



“Nurses with you every step of the way!”

Independent Practice Nurses Delivering Pro-Active Client Centred Primary Health Care

*Meeting Health Care Needs
Where People Live, Work and Play!*

Our magazine pays tribute to the Registered Nurses working in Independent Practice. These registered nurses represent nearly 50% of the Canadian nursing workforce. Read their personal nursing stories that highlight the availability of diverse specialized scope of nursing practices. Learn the variety of nursing care services these independent practice nurses deliver utilizing their full nursing capabilities. Educate yourself on how their specialized nursing care services meet the health care needs to benefit all the people in every community. People need to recognize their specialized nursing services.

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**Take Care! Be Prepared!
Make Sure Care is There!**

Rally Call "Independent Practice Nurse's Call to Action"

Registered Nurses in independent practice provide the highest quality of diverse professional nursing care that meets nursing code of ethics, nursing standards and complies with all health care regulations

It's estimated that more than 40% of Registered Nurses in Canada provide independent or intra-dependent nursing services. (CIHI 2009)

Independent Practice Nurses voice your opinion!

Could IPNs collaborate nationally for recognition of specialized nursing services which they offer?

Please email your **YES** or **NO** reply to
admin@independent-practice-nurses.org

Can you see the future?
Independent Practice Nurses Organization
"Nurses with You Every Step of the Way
Where you Live Work and Play

Diversity of Nursing Services



IPNIG represents registered nurses working in a huge diversity of primary health care services. This is a sampling of many nursing services.



- Business Administration
- Professional Education
- Well Being Enhancement
- Mental Health Counseling Occupational Health & Safety
- Case Management
- Nutrition Counseling
- Independent Practice Clinician
- Legal Advocacy
- Cognitive Mindfulness Coach
- Senior Living Assistance
- Gerontology Care
- Community Health Care Rehabilitation Services
- Women's Health Education
- Parent/Child Consulting
- Foot Care Clinician
- Diabetic Education
- Enterostomal Therapy
- Hospital Discharge
- Pain Management/Treatment Medical Health Device Education
- Complementary Therapies
- Infusion and Lymphedema Therapy Disability Recovery/Support
- Palliative Care
- Lactation Counseling/Support
- Post Partum Care
- Parish Nursing
- Client's Fitness Enhancement
- Travel Companion Care
- Medical Clinic Northern Outpost
- Patient Air and Ground Transportation

Rally Call to the Public for Participation in a Sustainable Future Health Care System

The purpose of our nursing stories is to educate you, the reader.

According to Statistics Canada, in 2014 - 50% of the population will be over 40 years of age.

Are you prepared to actively seek ways for needed health care services in your communities?

Are you prepared to challenge the health care system administrators to plan today for your future health care needs?

Would you actively participate in a public health care system education campaign?

Please email your **YES** or **NO** reply to
admin@independent-practice-nurses.org

Help Canada deliver the necessary health care
Where you Live, Work and Play
Take Care! Be Prepared!
Make Sure Care is There!

Primary Health Care Leads to Better Health

We hear the term primary health care (PHC) frequently, but the concept is poorly understood, in part because of confusion between primary care and primary health care. Simply put, primary care is what you receive when you go to your provider for treatment of an ailment. In contrast, PHC is a health-based model. Its services are based on certain defined principles (essential, accessible, equitable, collaborative and using the appropriate technology) and account for the social determinants of health. Offering care from a PHC perspective means providing more episodic care and becoming involved in the social and environmental issues that affect health.

M. Dykeman 2012. N.B. ... [click here](#)

Independent Practice Nurses Delivering Primary Health Care

This month we are honouring Registered Nurses, and National Nursing Week from May 11 to 17. The theme for nursing week this year is "Nurses with You Every Step of the Way."

The next pages focus on independent practice nursing and specialized nursing care. The Ontario Budget of April 23, 2015 announced a general policy of not increasing health care spending by the Province. The current system as funded will not keep up with inflationary cost increases, and this will harm the quality of care, unless the taxpayer money can be used more efficiently, or people can readily access services including the services of Registered Nurses in independent practice. In that sense it is a step in the right direction.

As Ontario has a majority Liberal Government the policy announced will become law. There will be debate by the opposition parties and various organizations will criticize the budget for inadequate funding, but the budget will pass. Specific changes announced in the budget will open more doors for nursing services and increase the authority of nurses. That is a policy that no doubt will be popular. People will be happier to get easier access to government funded health services outside of hospital setting.

We trust our nurses. Nurses work hard at building relationships with people so that communication is enhanced. Support and health education is more readily accepted in a trusting therapeutic relationship. Nurses emphasize health promotion. Now that nurses can refer to specialist doctors, patients will make fewer visits to their family doctors with great savings in tax dollars. This is what the government's mission is! They are

doing all they can to balance the many demands for funding from the multitude of different health sectors while showing restraint and reducing the deficit.

What is not recognized by the budget is the non-funded health care sector where Independent Practice Registered Nurses provide health care services to individuals in the community. Most politicians overlook this non-funded sector. We wish to make you familiar with "Nurses with you every step of the way" and the nursing services available from self-employed Registered Nurses not funded by health care system.

Independent Practice Nurses provide health assessment services, for about one fifth of the cost of doctors. This is particularly true when people are house bound and need someone to come to them for their care. The future of health care is in the community and in people's homes. The key service providers are Registered Nurses. Eventually the Government will recognize Independent Practice Nurses as highly skilled Registered Nurse Specialists, who provide essential health care services and play a big part in making the cost of health care manageable. These nurses need to become an integral part of a modernized wellness health care system based on the primary health care model, delivering patient centered healthcare.

The Ontario Independent Practice Nurses Interest Group members sponsored this special supplement. The Independent Practice Nurses of Ontario and their Canadian colleagues want you to know the diversity of the nursing care they deliver as registered nurses and how to access their health care services.

Their specialized nursing care is overlooked in our present medical "sickness" care system. We bring a good news story of Registered Nurses working independently providing necessary health care services at start of life, where you live work and play and at the end of life.

In National Nursing Week - and all year - we should appreciate the good things nurses do for us. Registered Nurses are a regulated health care profession in Ontario and their specialized nursing skills and education ensure highest quality nursing care helping us stay well. Prevention is now the priority and nurses are the key players in helping prevent the illnesses that cause so much harm to people and add huge costs to the health care system.

