



COMMUNICATION

Incoming President's Message: Joanne Crawford

Spring is quickly approaching, which will soon be followed by the RAO Annual General Meeting (AGM). As new board members of the Community Health Nurses Initiatives' Group (CHNIG) take their place officially for another term during the AGM, I thought it was a good time to introduce myself. While some of you know me because I have been on the Board as the co-lead for Research, Professional Development, and Education for numerous years, others may not. My name is Joanne Crawford and I am the incoming President of CHNIG. In this role, I will continue to support the goals of CHNIG including raising the profile of community health nurses across Ontario. The timing could not be more perfect for me to take on this leadership role as I just recently completed my PhD in Nursing at the University of Toronto. The research I completed focused on health disparities among South Asian immigrants who experience barriers to access of cancer screening services. As part of the learning from my research is that community health nurses are ideally positioned to lead community-based strategies and research, as well as to be advocates for policies that influence the health and well-being of individuals, groups, communities, and populations. As community health nurses, we need to work together to reduce health inequities in Ontario. I look forward to working with you all to continue to promote health equity and health for all!

Joanne Crawford



Measuring Up: A yearly report on how Ontario's health system is performing

Health Quality Ontario's yearly report reports on how the health system in Ontario is performing and the health status of Ontarians.

This year's report is the second based on the Common Quality Agenda, a set of more than 40 indicators that Health Quality Ontario uses to measure how the health system is performing. Developed in partnership, these indicators enable us to determine whether the quality of care is changing in Ontario, and how this province compares with the rest of Canada and other countries.

Building on last year's report, we have added two new chapters. One examines the system's performance in mental health and addictions, and the other looks at healthcare spending. In addition, there are new indicators measuring behavioural health risks (e.g., inadequate fruit and vegetable intake) and home care (e.g., informal caregiver distress and low-needs placement in long-term care).

In reviewing this year's data, Health Quality Ontario has looked at what the indicators reveal about the direction of Ontario's health system performance over recent years – whether care has improved, deteriorated or remained unchanged. While there were some bright spots, many areas showed no change over time. Some of the flat results indicated no progress (e.g., timely access to a primary care provider and regular eye exams for adults with diabetes), while other indicators that were flat may actually reflect good news: for cardiac procedures and cancer surgeries, wait times are meeting their targets even with an increase in the number of procedures performed, so steady performance is a good thing.

As Health Quality Ontario continues to expand and enhance its reporting on health system performance, we will keep working to understand the reasons for the good and bad results. To that end, we are now producing theme reports that examine in detail how the system is performing in specific areas of care, and continue to expand our online reporting which presents a broader and deeper array of information.

We also continue to enhance our reporting by providing a human perspective on the issues raised by the performance data we are presenting. *Measuring Up* includes stories from patients, family members, caregivers and health care providers – the people who have encountered first-hand the challenges of the province's health system and who are often working hard to improve it. Their stories turn the report's numbers and analysis into real experiences that we can all understand and relate to.

Measuring Up is part of Health Quality Ontario's (HQO) responsibility to monitor health system performance and report to the public about our findings. We also have been entrusted to make recommendations on how to improve care using the best evidence, and to help scale and spread best practices, enabling health care providers to learn from each other and share health quality innovation.

Of course we can't do this work alone. HQO works in partnership with health care professionals, administrators, policy makers, academic experts and patients with their families. We hope *Measuring Up* 2015 will help guide all of us forward toward high quality health care for all Ontarians.

Dr. Joshua Tepper, President and CEO & Dr. Andreas Laupacis, Board Chair

Professional Practice: Self-reporting charges to the College of Nurses—Q & A

Some misinformation may be circulating about the obligation for nurses to self-report to the College of Nurses when they are charged with an offence.

The following **questions and answers** provide clarification of what a nurse's obligation is to the CNO under these circumstances.

Q. Is the obligation for nurses to self-report charges new?

A. No, since January 1, 2013, nurses have been required to self-report charges against them to the College. This obligation was part of changes made to College regulations.

