to help them with their grief during the holidays. We became a close group.

What challenges did you face, and how did you overcome them?

For starters, finding appropriate space was a concern initially. After turning down a couple of options, we held the group at the hospital.

COVID-19 was also an obstacle, and because we could not hold face-to-face groups, and we were only able to convene one group.

Secondly, I was on the support team that helped with crisis debrief and grief support for a healthcare team comprised of physicians and a nurse practitioner tasked with making decisions about transitioning COVID-19 patients off the ventilator. I was specifically identified as a support due to the WeRPN grant.

What lessons did this project teach you on a personal and professional level?

Having created a support group for families grieving as a result of MAiD has given me the confidence to present an idea to the hospital's senior leadership team. I have also been in consultations with the Canadian Nursing Association about bringing some changes to MAiD.

This initiative has encouraged me to be a part of the solution rather than just pointing out the problem and waiting for others to solve it.

What advice do you have for other RPNs hoping to create change in their organizations or communities?

Just do it! You'll never know what you are capable of unless you put yourself out there. Share your idea with as many people as you can because you never know who might be in a position to help. I was at a fundraiser for a new hospice and chatting about my idea with a friend of a friend. She was the executive director of a hospice. She later invited me to the hospice to present my idea to the Board.

New Research Digs Into How

Resiliency Helped RPNs During COVID-19



A new research initiative, spearheaded by WeRPN and supported by the federal government, will examine the factors that support and undermine the resiliency of Ontario's Registered Practical Nurses (RPN) in their personal and professional lives as well as their workplaces during this pandemic and future health system crises.

The study, *COVID-19 and Resiliency: How Registered Practical Nurses working in long-term care adapt in times of personal, professional, and institutional crisis*, will specifically focus on frontline RPNs working in Ontario's long-term care (LTC) sector to understand the process of how RPNs can build, utilize and sustain personal and professional resiliency during a crisis such as COVID-19.

In terms of professional resilience, the research team will delve into how and if the nurses' education helps—or hinders—their ability to find greater inner strength. For instance, how does knowledge about the impact of infectious diseases on the resident population help nurses deal with work situations?

The scope of workplace resiliency, on the other hand, will be about studying the correlation between resiliency and certain employment environments and team dynamics. The objective is for the research to explore lessons—from the perspective of RPNs—and come up with recommendations and a conceptual model around resilience that will enable practice and policy changes within the LTC setting. The results will also help WeRPN create resources such as web-based learning modules for its members, explained Dr. Nancy Snobelen, a collaborator on the research team as well as an independent consultant engaged with WeRPN.

"It's important RPNs' voices get into the survey as it will lead to the creation of peer-reviewed literature that can help them," Dr. Snobelen said. "Also, WeRPN can leverage the results of this evidence-based study to call on the government to act. More importantly, this research will actively contribute towards providing solutions that meet the needs of the current LTC system that's in crisis."

Desired Outcomes

This study and other proposed research initiatives will provide WeRPN with additional evidence-based data to support advocacy and proposed policy changes that the organization brings forward to government. Until now, there has been limited research focused specifically on the unique experiences of Registered Practical Nurses.

"Understanding RPNs' experiences during the COVID-19 crisis is critical to informing the development of social and institutional policy," Snobelen noted. "Current policies, while designed to promote better outcomes for older adults and their families, failed to address the complexities of care delivery during a pandemic adequately."

"The likelihood of future strain arising from changing societal expectations, increased demand for services, and need for specialized geriatric knowledge necessitates the development of evidence-informed strategies to address these increasing demands," she continued.

Tools, Time and Next Steps

In October 2021, the research team will host a forum to bring all stakeholders such as LTC employers, policy-makers, WeRPN staff, and board members to the table for a discussion and fine-tune the recommendations.

Over the coming weeks, some 4,000 RPNs working in LTC setting in Ontario will receive an online survey with questions based on personal, professional, and workplace resilience. Afterwards, the researchers will recruit 30-40 volunteers for 1:1 interviews.