In this, our monthly supplement on nursing, we wish to make our readers aware of the value of independent practice nurses and some very specific nursing services that are available in our community and across Ontario. We hope you will enjoy reading about the Independent Practice Nurse Specialists profiled in this issue.

Read the featured articles ... [click here](#)
Here is the online Magazine ... [click here](#)

Submitted by Murray H. Miskin, Editor
Cottage Country Connection Volume 22 - Number 4
Celebrating National Nursing Week May 11 - 12, 2015
This Year's Theme "Nurses With You Every Step of the Way"
www.cottagecountryconnection.com





Patient Care



Education

Independent Practice Nurses Interest Group (IPNIG)

Advocate for Health Care

Navigate the Health Care System

Keeping Clients Healthy!

Independent Practice RN'S Connect!

www.ipnig.ca

Independent Practice Nurses Make a Difference!



Research



Clinicians

Nurse Entrepreneurs Changing the Face of Health & Wellness



It was a stormy April morning as Carol, a nurse consultant in independent practice in Southwest Ontario, parked her car and headed into the building where her clinic, the Institute for Parent and Infant Care (IPIC), was located. Carol had worked for almost three decades with expectant and new parents. As an independent entrepreneur, Carol knew in her heart that something had to be done to bridge the gaps in care for new families – gaps she had frequently witnessed while employed in public health nursing.

As she greeted Marilyn her receptionist, she received the news that a mother with a 9-month-old baby, Allison, would be arriving shortly to consider the purchase of a breast pump as she was returning to work and wished to continue to exclusively breastfeed her infant. A few minutes later, Carol was in conversation with this mother as together they discussed the virtues of various breast pumps and how to manage work and continued breastfeeding. As this mother headed out the door, she commented, "I know I could have purchased this pump at Walmart, but there would have been no one to answer all my questions. You are offering a very valuable service and I am going to tell my friends about this clinic!" Word of mouth is so often the most effective way of creating awareness.

Just before 6pm, as Carol was preparing to leave the clinic at the end of a busy day, the telephone rang. The new mother on the end of the line was in need of immediate help with a lactation challenge she was experiencing with her 4-week-old. It was clear after a few minutes of conversation (with the frantic cries of a baby in the background) that the need was urgent. When the offer was made to either see this family at the clinic or in their home (both services are offered at the Institute), this mother pleaded for an in-home visit.

The assessment of this evening visit revealed that this mother was not only experiencing a lactation challenge but was also in the midst of a significant episode of postpartum

depression. She had gone 6 nights without sleep and was on the verge of a major collapse. A referral for medical evaluation was arranged for the next day and Carol worked with this family to establish a plan of care that would address both the lactation challenges and the postpartum depression. It would be a rough couple of weeks for this family but with the compassionate care, counsel and support of a skilled nurse entrepreneur, this family began to find health and wholeness.

Are nurses in independent practice necessary? Absolutely! Where on a Thursday night at 6pm are parents going to find help for a lactation crisis, or a baby with colic, or someone to reassure them that babies can go several days without bowel movements? The only option most families have is to sit for hours in a hospital emergency department. In many smaller Ontario communities, where many families cannot locate a family physician, the only nursing option available are public health nurses who only answer the phone and address parents needs during business hours. Telehealth Ontario is another option for telephone inquiries but if issues prove to be more serious – other than the emergency department – there is nowhere else for families to turn. Independent practice nursing provides health care options for families

It is time that our society recognized the expert and valuable contributions to health care that nurses in independent practice provide. The hope for the future is that insurance companies will allow for the coverage through insurance plans for the services of these nurses. Our health care system is in desperate need of reform. Nurses in independent practice are leading the way!

*Submitted By Carol Hamilton RN, CPIC, BScN, MDiv
Carol Hamilton, author of Nurse Entrepreneurship: Seizing the Challenge also works as nurse consultant and counsellor through her business, IPIC Education and Counselling Services located in Stratford, Ontario. www.ipiceducation.ca*

Ontario Champion for Independent Practice Nurses



The featured nursing stories in our booklet are sponsored by IPNIG (Independent Practice Nurses Interest Group) and OHNIG (Occupational Health Nurses Interest Group)

There is always a hero in any great movement for change.

Jill King is that hero for these 2 Independent Practice Nursing Groups in Ontario.

Join us in saluting this remarkable woman and commending her for her dedication.

I would like to say "Thank you Jill" for all of the long hours and hard work you have sacrificed to move IPNIG forward. You are truly an inspiration and have been a wonderful mentor to me.

Jana Bartley

Here's to our nurse hero who has been persistent and dedicated and has not given up on her dream to obtain recognition for independent practice nurses. It is very much appreciated, thank you.

Jean Booth

Thank you Jill for your leadership in shepherding us towards our goal of recognition for the role of Independent Practice Nurses in Primary Health Care. Your commitment to our group's vision even when individually our own vision may be blurred is truly appreciated.

Ruth Rattan

Cheers to our Captain Jill King who steers our ship of Registered Nurses over the troubled waters of primary health care. The Independent Practice Nurses have diverse oars in the water but needed our Captain to steer us past the rocky shores and stay on course. Thank you from the bottom of our hearts.

Ruth Volpato

Jill is a person of action and not just words. Your passion and enthusiasm to obtain recognition for Independent Practice Nurses has given us what we need most – and that is leadership. Keep up the good work, we appreciate and support your continued endeavours.

Gail Courneyea

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- Injury Prevention Training
- Required training First Aid CPR
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- Workplace Regulatory Compliance (MOL)
- Manage Personal Insurance & WSIB
- Rehabilitation & Recovery to Health
- Early and Safe Return to Work

Clients in a Community Environment

- Pro-active Health and Safety Education
- Gap Analysis Identifying Problems
- Access Government programs
- Protection from Risks
- Functional Capability Determination
- Referral "on time" Health Care
- Dedicated Health Care Professionals
- Coordination Health Resources
- Home Functionality Assessment
- "Active Aging" Resources
- "Aging in Place" Strategies



The 'Pope' Pyjamas

Recently I completed an assessment for a large family whose mother was at the end of her life. The information I was given led me to believe that this family was in turmoil about the designation of related duties, and were in disagreement with each other.

I was met by one of the seven daughters at the door. Showing obvious signs of exhaustion and worry, she led me into her mother's room. I quickly determined that this woman was actively dying and in pain. After giving a much-needed dose of pain medication, I sat with all the girls and listened.