Q. Do other professionals have a similar obligation to self-report to their governing bodies?

A. Yes, nurses are just one group of health professionals that have mandatory self-reporting obligations. Physicians, for example, must also report charges to their regulator, the College of Physicians and Surgeons of Ontario.

Q. Should nurses inform the College about every kind of charge?

A. Nurses must self-report the following charges:

- An offence under the *Criminal Code of Canada*
- An offence under the *Controlled Drugs and Substances Act*
- Other offences that could be relevant to practice. For example, if a nurse is charged with a provincial offence under the *Personal Health Information Protection Act* for inappropriately accessing personal health information.

Q. Do nurses have to tell the College if they get a speeding or parking ticket?

A. Speeding or parking tickets do not have to be reported to the College. As accountable professionals, nurses should use their judgment and knowledge of the nursing profession and the practice standards when considering whether a charge may be relevant to suitability to practice nursing and therefore should be reported.

Q. Does the College investigate every self-report?

A. No, the College does not investigate every self-report that is received. The College’s Executive Director reviews the self-report, determines what level of risk may be posed to the public, and makes a decision about an appropriate response. There are many options available to the Executive Director that do not involve an investigation. For example, a nurse may be advised to review practice standards and in some cases, may be asked to meet with a representative from the College’s professional conduct department to discuss the matter.

Q. Does the College learn about charges only through self-reporting?

A. No, the College receives information from a wide variety of sources. Some of these sources include employers, the police, the public, and the news media.

Q. What happens if a nurse does not self-report a charge?

A. A nurse who does not meet his or her self-reporting obligation could be investigated and may face professional conduct allegations.

Q. Will the College make the charges public?

A. Charges that are assessed as being relevant to a nurse’s suitability to practice will be posted on the nurse’s profile on Find a Nurse, the College’s public register.

Visit the [Transparency](#) section of the website for more information.

Q. Who should I contact if I have questions about self-reporting?

A. For assistance or more information on the self-reporting process, email the College at investigations-intake@cnomail.org or call 416 928-0900 ext. 6988 (toll-free in Ontario 1 800 387-5526).

Visit the [Self-Reporting](#) section of the website for more information.

Ontario Public Health Association

CHNIG at the OPHA Forum

Ontario Public Health Association (OPHA) had another successful fall forum! This year's theme was "A Strong Voice: Enhance Advocacy, Shift Policy and Impact Society." Over 200 public health practitioners attended the forum to explore how to: unite as a strong voice to advocate for public health policy; and engage society in supporting public health issues. Participants also learned from the experiences of local, provincial, and national public health advocacy initiatives. There was a great energy in the forum throughout the day and people truly gained a lot of knowledge and skills related to advocacy and social changes.

The morning began with an opening remark from Dr. Robert Solomon, who provided us with his successes and challenges in his advocacy work with Mothers' Against Drunk Driving. He emphasized the importance of: assessing the advocacy environment; communicating skillfully with the decision-makers; and forming effective partnerships. Dr. Larry Wallack in his plenary presentation, provided us his insights on how to effectively articulate the social values of public health to create health-promoting conditions and a more just society. We also heard from an engaging speaker, Dr. Katherine Dooling, talking passionately about her experience as a medical journalist at the ABC News. She captivated the audience with her storytelling and gave some practical strategies when working with media.

CHNIG showcased our newest banner in the forum and was representing the voice of Community Health Nurses that influence the health care system, health and social policy in areas which affect the work of Community Health Nurses and the public we serve. Finally, a special shout-out to our CHNIG OPHA Liaison, Karen Ellis-Scharfenberg, as the Vice-President of the OPHA commencing April 1, 2016. Congratulations Karen!



From left to right: Karen Ellis-Scharfenberg (CHNIG OPHA Liaison), May Tao (CHNIG Treasurer), and Cindy Barill-Baker (CHNIG President)

We were pleased that so many of you were able to participate in this year's fall forum and AGM. We received terrific feedback on the caliber and remarks of our keynote speakers and the content for the day. Look for the e-book on this event in the coming weeks.

