

Inside: Safe Medication | Long-term Care | Special Focus: Nursing Heroes

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## 2023 Nursing Hero

Donna Pilon

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## PRIVATIZING HEALTH CARE:

# Doug Ford is destroying public health care.

Doug Ford has made it clear that he's going all-in on health-care privatization. Ontario's nurses and health-care professionals are standing up for public health care, and they're not alone.

Privatization brings huge risks: public money skimmed as profits by big business; the shifting of funding away from public facilities; poaching of experienced nurses and other staff from the public system; inadequate oversight of for-profit providers; more user fees and less transparency.

A government that truly prioritized equal access to care would be funding the public system adequately, not selling it out. It would be investing in nurses and health-care professionals to retain them. But true to form, what we're getting from Doug Ford is false assurances, misrepresentation...and the tearing down of our public institutions.

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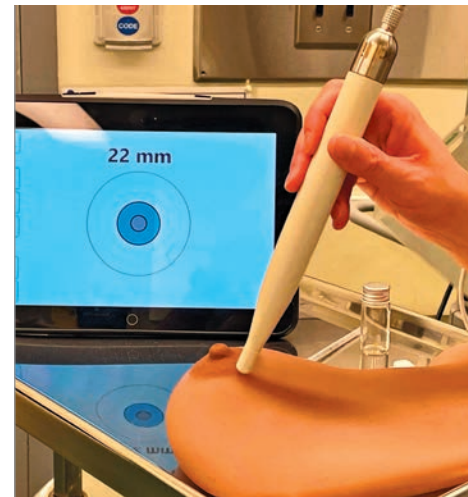
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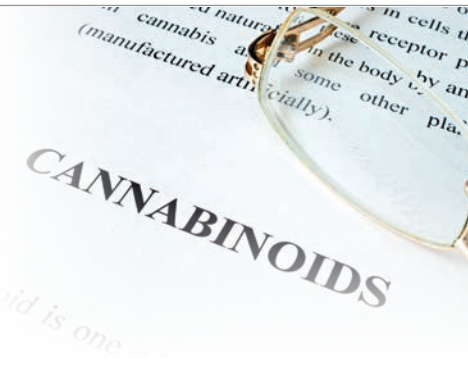
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# Bold choices: Finding the courage to move towards real action

**E**mployment vacancies in Canada's health sector are at an all-time high, leaving many patients across the country unable to get the care they need – and putting untenable pressure on an already exhausted, burned out and demoralized health workforce.

"There's still a lot of passion among folks attracted to health care," said CMA President Alika Lafontaine in his opening remarks for CMA's third Bold Choices event on Feb. 22, "but it's clear that passion can only take us so far."

So how do we recruit, train and retain more physicians, nurses and other health workers to a field in crisis?

To answer that question, Dr. Lafontaine was joined by Indigenous health advocate Dr. Marcia Anderson, registered nurse and podcaster Sara Fung, resident physician Dr. Sarah Hanafi, and Dr. Kevin Smith, who oversees some of the biggest hospitals in the country as President and CEO of the University Health Network.

Here are some key solutions they discussed:

## REDUCE THE ADMINISTRATIVE BURDEN OF CARE

"It's not necessarily about throwing more money at something. It's about using resources wisely. Quality care doesn't necessarily have to equate more costs." – Sara Fung

While increased funding and more seats at medical schools will result in more health professionals for the future, we also need solutions to relieve the pressure on

the health professionals at work right now. One common refrain: cut down on unnecessary administrative tasks. As Dr. Hanafi explains, "For a single in-patient encounter I have to open five or six different clinical applications to complete an appointment."

A better approach, says Dr. Smith, could be exception documentation: "If you know that most of your patients are in a post-acute surgical world requiring one or two home care visits, why would we spend more time than the visit entails in documentation?... If things are going well, you can do some very quick check-offs; if things aren't going well, then we all want more detail."

## STRENGTHEN PRIMARY CARE

"We need to think about how we wrap the services of the entire system around primary care providers as well as the patient." – Dr. Kevin Smith

According to a survey released by Angus Reid in 2022, almost one in five Canadians do not have access to a family doctor. Without reliable access to primary care, there is more pressure on the acute care system – from urgent care clinics to emergency departments – for medical attention.

To change that equation, more family doctors are needed – and more must be done to make primary care practice attractive to medical learners. "We continue to lag on pay equity for family physicians," says Dr. Hanafi, and to reflect both their foundational role and the increase in care complexity that they face.

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## UPCOMING DEADLINES

### JUNE 2023 ISSUE

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# Researchers publish groundbreaking clinical trial in lung transplantation

**S**toring donor lungs for transplant at 10 degrees Celsius markedly increases the length of time the organ can live outside the body, according to research led by a team of scientists at the Toronto Lung Transplant Program in UHN's Ajmera Transplant Centre.

The multicentre, non-randomized clinical trial study of 70 patients demonstrated that donor lungs remained healthy and viable for transplant up to four times longer compared to storage at the current standard of ice cooler preservation of around 4 C.

"The clinical impact of this study is huge," says lead author Dr. Marcelo Cypel, Surgical Director of the Ajmera Transplant Centre and a surgeon within UHN's Sprott Department of Surgery.

"It's a paradigm shift for the practice of lung transplant.

"I have no doubt that this will become the gold standard practice of

lung preservation for the foreseeable future."