They explained that the previous night, their mother had thought the 'Pope' was there to see her because one of the girls had come into the room with her nightgown on. This was obviously very distressing to them; their mother was extremely agitated and having hallucinations.

They didn't want to let their mother hear them cry, however, they didn't even want their mother to hear them talk. They were upset when the food set before her was left untouched thinking that if she didn't eat she would not get better, they were worried the pain medication would get her addicted, they didn't want strangers to carry out

their mother's care as she would lose her dignity, they were worried how they were going to get her to her next chemo treatment, they worried she was not going to be alive for her last daughter's wedding and she just had to be there for that...sentiments I hear on a regular basis as a Palliative Care Nurse.

After listening to them, I asked what their 'hopes' were and what they thought their mother's 'hopes' were. Needless to say this question elicited a rather strange look from the sisters followed by a somewhat angry response: "We don't want her to give up".

We talked about their relationships with their mother, which was somewhat strained at times, but mostly they all enjoyed a caring and loving relationship with her. Their father had died several years earlier at a young age, leaving his wife with seven growing children. She had been their strength, support, and their caregiver, as they grew into the independent women they were today and they were terrified of losing her.

This woman had lived with her illness for several years and approached the situation with such determination to get well for her family. The sisters had helped

her through every stage of this journey by finding alternative treatments, driving her to chemo and doctor's appointments, constantly reassuring her, and themselves, that she was going to "beat" this. In their eyes they had failed!

I asked if there was a family photo album; they jumped to retrieve the many albums of their lives growing up. As we looked through these, the sisters laughed and cried remembering all of the events in their lives that made them a 'family'. There was no longer silence in the room, they were interacting the way their mother expected them to.

After starting the medication pain pump and doing the necessary personal care, I felt I had accomplished what I was sent here to do and said my goodbyes.

My parting words to the sisters were to "put on your 'Pope' pyjamas, grab a bottle of wine and the photos, sit in the room with your mom and have a good old fashioned pajama party." I would be back early the following morning.

Arriving at the house the next day, one of the girls proceeded to tell me that her mother had died a few hours prior.

There was a sense of calmness in this house unlike what I had witnessed the day before. All of the girls had done exactly what I had suggested and with an extremely compassionate caregiver on board overnight to do the care, the girls just had to be 'daughters'. They laughed, they cried, they argued just as they would normally do and at some point their mother just quietly slipped away. She finally knew they were going to be OK. That, I believe, was her 'hope'.

Submitted By Val Dawson RN, CHPCN(C)

Val is the owner of Nurse Direct as well as a certified Canadian Hospice Palliative Care Nurse. She provides specialty nursing and navigation in the Mississauga and West Toronto areas. www.nursedirect.ca

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Hospital Acquired Infections Statistics in Canada (HAI's)

According to 3M Canada in a video published on Youtube, the following sobering statistics may shock you:

12,000 people die in Canada each year from HAI's. 40% of these deaths occur in Ontario. One in nine patients get a hospital acquired infection. HAI's are one of the largest killers in Canada behind cancer, heart disease and stroke. 30-50% of these HAI's are preventable. In 1976 hospitals spent an average of 26% of their budget on reducing HAI's. In 2012 this spending reduced to approximately 16%. Canada has the highest rate of HAI's in the developed world. Something must be done.

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Don't let CLUTTER take over your life

If you have a lot of clutter in your home and have ever watched one of those television shows about hoarding, you may have felt some concern. It is important to understand the difference between the accumulation which occurs naturally over the course of our lifetime and what has become a mental health issue and to understand the effects of this on your over-all health and well-being.

Having a healthy relationship with what we own means we are able to manage accumulation over time so that it does not become a problem. If, however, we either suffer from a form of Obsessive Compulsive Disorder (OCD) (a.k.a. hoarding) or we become too emotionally attached to objects, then it may become a problem that doesn't go away and worsens over time. Accumulation (clutter) can become a very real problem if left unchecked.

Five Warning Signs

- Items occupy too much space in the home and storage spills out from designated areas into the living areas of the home. The situation worsens when outside storage is built on the property or rented off the property to hold items
- Accumulation prevents easy mobility within an environment and causes tripping or falling.
- Social interaction begins to diminish or completely ceases to occur. There is either significant embarrassment associated with the living condition that no guests are ever invited over, or there is no physical room to entertain guests.
- A change in mood or mindset and either anger or hatred driven by guilt sets in. Possession is driven by the perceived wants and desires (maybe even those of other people) vs. true needs.
- There is a significant change over time in the financial situation. A lot of money starts to get diverted to contribute to the problem (eg. adding to a "collection") or address the problem (eg. buying storage containers). This is when basic needs start not being met due to the lack of disposable income.

Clutter has a huge effect on both our physical, mental and financial health.

Effects on Physical Health

- Exacerbates allergies (dust mites, dander, mold and other allergens)
- Increases risk of bug infestation and can cause germs to multiply
- Increases the risk of fire (especially if papers are stored near electrical equipment or heaters)
- Increases the risk of injuries from things falling down, bumping into items or tripping on items

Effects on Emotional / Mental Health

- Increases stress and anxiety – loss of items, arguments with loved ones
- Competes for your attention, resulting in decreased performance (eg. home office)
- Depletes your energy (feeling of being overwhelmed)
- Can exacerbate symptoms of other mental issues
- Diseases
- Fosters procrastination
- Prevents living in the moment and blocks out new things/experiences from coming into your life

Effects on Financial Health

Can cause physical damage to the living environment requiring repair. Items hold “wealth” that could be released if sold to pay other expenses like wellness services or gym membership, etc.

Things to keep in mind:

Don't wait too long to deal with the situation, it could get out of control and become a burden on family members.

Remember de-cluttering is done from a position of strength not defeat – although you may feel some loss, remember to focus on keeping things that provide value today, not those that provided value in the past or may provide value in the future.

Don't let guilt about monetary value, or usefulness, or unfinished projects weigh you down.

De-cluttering is also a great way to get some essential physical exercise!

*Submitted by Laurie Usypchuk laurie@lovethishouse.ca
Laurie is a Certified Downsizing Specialist & Senior Move Manager*

New Auto Insurance Regulations

More budget cuts to the auto insurance coverage are proposed by the Ontario Liberal government.