This research will use well-known tools and a novel and holistic approach to build effective resources to support the resilience of RPNs and unveil how resilience is a key recovery response to challenging experiences.

The project is expected to be completed by December 2021.

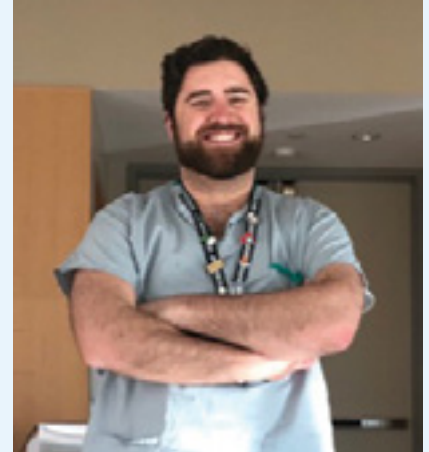
"The evidence we present at the end of the study will bring a validated perspective (using validated tools) to factors around burnout, physical and mental health concerns brought on by social, professional, and environmental conditions," Snobelen explained.

Academic Weight: Who's who

The project team for this initiative is comprised of a group of multi-disciplinary professionals, including prominent academicians, researchers, educators, RPNs, as well as university and college students. The seven-member team is led by Dr. Denise Connelly, Associate Dean of Graduate and Post-Doctoral Fellows, Western University (WU), Dr. Anna Garnett, RN, Assistant Professor in the Arthur Labatt School of Nursing, WU, Dr. Tracy Smith-Carrier, Associate Professor and Program Coordinator in the School of Social Work at King's College, London, Ont., Dr. Samir Sinha, Director of Geriatrics at Mount Sinai and the University Health Network hospitals, Diana Pearson RN, and Professor, School of Health Sciences, Practical Nursing program at Lambton College, Sarnia, Ont., Samantha Salatino, Professional Practice Associate at WeRPN and an RPN with experience in general surgery and orthopedic inpatients, Jen Craver, WeRPN member and an RPN with frontline experience in LTC, and Snobelen.

This study is a key component of WeRPN's staged research strategy. This research and others in the pipeline will ensure Ontario RPN voices are included and play a more central role in the province's health care ecosystem. WeRPN's research success will materialize as WeRPN members, and all RPNs continue their strong response to requests for participant recruitment in these important and valued research studies.

Kevin Bourdeau: A nurse powered by a thirst for knowledge



Kevin Bourdeau's professional successes as an RPN have largely resulted from his love for learning.

Kevin started his career in healthcare as a Personal Support Worker (PSW). In 2013, he bridged to the RPN role after graduating from Niagara College and began working at the Hamilton Health Sciences (HHS).

Kevin is committed to continuous professional growth. Over his career, he has gained several professional certifications such as Complex Wound Care and the Critical Practice Orientation Certificate that enables him to work in acute areas within the hospital, such as cardiac and vascular programs. His ultimate goal is to participate in at least one professional and continuous educational workshop a year.

Kevin is also a leader and champion for the RPN role. Over the past few years, he has been involved in developing a role for RPNs in the Cardiac Ambulatory Clinic at his hospital. He has also developed processes for the RPN role in both the Comprehensive Cardiology Clinic and the Heart Function Clinic.

As a WeRPN Ambassador, Kevin helps educate RPNs at his workplace about the mandate and benefits of getting involved in their professional association.

"As an RPN, I am interested in political affairs, particularly related to healthcare and the nursing profession. This is what got me involved in the ambassador program. After learning

more about the work that WeRPN does on behalf of RPNs in Ontario, I believe it is important to promote RPN practice and showcase the valuable contributions they bring to our health system and patient care."