This note includes OPHA's member approved [slate of officers for 2016-17](#) along with links to this year's award winners, our annual report and a short video on advocacy.

Video

In preparation for the fall forum, we put out a call for examples of how people are making a difference in their communities. We are delighted to share with you [this 2 minute video](#) which shows models of advocacy in action.

OPHA Award Winners

Congratulations to this year's 4 award winners:

- Lori Snyder MacGregor, Award of Excellence for her work in violence prevention
- Lifetime Award Winner Carol Timmings for her leadership contributions to OPHA
- Honorary Member, David Mowat for his outstanding contributions to public health in Ontario
- Sheel Basrur Scholarship Award winner and MPH student Anjum Sultana for her volunteer work advancing health equity.

Read about these exceptional leaders on our website [here](#).

Annual Report

Have you been thinking about how fast the year has gone by? So have we as we released our 2014-15 Annual Report! Check out our past year's [accomplishments here](#).

www.opha.on.ca

Last but not least is a reminder that any member of CHNIG that also wants to join OPHA receives a sizable discount. Regular OPHA membership is \$155 but CHNIG members can join for \$115. Be sure you mention your CHNIG membership when joining OPHA!



NEWSROOM

PATIENTS FIRST: A PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO

As many of you may already know, the MOHLTC under Dr. Eric Hoskins released their discussion paper on Ontario's Health System Renewal this past December 17, 2015.

CHING encourages our members to take the time to review the paper as it has many recommendations and actions that may affect you as community based Registered Nurses and Nursing Students.

Links to the Discussion Paper:

- http://www.health.gov.on.ca/en/news/bulletin/2015/docs/discussion_paper_20151217.pdf
- http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20151217.aspx

Is there an article or news story you would like featured in our next newsletter? Please email Newsletter@CHNIG.org

(CHNIG is not affiliated with the above mentioned news outlets, all opinions are those of the authors and do not necessarily represent the opinions of CHNIG or its board members)



IMPORTANT MEMBER INFORMATION

Community Health Nurses of Canada (CHNC)

When you join or renew your membership in CHNIG for the 2015/2016 year it will no longer include a membership to CHNC. This was not a decision made by CHNIG. CHNC has developed a new membership structure for a number of reasons which you will hear more about over the coming months. All CHNIG members will need to go to the CHNC website at the end of December each year to join CHNC. It is important to support CHNC as our national voice for community health nursing.

Changes in RNAO membership numbers

As of October 2014, RNAO is using a new program to track and monitor membership. Consequently, all members have a new RNAO number. Please make certain you check your membership card for it. Your old number is no longer valid. You need the new number to access protected RNAO information, register for webinars and to access “members only” sections on the websites of most interest groups.



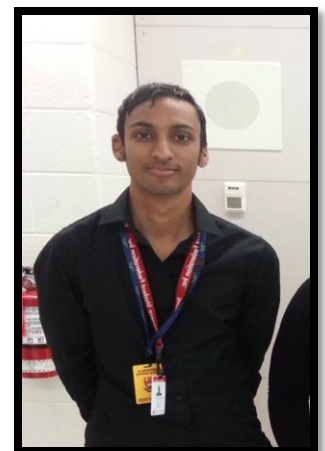
GOOD NEWS STORIES

Featured Board Member

Introducing.....Anthony Agam, 4th year Nursing Student

What is your role on the CHNIG Board?

My role on the CHNIG focuses on advocating for student nurse’s educational concerns and community health issues from a student perspective. With the utilization of strong, professional communication,



I elaborate unique clinical and theoretical experiences of student nursing by undergoing a reflecting praxis on what worked for myself as a student and sharing that experience to benefit other nursing students. Another major role I perform on the CHNIG board for students is advocating towards the fortification of the nursing student curriculum in general. This is done collaboratively by networking with student associations including Canadian Nursing Students Association (CNSA) and other associations including those within the college/university.