In 2010, the measures to reduce the medical/rehabilitation portion of the benefits were decreased from \$100,000 to \$50,000 plus ability to access attendant care benefits capped at \$36,000 in total.

In the new budget the funding for med-rehab and attendant care combined will be \$65,000. Further shocking cuts are the cuts to those catastrophically injured from \$1 million for med-rehab and \$1 million for attendant care over a life time to \$1,000,000 which will include attendant care.

There are many other changes in this draft to be brought forward in the legislation so please go to <http://www.ontariorehaballiance.com> and read, “Changes to Auto Insurance”.

Submitted By: Ruth Volpato RN Registered Nurse Advisor, ruthvolpato1@gmail.com

Guiding you through your Insurance Claim

You are driving along the highway enjoying a nice clear day one moment, and in the next, your world is turned upside down...literally. Your car has been struck by another vehicle, putting you and your car into a tailspin. The noise is deafening, your vision is clouded, there is an acrid chemical smell in the air and your world moves in slow motion. The car stops moving and you find yourself in a realm of silence as your brain begins to process why your world is now upside down. You are in no way prepared to enter into the chaos that ensues. Fire trucks, first responders, EMS with their ambulances, rescue persons and police arrive to assess, reassure, treat and triage you to meet your urgent care needs. Questions are asked, statements are taken, medical care received, loved ones contacted, your car is removed to the impound lot.

Paperwork, forms, medical data, and questionnaires are now piling up needing to be addressed to allow you access to your medical care. It is a bombardment.

Where do you turn? You reach out to your family physician, your primary care provider for medical care and direction. You reach out to your Insurer for support.

Members of the public often do not become aware of the purpose of auto insurance over the course of a lifetime - except that it is mandatory in order to drive our vehicles - until they are involved in an auto accident. “According to the Canadian Transportation Safety Board, about 160,000 road accidents occur in Canada each year. This translates to approximately 2,800 to 2,900 people killed on the road every year.”

At the point of entry into the health care system due to an accident, the injured party releases control to the medical and insurance professionals. The physician or clinic will assist the injured with completing the necessary insurance forms to provide medical coverage for treatment. The insurance company will provide the extra care that you have paid for.

The Registered Nurse, at the forefront of the entrance to medical care, provides a complex

needs assessment and paves the way for appropriate treatments by referrals to physical therapies (physiotherapy, occupational therapy), speech-language therapy, personal care, and psychological counselling.

The insurance policy allows limited funds to be accessed by the injured person. The Insurer has options to place the injured party in a Minor Injury Guideline (MIG), thus capping the injured claim at \$3,500 unless there is compelling evidence that the patient has previous medical issues. The role of the registered nurse is to educate the client and primary care providers on the auto legislation, assist with compiling the appropriate evidence and directing the client to access appropriate funds.

The medical rehab benefits, outside of the MIG, allows for access of \$50,000 when approved by the Insurer. The Insurer determines if the client merits med/rehab treatment based on the Forms completed by the Regulated Healthcare Practitioner (OCF 3, OCF 18) and their own company policies. An Assessment of Needs for Attendant Care (Form 1) is completed by an occupational therapist and a registered nurse only.

The goal of the registered nurse in completing the complex needs assessment and attendant care needs assessment is to assist the healthcare professionals in allocating these limited funds to best meet the client's needs. Of utmost importance is the education process of our Primary Care Providers in accessing these dollars, dollars that have been paid for in their insurance premium.

Please, drive with full awareness and safety; the world is a better place with you in it.

*Submitted By Ruth Volpato RN
ruthvolpato1@gmail.com
Ruth specializes in complex nursing assessments for motor vehicle accident, LTD claims and a nurse consultant for Veterans Affairs Canada in the Niagara Region.*

The Gift of Pain Relief

Hearing the following sentence from a 52-year-old client - who had been diagnosed with stage 4 colon cancer - really hit home: “I just can’t do this anymore...I never did anything wrong”.



It was at that moment, that I truly understood her level of pain that was both physical and emotional. Why would the medical system let her down in her time of need? Why was there no relief? Why didn’t anybody care? Though we didn’t verbalize it, both of us had the very same questions.

Ann was right. Her suffering was excessive and unreasonable, and as her private health advocate, I really wanted to make her life the best it could be given the circumstances of a horrifying diagnosis, intractable pain, and a complicated health care system. I resolved to make Ann’s goals my goals and communicate on her behalf to fill all the gaps in her care.

Although Ann’s pain management was the responsibility of the palliative care team, I felt it was important to make immediate contact with the oncologist in charge of her care. My hope was to jump through the hoops of administrative people and physician availability on the eve of a long weekend. It was clear to me that the palliative care team was lacking the information they needed to explain the source of Ann’s discomfort.

The oncologist responded to my call and assessed Ann. I was so pleased for Ann that the oncologist acknowledged my concerns and ordered a CT scan. It turned out to be good news and bad news for

Ann. The CT identified the problem - a tumour at T9 compressing the nerve route. That prompted the oncologist to immediately shift course from chemo to radiation, to deal with the source of Ann’s relentless pain. The very same day Ann was “tattooed”, and radiation was given. I could see that finally we’d reached a turning point.

Over the next three days, Ann’s pain gradually reduced and her life became her own again.

Some may call it luck, but as advocates, or clients who have benefited from our services, we know better. A proactive approach and a willingness to ask for what is needed, make the difference. Medical treatment is complicated, and supportive care by an advocate ensures communication with health care providers. On a very personal level, an advocate attends appointments, deals with prescriptions, communicates with community services, and translates all of it.

Ann’s success is my success. She is so happy at home despite her advancing disease, with resources in place and pain management optimized. To her delight, her friends don’t have to be caregivers, and she can access the support services she needs.

Helping Ann through advocacy has changed hopeless and helpless - into hopeful. On her 53rd birthday last week, Ann described such joy and comfort in knowing she has all she needs right now. To feel safe, loved and cared for.

Ann was correct, she didn’t do anything wrong. She simply needed help to get things right, and by hiring a professional health advocate, she still feels her precious life is worth living.

I knew from Ann’s text to me last night that I’d truly made a difference. “Just in case you haven’t been told lately, I think you’re pretty wonderful.”