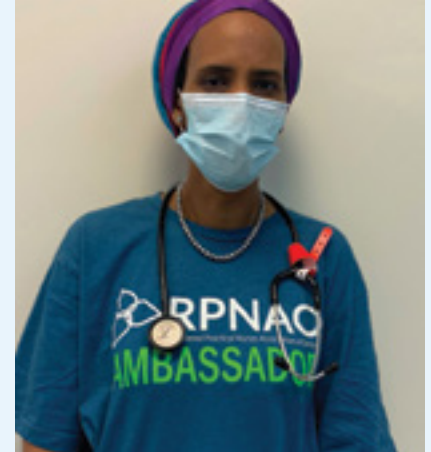
He believes that RPNs have a lot to offer and are an asset in all health settings.

"RPNs bring with them a wealth of knowledge they can successfully apply to real-world situations," Kevin said. "Being an RPN, I am always educating other members within the healthcare team about our role and scope of practice. There are some healthcare providers that have never worked with RPNs and really don't know what the scope of practice entails. As a nurse, I am always happy to teach other people about the scope of practice of RPNs."

Kevin had the following advice for new RPNs starting out in their nursing career. "Never be afraid to try something new and always keep striving to be better than the day before. Nursing is a versatile and challenging career that has so many specialties and paths to follow. You truly never know where you could end up as long as you keep an open mind. Don't be afraid to show your passion, be proud of how far you have come. It is an exciting time right now to be a nurse."

Halimo Elmi:

A nursing journey of a thousand miles



The story of Halimo Elmi's professional journey spans two continents and has several inspiring chapters.

Halimo attended medical school in Somalia for three years, but war and strife in the country prevented her from finishing her education

When she arrived in Canada, she opted to continue her education in nursing at George Brown College. Over the course of her 20-year career, Halimo has worked in palliative, complex continuing care, cardiac, transplant and other departments. She currently works part-time at Sunnybrook Hospital's Cardiac Rehabilitation and Amputee units, as well as at Mackenzie Health in the hospital's Stroke/Medicine and rehabilitation departments.

Halimo is also a WeRPN Ambassador.

"I chose to become a WeRPN Ambassador because I wanted to be part of a professional affiliation that would allow me to be visible at my workplace and have a voice as well," Halimo said. "The Ambassador's role has allowed me to showcase my leadership skills and share the benefits of a WeRPN membership with my co-workers."

Whenever Halimo wears her "WeRPN Ambassador T-shirt" to work, she said she invariably gets stopped by other RPNs who want to know all about membership benefits. Halimo says she's always happy to chat and share her experiences with them.

Halimo's career has been marked by awards, accolades, and recognition since she started in nursing. In 2019, she was nominated for a Nursing Hero award organized by Hospital News, one of Canada's leading health-care newspapers.

Additionally, she's a Hand Hygiene and Wound Champion at her workplace. As part of the role, select nurses or "champions" who sit on a committee have to maintain an impeccable standard of infection control. Her duties include educating other staff members and conducting periodic hand hygiene audits across various departments.

Halimo's career as a nurse has been fulfilling.

"I have a deep sense of gratitude that I am able to help others," Halimo said. "There are several benefits of a nursing career: there are no limitations to how far you can go, and it's a rewarding career that allows me to be compassionate and caring towards those that are in need."

In addition to taking on leadership roles, both within her organization and outside, Halimo also prioritizes finding time to mentor other nurses.

Interested in becoming a WeRPN Ambassador like Kevin and Halimo? Visit werpn.com/join/ambassador/ to learn more.

Spring Legislative Session – What to Expect

by Tiff Blair

It has been over a year since the first case of COVID-19 was reported in Ontario on January 25, 2020. A lot has happened since then, and a lot has changed because of the pandemic. While Ontarians and nurses saw some reprieve from the virus over the summer months, including an easing of many of the public health measures put in place in the spring, the fall and cooling temperatures brought climbing case counts. Now, as Ontario grapples with another, more severe wave of COVID-19, government is again in a state of “all-hands-on-deck.”

There are some things, including several priorities and recommendations that WeRPN has advocated for, that we have seen government move on since the legislature resumed in September. We expect to see evolution during the Spring Legislative session.