Why do you think it is important to have a student voice on the CHNIG Board?

Student nurses are not passive spectators on the board; students engage in leadership roles by actively participating in the change they want to see. The rapid advancement of technology and evidence-informed practice place students at an advantage; nursing schools adapt to modern technology including simulation, Pyxis medication dispensing and online charting. Providing the board with both positive feedback and constructive criticism regarding the new learning methods adopting by the nursing curriculum requires the lived experience of an existing nursing student; although many board members are professors, the student lived experience greatly differs from that of the professor. The greatest importance of having a student voice has been the use of social media. Being one of our main resources for communication, students have the opportunity to promote and network with health care providers and other students globally using social media in a timely and organized manner; I believe student nurses are essential in developing a best practice guideline on the use of social media.

What is one of your most memorable experiences as a nursing student?

The most memorable moment as a student nurse occurred in my Public Health Rotation at Smithfield Middle School, Toronto. Smithfield has a classroom called the “Home School Program (HSP)” which provides students with a mix of both regular classes and additional educational support from a Special Education Teacher. With the intent to gain knowledge on communication with the HSP class, I sought to engage in a therapeutic dialogue with a student; I approached and participated in a dialogue with a student who was using the computer. After our dialogue, I developed a confirmation bias based on the student’s posture, voice, the way he typed, eye contact and other nonverbal indicators that the student objectively displayed “irregularity”; however, the student was not even a part of that class, he was just there to print his work. At first I smiled and thought to myself “wow Anthony, did that really just happen?” As I reflected on this moment, I realized that my biases can affect the way I view my “clients” even in the community setting. Since this experience, my peers and I collaboratively worked together to identify and reduce existing biases for future practice. Another honourable mention from a male nursing student perspective was the shock that many clients have seeing a male nurse; one client said “it’s about time doctor” when I entered the room. I looked behind me and then realized she was talking to me; when I told her I was a nurse, she silently stared at me for about 10 seconds.

What challenges do you foresee in your professional role as a new nurse graduate?

Some of the challenges I anticipate include horizontal violence, the high nurse to client ratio and finding a full-time position as a registered nurse. It does not take a student nurse to know that workplace harassment is prevalent in nursing. I often come across the phrase “nurses eat

their young”; this raises concern for me and other student nurses about entering a perceived unwelcoming environment. During my clinical rotation on a neurological floor, I noticed that nurses were responsible for providing the highest level of care for five total-dependent clients; time management was difficult for them even when students were present on the floor. Employment is a common challenge that new graduate nurse’s face (and definitely one of my biggest concerns). Not only is obtaining employment difficult in general, but getting a position in my field of interest makes things even more challenging.

If you were to share a piece of wisdom for other nursing students and for RNs working with students, what would that be?

For my fellow student nurses, the best piece of advice I can give you is “the way you make your bed is how you will lie on it”. Being a passive student nurse that “wants to get by” will have detrimental consequences as a new graduate; new graduates are competing for job positions with other new graduates who had experience in the community, networking with nursing associations within their school, remarkably high GPA’s and active participation in nursing research. Nursing offers a wide range of opportunities that are available to us students. For instance, you can work as a personal support worker after your second year and some colleges (like Georgian) gives you the opportunity to write the RPN examination upon completion of your 2nd year. These opportunities are golden and provide a substantial opportunity for students to develop their nursing praxis. I encourage registered nurses working with students to ask students if they feel welcomed in their placement/floor; this question should be taken seriously by the workplace. I believe that one student admitting to feeling unwelcomed is enough to investigate the underlying reason. One notable preceptor that I will never forget asked me what my greatest fear was in nursing. I admitted that V.A.C stage IV pressure ulcer dressings was my fear; the following day, I had a client with two stage IV pressure ulcers and an instructor with a big smile on her face. By the end of my placement, I considered myself an expert at dressings. I encourage RN’s and preceptors to identify what students fear because they will most likely actively choose to avoid it, which ultimately impedes their potential to gain knowledge and experience.

“Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen.”

~ Winston Churchill