Submitted By Susan Hagar, RN Susan is a registered nurse with thirty years of experience. She lives in Ottawa, and is the founder of Nurse On Board, specializing in private health care advocacy and navigation services. www.NurseOnBoardOttawa.ca

Independent Practice Nurses Empowering & Balancing Lives

As an RN in Independent practice, Brenda McLaughlin has had many discussions with her clients about purposeful, healthy thinking while they are in attendance at her chronic pain clinic. Using guided imagery, square breathing, and progressive relaxation she teaches calming and centering techniques and enables clients to understand that they can purposefully choose what they think about or meditate upon.

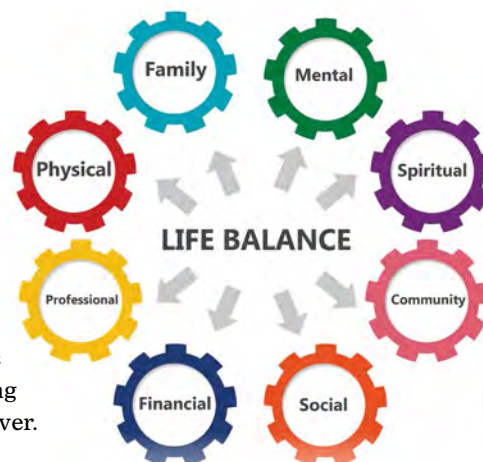
Motor vehicle collisions, work injuries, repetitive injury syndrome - coupled with anxiety, depression, post-traumatic stress and other mental health issues - feed the ever widening whirlwind of destruction in her clients’ lives. Taming that destructive cycle and moving from a pain-focused to a functional life is the solid path they work together to discover.

Brenda utilizes a balanced health approach - addressing psychological, social, biological and spiritual needs. She teaches clients to see themselves as directors of their own care, stressing an internal locus of control. Each session ends with a written prescription which the client writes themselves, with assistance, using achievable, long and short-term goals. Subsequent sessions explore outcomes, and then prescription modifications are made. The scripts, the new knowledge and techniques, and goal setting are anchors for her clients’ improved health.

Brenda partners with a psychologist Libby Skidmore, who can supervise her treatment plans, make benefit requests for treatment, track billing and payments, as well as maintain the confidential records. Also included in this partnership is access to experts in Social Work and Pastoral Care.

In this day of exponentially spiralling mental health problems and health care costs, this nursing speciality strives to empower clients who frequently state that their problems have been ignored, delayed, overlooked, misrepresented or not funded.

Brenda McLaughlin RN BScN BA(Hons Psy) MN, Registered Nurse & Certified University Teacher, Independent practitioner: chronic pain & life balance. Leamington 519-990-1240



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Our vision is to inspire nurses to attain and retain best practice in provision of care to the community at large enabling Canadians to remain active and in optimum comfort.

Our education services have received awards:

- Durham College - “Award of Teaching Excellence”
- In Celebration of Women – “Medical Teaching Award”

At Ruth Ruttan & Assoc. continuing education is critical to best practices. Eighteen years of sell-out conference events provide interactive learning opportunities to support continuing education and professionalism in the foot care community.



Bowen Pain Management Therapy

Bowen therapy is a gentle manual therapy which can improve circulation and reduce pain in many conditions which occur as the result of aging. Nurses in independent practice have an impact on the health of patients on a daily basis by offering support, advice, and treatment to reduce symptoms and improve function in their lives.

This type of therapy is relaxing to receive, and the effects can be immediate or take several days. Following a session the results last for 5-10 days and at that point a follow-up is decided upon based on symptoms. Once the pain has been significantly reduced or eliminated, a follow-up treatment is not required until a symptom starts to return or another issue presents itself. You may find that you have pain relief for weeks or even months before a repeat treatment is needed.

Prior to treatment, a full health history is taken and reviewed including surgeries, previous hospitalizations, medications and results of tests. Bowen therapy can address issues that are common in aging including poor circulation to the legs due to diabetes, digestion issues such as reflux, breathing problems, constipation, poor sleep and numbness and tingling in hands or feet. Many of my senior patients have back or shoulder pain, knee and foot pain, bunions and hammertoes as well as difficulties with digestion, constipation, high blood pressure and prostate issues in men.

Donna Taylor, RN in Nobleton, Ontario says, "After 30 plus years as a family practice nurse I was in despair with how little help there was for patients with chronic pain and how we ended up for the most part making them drug dependent in order for them to carry on with their lives. Then I heard about Bowen Therapy and how after a few sessions of this gentle non-invasive touch we could reboot and refresh the body and interrupt the pattern of pain, thus assisting the body to repair itself. In these busy stress-filled days that most of us experience, the body is often in the "fight or flight" mode and does not get a chance to do the repair and rebuilding that it needs. With Bowen Therapy, the body is gently moved into the parasympathetic mode (rest and repair) where it does the necessary work to get the systems working as intended and to help the body realign itself for more quality functioning."

This week, I helped a 90-year-old man who had suffered a fall (and subsequent head trauma) with headache and sore neck. While sitting in his own lazy boy chair I gently did moves about his head and neck and within ten minutes his headache had diminished significantly and his neck movements were

without pain. He reported over the next few days that he has been well and felt "almost new." I have heard similar, positive comments this week from the mother of a newborn who arrived in a very dramatic, anxious manner and is now calm and nursing her baby well; another senior who is slowly seeing some muscle movement in his right arm after a significant stroke last year. And another client who has seen her back pain disappear after 3 sessions of Bowen. Being a nurse has taught me to understand the physiology of the body and to see how the anatomy alignments affect our general health. I know that the body is capable of repairing itself and yet there are times when it gets stuck! When we are out of alignment we do not function as intended and with the assistance of these gentle, rolling movements over the body while lying or sitting comfortably (fully clothed) peoples' lives can be dramatically improved and their quality of life is often so much better."

Bowen therapy, often referred to as just "Bowen", is a holistic and preventative approach to health care and can address several health concerns at the same time. If you come to the clinic to receive relief from joint pain and headaches then it is quite likely digestion, sleep or mood will also improve.

This therapy should be considered for the following conditions:

- Diabetes
- Headaches
- Respiratory problems
- Acid reflux
- Joint and back pain
- Frozen shoulder
- Poor sleep
- Depression
- Prostate issues
- Numbness and tingling in hands and/or feet
- Pain or diminished function, anywhere in the body

*Submitted by Janet Riley, RN & Donna Taylor, RN
Janet is an Internationally Licensed Bowenwork® Instructor and Therapist. Contact her for a session or training in this innovative therapy for chronic and acute pain management.
Janet@BowenPainClinic.com www.BowenPainClinic.com
www.BowenTrainingAcademy.com*

Donna is a registered nurse and certified Bowen therapist offering Bowen pain relief therapy in the King Township, Vaughan area. D.Taylorbowentherapy@sympatico.ca

Nurses with You Every Step of The Way!