Ontario Budget

The 2020 provincial Budget was tabled in November after being postponed from last March due to COVID-19. The November budget was highly focused on the pandemic and confirmed expectations that the sectors most impacted—hospitals, long-term care, and public health—would be the focus for government investment. Health care, always top of mind for Ontarians, was vaulted to the center of the political landscape, as the Budget prioritized the COVID-19 response.

Despite the delay in tabling its 2020 Budget, we expect government to keep to its usual timeline with a spring Budget in March 2021. We also expect that the forthcoming Budget will remain focused on initiatives that respond to or are at least seen to respond to the ongoing pandemic. In particular, we expect that big issues like vaccine rollout, testing, long-term care, and others will remain front-and-centre.

Long-Term Care

One of the most notable new commitments in the 2020 Budget was to move, over four years, toward an average of four hours of direct care per resident per day in long-term care. In December, government announced that it would commit \$1.9B annually by 2024-25 to what it has labelled its “historic” long-term care staffing plan to achieve the four-hour standard. Ontario claims it will be the first jurisdiction in the country to reach this standard.

In its plan, government recognized that achieving this average will require a focused and sustained commitment to recruiting and retaining staff, an issue that challenged the sector for decades and greatly contributed to the staffing shortages tragically exposed by COVID-19. The new staffing plan focuses on six key areas of action to be delivered over four years:

- Investing up to \$1.9 billion annually by 2024-25 to create more than 27,000 new positions for registered practical nurses, registered nurses and personal support workers in long-term care to meet the direct care commitment; in addition, providing a 20 percent increase in direct care time administered by other health care professionals such as physiotherapists and social workers.
- Accelerating and expanding education and training pathways to prepare the tens of thousands of new staff required.
- Supporting continued professional development and growth of long-term care staff to improve retention.
- Improving working conditions for staff by coordinating with long-term care employers to increase full-time employment and promote innovative approaches to work and technology.
- Driving effective and accountable leadership in homes across the province to improve oversight, guidance and medical outcomes in long-term care homes.
- Measuring progress against key performance indicators.

Many of the above areas of action are consistent with what WeRPN has been advocating for years. In particular, support for continued professional development and accelerating and expanding education pathways for nurses – through programs that WeRPN is successfully administering.

The government admits that recruiting and training enough staff to fulfill this commitment will be a major challenge requiring cooperation across the sector. As such, there is likely to be strong interest from government in innovative and ready-made solutions. WeRPN is eager to work alongside our partners in health care and government to bring these changes to the long-term care sector.

College Degree Granting

On February 11, 2020, the government announced changes to offer greater choice for nursing students by permitting colleges and universities to offer Bachelor of Science in Nursing (BScN) degree programs on a stand-alone basis. For colleges, this will be the first time they would be able to offer the BScN degree independently of a university partner.

In the fall, the College of Nurses of Ontario (CNO) submitted regulations that would allow nurses who studied at colleges independent of a university partner's credentials to be fully recognized for review. In December, these CNO-submitted regulations were approved, which will officially allow BScN holders from an approved college to apply to the CNO to become RNs.

The approval of the CNO-submitted regulations is a final – but essential – step that will enable graduates of these

programs to be fully recognized and granted registration to practice and become a fully-licensed RN. The ability for colleges to grant nursing degrees is something WeRPN long advocated for to create more opportunities and pathways for students to achieve their BScN. We are pleased to see this change in regulations be approved.

COVID-19 Vaccine Roll-Out

Ontario's COVID-19 vaccine rollout began on December 14, 2020, with the province recognizing its long-term care sector – both residents and staff – as a priority group to receive the initial supply of vaccines.

While the vaccine has certainly brought new hope, its rollout has been anything but smooth. At the outset, we knew that supply would be a challenge as the whole world put in bids to receive doses of the few available vaccines. Now, Pfizer has slowed production to make upgrades to their facility in Belgium, which has set in motion an international shortage, leaving Canada's vaccine deliveries cut in half with up to 400,000 doses delayed.