Jean and Jill are "nurses with you every step of the way".

Each operates their own company as an independent practice registered nurse specializing in Occupational Health and Environmental Safety.

Workplaces manage 85% of the safety issues with their Joint Health and Safety committees. Jean and Jill manage the 15 % harder to control workplace health exposures. Their years of progressive health and safety experience in a variety of workplaces provide the critical thinking to resolve and manage worker's disabling health occurrences.

They advocate for worker's health stability, teach prevention measures, analyze risk, attend to illness injury and manage disability recovery for workers.

Their measurable "scorecard" approach shows management their value added services that Occupational Health Nurses achieve for Healthy Workers in Healthy Workplaces.

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Jill King BH Sc. (N), RN, COHN(C),
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Jean Booth RN, DOHN (p) Intl.
Occupational Health Nurse Specialist

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Definition of an Independent Practice Nurse

An independent practice nurse is defined as, "A registered nurse who provides professional nursing services, as a proprietor of a business, through direct patient care, education, research, administration or consultation."

Nurse Entrepreneurship - "Seizing the Challenge" by Carol L. Hamilton

HEALTHCARE: Navigation, Education & Advocacy



George was 83 when he was admitted to hospital on Christmas day with dehydration, weakness and confusion after spending the three previous days experiencing flu-like symptoms. Three days after being admitted to the medical-surgical unit, George was diagnosed with pneumonia, moved to a private room and put under isolation. This limited his social contact and mobility.

A family member remained with him as much as possible, trying to get an understanding of what the next steps would be. With nursing shifts changing and different doctors coming in and out of the room at different times of the day, no one seemed to have an answer for the family.

Four weeks passed and George had improved, the pneumonia cleared and he was moved to a semi-private room in the infectious disease unit. He was unable to go home because a pacemaker was inserted as recommended by the cardiologist, but fear prevented the family from asking for an explanation of its necessity.

By February, George had been in the hospital for 6 weeks. The family were stressed and heard mention of dementia but were not given any explanation. George's kids wanted to be at the hospital to have the opportunity to discuss discharge plans. This proved to be difficult with the family not knowing the doctors' schedules.

George's daughter Nancy and her siblings were getting pressure at work for taking time off to be at the hospital. Nancy talked to a friend and explained the situation, and the

confusion and frustration being experienced by the family. Nancy's friend suggested that she call an RN that she knew in independent practice, specializing in helping families with healthcare navigation, education, and advocacy.

After discussing the families goals and objectives with Jana, the health care consultant, the family wanted George moved back to the retirement facility he had resided in with his wife before he was admitted to the hospital.

Jana met George, and his wife and kids at the hospital he was admitted to. A family meeting took place to discuss how she could expedite the discharge process and what that would entail.

With the consultant's expertise in hospital discharges, she was able to facilitate a seamless transition from hospital to home, with adequate home care services arranged.

Three days after discharge the consultant and Melissa, a certified Geriatric nurse, visited George and his wife at home to make an assessment. George presented in good spirits, however was unsteady and disoriented. A medication review led to the discovery that the combination of two of his medications was the underlying factor in his unsteadiness. Melissa, who specializes in Alzheimer's and dementia, determined that George was suffering from 4th stage dementia and was in need of a Geriatrician. She was able to discuss and educate the family on dementia and answer all of their questions.

George is currently living with his wife in their retirement facility. He is steady on his feet and being monitored for dementia. Home care comes three times a week to help with housework. George's wife and family cannot believe the improvement, considering that at one point they thought George was going to die.

The importance of educating families on what they are faced with cannot be overestimated. Knowing the options for treatment and feeling empowered to make informed choices is paramount to one's health journey.

Submitted by Jana Bartley RN, BScN, MBA, LNC
Jana has built a team of specialized registered nurses who are dedicated to navigating the healthcare system for their clients of all ages. In person services are offered throughout the GTA and virtual support is offered nationally.
www.integrityhealthcare.ca info@integrityhealthcare.ca

Do You Have Diabetes?

Do You Know a Foot Care Nurse?

Losing a leg to diabetes is one of the most feared complications of the disease. Unfortunately diabetes does not only threaten your leg, it also threatens your life! Due to the disease process, many people who have an amputation will lose their life within five years.

A foot care nurse can help you!

Studies have shown that amputation rates can be reduced by 80% by proper foot care and footwear.

Nurses trained in nursing foot care and specializing in Diabetes Foot care can provide services which will reduce the risk of amputation.

A risk assessment is done to identify the client's risk for skin breakdown that could lead to ulceration and ultimate amputation. Care is provided in management of toenails and callouses and corns that could ultimately lead to skin breakdown.

Nurses are strong supporters of health promotion and will teach the client strategies to keep the feet healthy and reduce risks.

Many nurses provide foot care services as independent practitioners and their services are covered by the client.

Submitted By Ruth Ruttan & Assoc.
www.ruthruttan.com



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Patricia Kennedy, RN CTT

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Nurses with you Every Step of the Way Where you Live Work and Play

Occupational health nurses for more than a century, have managed workers health care by playing a proactive role in prevention at the workplace. In the event of illness or injury they are able to navigate the health care system to coordinate care with other health care professionals in the community and play an active role in returning people to work. These skills transfer to where people live, work and play.

Occupational health nurses are pleased to see newly evolving "Nurse Units" with a huge diversity of specialized nurses working to their full range of nursing capabilities, in the maintenance and well-being of their community clients.

The following are some examples of nurses working in communities where you live, where you work and where you play.

Our story hero Mary is an occupational health nurse.

Frank is Mary's hubby. Frank decides to fix the shingles on the roof. To avoid falling off the roof, he ties a rope to the back end of the family car in the driveway. He throws the end of the rope over the roof and climbs up to the roof. He ties the rope to his waist, kneels down out of sight and starts replacing shingles. You got it! Out comes Mary and drives off, pulling poor Frank over the roof and onto the gravel driveway. The car dragged him 20 feet. Hearing his screams - she stops!

Mary's emergency preparedness skills as an occupational health nurse kick into gear! She checks his breathing, controls bleeding, checks consciousness and calls an ambulance! Of course Mary notified the occupational health nurse at Frank's workplace of the injury. This would initiate the company's short term disability insurance claim. After a short hospital stay, he went home. With a broken leg, several upper body wounds, medication, and IV in place, Frank needed home health care followed by months of rehabilitation.

Mary has the expertise to navigate the health care system to obtain a hospital bed and equipment at home. Independent practice nurses are able to provide care at home throughout the rehabilitation process and help get people back to work. As Frank gets better he will gradually progress to a planned home rehabilitation program.

Once he is well enough to do modified duties, Mary and Frank would liaise with the company's occupational health nurse, so he can return to work.

Mary is able to go back to work as the occupational health nurse in a manufacturing environment, knowing that Frank is well looked after at home by trained professionals.

Her work utilizes all her nursing skills as an occupational health and environmental safety specialist. She is constantly alert to potential disabling injuries and illness from exposures to hazards in the workplace.

Her workday starts. She is called to the office copier room to help the gentleman who is barely able to breathe because he caught the end of his tie in the office paper shredder.

She then gets called to the manufacturing plant where a machine operator got his hand caught in a machine and suffered a crushed finger! Workers trained in CPR administer first aid. Mary sees to it that the company has machine guarding put in place along with safety training to avoid further injury to staff. Mary is also involved in the WSIB process to help the worker return to work.

Her next order of business is a 'walkabout'. This consists of stopping to remind conveyor line packers to alternate sides to avoid hand strain injury and to shift position frequently.

Back in her office Mary spends several hours managing the employee's sick benefit insurance claims and routine follow-ups with ill/injured workers off work. She liaises with other health professionals to help employees return to work safely, whether it is work or non-work related illness/ injury. She also attends return to work meetings with management, union and the employee to help ensure a safe and timely return to work process.

Today there is a lunch 'n' learn in the meeting room. This is teaching the workers pro-active self-care tips in order to protect them from illness and injury at the workplace, e.g. wearing personal protective equipment to protect employees from illness and injury.

Protecting employees from hazards on the job leads to a decrease in accidents and costs related to illness and injury from these hazards.

Frank is recovering well with physiotherapy and they are able to travel to their cottage retreat. While out on a motorboat with another family enjoying a fast ride, the boat bounces over a wave and their friends' little girl falls off the back of the boat. The motor propeller hacks into her leg. They were far from medical services.

Mary, being an occupational health nurse, springs into action using her nursing skills to stop the bleeding and immobilize the limb.

After a short hospital stay the little girl is back home with home nursing care services and recovers well. She is now a happy girl, growing up doing normal things.

How many times have cottagers needed the expertise of a nearby nurse for accidents, injuries and many other health related issues? We live in a world where if we are sick or injured, we make the decision to go to our family doctors office or to the local hospital emergency department.

The purpose of this feature is to educate you the reader, to the challenges that face our communities going into the future.

According to Statistics Canada, in the year 2014 50% of the population is over 40 years of age. This fact presents our health care system with the urgent need to adjust to the numerous challenges looking to the future.

There are thousands of independent practice nurses with specialties in numerous fields that can be mobilized into the community where you live.

It begs the question...what would Canada's health care look like with thousands of specialized independent practice care nurses, activated to serve in communities right where you live, where you work and where you play?

Nurses can be in your community "on call" because they care.

Submitted By Jill King and Jean Booth

Jill King BH Sc. (N), RN, COHN(C), COHN-S, Intl. ASA Jill King is a Certified Occupational Health Nurse Specialist in Canada and the USA and an International Loss Control Accredited Safety Auditor. Jill has experience with over 80 companies, "Implementing management for healthy workplaces and healthy workers."

Jean Booth RN, DOHN (p) Jean Booth is an Occupational Health & Environmental Safety Nurse Specialist. She achieved International Occupational Health Certification and is currently completing the Canadian equivalency. Jean provides workplace and community First Aid and CPR courses.



Occupational Health Nurses Interest Group (OHNIG)



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Occupational Health Nurses - They Care • www.ohnig.ca • Healthy Workplaces, Healthy Workers

Breast Cancer IS Preventable!

Many people are uncomfortable when it comes to talking about breast CANCER or any cancer for that matter. Current breast screening for healthy women, is not working as was promised. In the world of “mainstream” medicine, efforts need to focus on breast cancer prevention and if already diagnosed, you must be knowledgeable in preventing it from coming back!

My goal is to educate, empower and support women with this vital learning curve. Many people don't know that they can ask for their right to be informed regarding integrative, complementary or preventative medicine. My vision is for informed consent for everyone including the opportunity to respectfully partner with your physician of choice without judgment or fear!

During my 40 years as an R.N., I was accustomed to treating patients in a mainstream environment. Twenty-five years ago, when I faced my own health crisis, traditional medicine was not enough and my journey into complementary forms of healing began. As a busy mom with four children, I knew I had to find answers and change the way I was living. Now as a grandmother warrior of 4 beautiful grandchildren my vision is to have women understand that they need to be proactive, preventative and that they have a voice regarding their health and their family's health! We must break the cycle of chronic debilitating disease for the next generations.

As an independent practice nurse, I provide Thermography Clinical Services in London, Windsor, Hanover as well as various mobile clinics. My clinical services include pain-free, non- invasive, zero radiation imaging of breasts and total body for men and women. Thermography provides information regarding early cellular physiological changes. This risk assessment tool for early detection of cancer allows for mapping of specific changes in the tissue over time.

Our thermography clinic in London is an ongoing support, educational and networking touchstone for all women. The clinic has evolved into a resource center for breast cancer prevention, offering the community educational workshops, and presentations by the integrative medical experts supporting your journey and getting your questions answered.

You can start by taking charge of your own health destiny, utilizing both natural and mainstream medicine. Learn the foundations of healthy living, and do your due diligence in searching for answers, research and experts to assist you on your journey.

I believe in your **FREEDOM** to **CHOOSE** and **FREEDOM** to **CHANGE** and will assist in triaging you into the powerful world of integrative medicine.

We are committed to supporting your informed decision regarding your health!