The temporary shortage has forced the province to pump the breaks on their vaccine rollout plans, prolonging the time between vaccinations and, in some cases, turning people away from new vaccine appointments.

While this is a significant concern for the province and the Premier, the federal government insists that the country's long-term vaccine rollout is still on track to vaccinate 35 million Canadians by the end of September. Even if Canada does not approve any more vaccines by the fall, estimates suggest that doses from Pfizer and Modern will cover 13 million Canadians, or 34 percent, by June and 36 million, or 95 percent, by September 30.

There is, however, some promising news for new vaccines on the horizon. The AstraZeneca and Johnson & Johnson vaccines have now also been approved, and on February 2, Prime Minister Trudeau confirmed that Canada signed a tentative deal with Novavax to produce vaccines here in Canada if it is approved for use.





Revisiting WeRPN's Annual General Meeting

On October 29th, WeRPN hosted its 62nd – and first virtual- Annual General Meeting (AGM). Each year, this special event is an opportunity for RPNs from across the province to gather, exchange ideas, and build connections. While the pandemic restrictions didn't allow us to be physically in the same space, it did not prevent our nursing community from coming together. This invigorating evening event provided RPNs with an opportunity to celebrate nursing. WeRPN planned an engaging evening, including keynote addresses from inspirational speakers.



We kicked off the evening with motivator Orlando Bowen, whose enthusiasm and energy set the perfect tone for the evening. He shared stories about perseverance, strength and maintaining an optimistic outlook in the face of adversity. The Board of Directors' reports provided members with updates on key organizational financial and membership activities. Our CEO report highlighted the various ways WeRPN continued to engage and support RPNs through the pandemic. We also recognized the contributions of our outgoing President, Linda Keirl and welcomed our new Board President, Suzanne Schell, to the role.

This year, we introduced online voting in advance of the AGM to allow more members from across Ontario to have their say on key matters, like approval of financial statements and the election of new board members. We were thrilled to see high engagement levels from our membership and will continue to leverage online voting to engage our community in the future. A resolution was put forward to the membership requesting approval for a modest increase to membership fees to manage a significant increase in the cost of providing our liability insurance. The membership agreed to the increase, which will take effect in July 2021.

Following the conclusion of official business, we heard from another engaging leader, Olympian Hayley Wickenheiser. Hayley shared stories of her triumphs and tribulations as one of the best female hockey players in the world and how they compare to the emerging challenges she faces as she charts a new course in medicine. As a fellow health professional on the frontlines of the pandemic, she spoke of the pressures faces RPNs and her admiration and appreciation for the incredible work that nurses do.

We concluded the evening with our Awards of Excellence Ceremony, recognizing nursing excellence across the province. While the format of this year's event was different, we valued the opportunity to bring nurses together to celebrate the past year's achievements and look ahead to the next. We look forward to seeing you, whatever the format, at this year's AGM on October 28th, 2021.



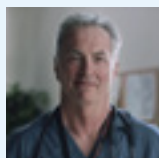
Awards of Excellence Winners

Each year, WeRPN honours the professionalism, commitment and passion of Ontario RPNs and their employers. This year, we were pleased to celebrate amazing RPNs with our Awards of Excellence.



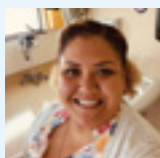
Employer Award of Excellence

This award recognizes an employer that has demonstrated outstanding achievement with improving the utilization of RPNs and fostering a safe, respectful and empowering work environment where RPNs can work to the fullest of their knowledge, skill and judgment. This year, we were proud to honour **Medical Confidence** for their work in empowering RPNs as proud advocates for their patients and optimal care.



Excellence in the Care of Older Ontarians (The Martha Award)

This award celebrates the dedication of an RPN who provides exceptional care to older adults in a respectful, compassionate, and professional manner. Winner, **Mike Freeborn**, is recognized for his compassionate, hard-working RPN who is dedicated to providing excellent patient-centric care.