Thermography Clinic

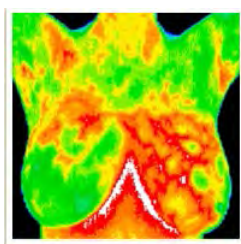
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Patricia Kennedy a Registered Nurse is a member of these Professional organizations:

- Canadian Nursing Association (CNO)
- Complimentary Therapies Nurses Interest Group (CTNIG)
- International Association Clinical Thermography (IACT)
- Registered Nursing Association of Ontario (RNAO)
- Director of PRIM, People's Right to Integrative Medicine in Canada (www.PRIMcanada.org)



Learn the difference between thermography, a camera image of tissue and mammography using radiation ... [more](#)

Excerpts from Leah Gellar article

Looking at the Whole Picture

“Everybody talks about the effects on the system of the greying tsunami and of people with chronic illnesses, but I think that spin diverts our attention from the costly few.”

The problem, says Browne, is that the health system hasn't adapted to the complexity of what people need. Her team's research on measuring integrated care and the relationship to health outcomes was the first to appear in the published literature. “Everyone likes to say they're doing integrated care, but no one had been measuring whether it was actually happening.”

Browne envisions an integrated “ministry of well-being” in Ontario that would bring together all aspects of human wellness. She is clearly frustrated by the lack of political will to implement that change. “We act like health care is illness care, with half of Ontario's \$48-billion health-care budget going to hospitals. We have policies that are antiquated, that serve personal and professional interests. There's definitely collusion between some medical associations, elected governments and CEOs of hospitals to perpetuate the expensive status quo.”

She continues, “I really believe we need to do things differently, especially for those repeat health-care users, ”If interdisciplinary teams, led by nurses, served this clientele more completely, we could really help the one per cent who need more than just acute medical care and be able to release funds for better care in the community.”

Please read entire article Leah Gellar
[learn more](#)

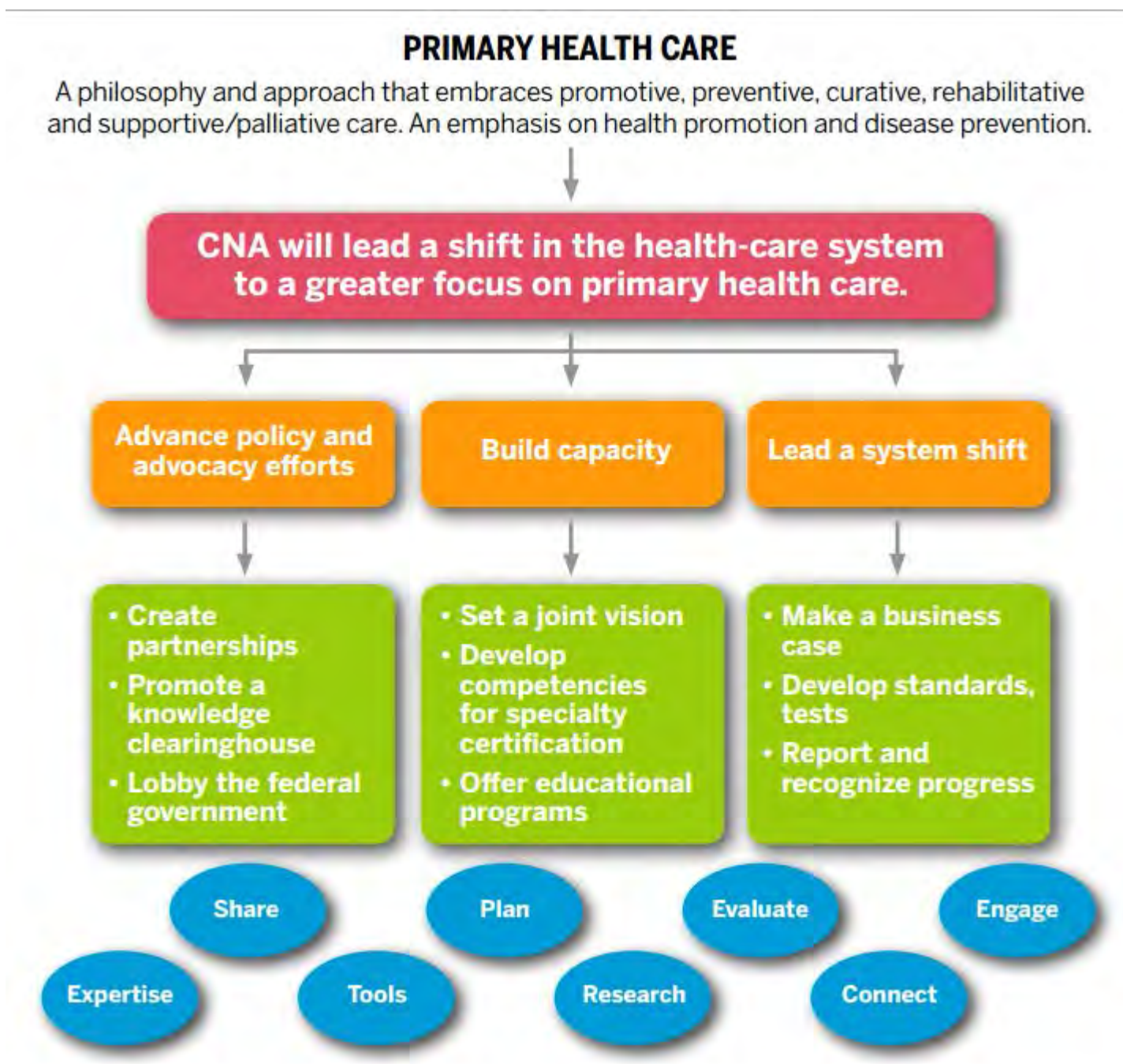
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CNA Strategic Plan 2015-2019

CNA was established in 1908, more than a century ago. Just as the health field has evolved over time, so too has our association. We have kept pace with the changing needs of our profession — which itself is always having to keep pace with emerging technologies, progressive best practices and shifting population trends. To remain relevant to you, our members, and the whole health field, we operate on a five-year strategic planning cycle.

This latest cycle came at an interesting time for CNA. It followed the introduction of a new set of bylaws, which were developed to comply with the federal not-for-profit legislation. That process also brought new member classes and voting rights to CNA members.

After the board named **primary health care** as CNA's focus for the next planning cycle, staff members mapped out a multi-tiered plan that distilled a high-level strategy into specific, measurable and realistic actions that the association could act on immediately. Below is an outline of that plan, with primary health care at the top. We look forward to providing a more in-depth examination of our plan and of primary health care in future issues of Canadian Nurse.



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