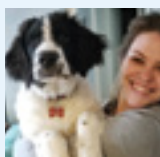
Award of Excellence and Innovation

The Award of Excellence and Innovation is presented to an RPN who has contributed significantly to practical nursing in Ontario and whose efforts have demonstrated exemplary nursing practices. This year's winner, **Shawna Plummer**, is described by colleagues as a warm and caring advocate dedicated to excellent patient care and committed to telemedicine innovation.



The Michael & Werner Geidlinger Award for Palliative Care

In honour of the memory of Michael Geidlinger and Werner Geidlinger, this award recognizes the unique character and tremendous care delivered by RPNs to patients at the end of life. Congratulations to **Justine Evraire**, who colleagues describe as “the kind of nurse you would want to look after your family,” a strong mentor and dedicated leader in palliative care.



Preceptor Award of Excellence

This award honours an RPN who has contributed significantly as a role model for a practical nursing student. **Sara Beatty** was described by her student as a mentor, leader and friend and someone who created a meaningful learning environment and helped her become a more confident, critically thinking nurse. Congratulations!

Ontario Palliative Care Network

President's Award

This award honours an individual, group or organization that demonstrates outstanding commitment to furthering the utilization and recognition of RPNs in Ontario. **The Ontario Palliative Care Network** was selected for recognition in 2020 for the way they respect and value RPN knowledge in palliative care and their collaborative work to develop competencies that reflected nurses specialized expertise and contributions to end of life care for patients and families.

Nominations for the WeRPN Board of Directors

Dear WeRPN Member:

WeRPN is seeking nominations for members of the association's Board of Directors. We are currently recruiting members to represent Regions 1, 3, 5, and 7, for a two-year term. We are also recruiting a Member at Large for a one-year term. All terms to begin in October 2021. In accordance with association by-laws, to be eligible, a nominee shall:

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

Board members will be elected from the pool of nominees through votes cast in advance of the WeRPN Annual General Meeting (AGM) on Thursday October 28, 2021.

Completed nominations forms are due no later than Wednesday July 14, 2021 at 4:30PM.

Nominating a Candidate

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

Commitment Required of Directors

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

Bylaws

1.0 Division Into Regions

1. The Association shall be divided into seven (7) regions, with each region representing the geographic areas covered by two Local Health Integration Networks (LHINs).
WeRPN members can find what LHIN they are in by logging on to www.lhins.on.ca and using their postal code to find their appropriate LHIN.

Currently, there are four regions – region 1, 3, 5, 7 and Member at Large – that are up for election for the board of directors of WeRPN.

WeRPN Region	LHIN Numbers	LHIN Names
1	1, 2	Erie-St. Clair & South West
3	4, 6	Hamilton Niagara Haldimand Brant & Mississauga Halton
5	10, 11	South East & Champlain
7	13, 14	North East & North West
Member-at-Large *one year term		

1.02 Qualification for Directors

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

1.03 Election of Directors

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

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

Competencies include but are not limited to:

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

Please Print Form Details

Nomination Form for WeRPN Board of Directors Regions 1, 3, 5, 7 and Member at Large

Nominee's Name _____

Address _____

Postal Code _____ Phone _____ Fax _____

WeRPN Region _____ (Note: Only for Regions 1, 3, 5, 7 and MAL)

WeRPN Reg # _____ College of Nurses # _____

E-mail Address _____

Signature of Nominee _____

Nominator's Name _____

Address _____

Postal Code _____ Phone _____ Fax _____

WeRPN Region _____ (Note: Only for Regions 1, 3, 5, 7 and MAL)

WeRPN Reg # _____ College of Nurses # _____

E-mail Address _____

Signature of Nominator _____

Please mail to WeRPN, 5025 Orbitor Dr, Bldg 5, Suite 200, Mississauga, ON L4W 4Y5 or complete and email online form available in the **member's section** at www.werpn.com to kflores@werpn.com by July 14th, 2021. If you have any questions, please contact Kristel Flores, by email at kflores@werpn.com, or by phone at 905.602.4664/1.877.602.4664, ext. 234.

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