Lungs available for transplant are currently limited by the length of time a donor organ can be kept viable. Increasing storage time allows for viable donor lungs to come from greater distances, increasing the potential for greater numbers of lungs becoming available for transplant and overcoming many of the hurdles around transplant logistics.

"In transplant, we still see a critical shortage of organs and people dying on the waitlist because there are not enough lungs to be transplanted," says Dr. Cypel, who is also a professor in the Division of Thoracic Surgery, Department of Surgery at the University of Toronto.

"It's a great accomplishment to see that our research is now having an impact, and that we can actually have more cases done at our centre, with continued outstanding clinical results.

"Better organ preservation also means better outcomes for patients."

## TRANSPLANT SURGERIES COULD BECOME PLANNED PROCEDURES

Results of the trial were published April 19 in the New England Journal of Medicine Evidence.

The trial took place over 18 months at UHN's Toronto General Hospital, the Medical University of Vienna, and Hospital Universitario Puerta de Hierro-Majadahonda in Madrid.

"The ability to extend the lifespan of the donor organ poses several advantages," says study first author Dr. Aadil Ali, adjunct scientist at the Toronto General Hospital Research Institute.

"Ultimately, these advantages will allow for more lungs to be utilized across farther geographies and the ability to improve recipient outcomes

by converting lung transplantation into a planned rather than urgent procedure."

Some advantages of this new 10 C standard for lung storage include the potential to reduce or eliminate the 24/7 schedule and urgency of lung transplant procedures. By increasing the length of time donor lungs are viable, transplant surgeries could become planned procedures, which avoids bumping scheduled surgeries and overnight transplantation.

This advancement on practice comes at a critical time when hospital resources are stretched and there are increased surgical backlogs due to the pandemic.

The study also suggests the new preservation temperature will allow more time to optimize immunologic matching between donor and recipients, and the possibility of performing lung transplantation in a semi-elective rather than urgent fashion. **H**

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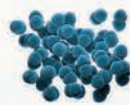
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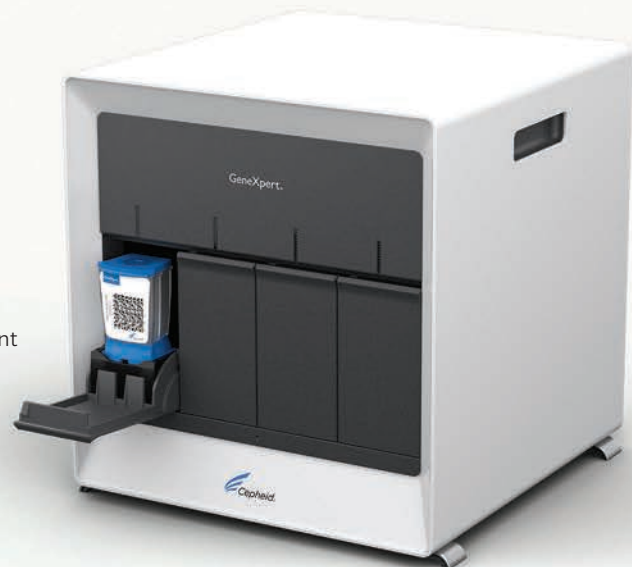
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# Exposure to four or more CT scans before adulthood more than doubles the risk of cancers

**F**or children under age 18 years, a single computed tomography (CT) scan is not associated with an increased risk of brain tumours, leukemia or lymphoma, but exposure to four or more scans before adulthood more than doubles the risk, according to new research in *CMAJ* (*Canadian Medical Association Journal*).

Computed tomography in children has increased worldwide in recent decades, but there is conflicting evidence about the risks of cancer from these scans in this cohort. Computed tomography scans use low-dose radiation that can damage cells.

To understand if there is a link between CT scans and certain types of cancer and tumours, researchers looked at data on 7807 children in Taiwan diagnosed with intracranial

tumours, leukemia or lymphoma between 2000 and 2013 matched with 78 057 controls within the Taiwanese national health system. They compared tumour rates for those who had had CT scans versus those who had not.

They found that for one CT scan, there was no increased risk of any of the cancers compared with no exposure. Children who received two-to-three CT scans had an increased risk of intracranial tumours; those who received four or more CT scans had a more than twofold risk of intracranial tumours, leukemia and non-Hodgkin lymphoma.

“Our work reinforces the importance of radiation protection strategies, addressed by the International Atomic Energy Agency,” writes Dr. Yu-Hsuan Joni Shao, College of

**“PARENTS AND PEDIATRIC PATIENTS SHOULD BE WELL INFORMED ON RISKS AND BENEFITS BEFORE RADIOLOGICAL PROCEDURES AND ENCOURAGED TO PARTICIPATE IN DECISION-MAKING AROUND IMAGING.”**

Medical Science and Technology, Taipei Medical University, Taipei, Taiwan, with coauthors. “Unnecessary CT scans should be avoided, and special attention should be paid to patients who require repeated CT scans.”

Younger children appeared to be more at risk of developing cancer from repeated CT scans.

“Parents and pediatric patients should be well informed on risks and benefits before radiological procedures

and encouraged to participate in decision-making around imaging.”

Even though these tumours and cancers are rare, the authors urge careful use of this technology and suggest that health care providers consider using radiation-reducing techniques.

“Risks of leukemia, intracranial tumours and lymphomas in childhood and early adulthood after pediatric radiation exposure from computed tomography” is published April 24, 2023. **■**

Continued from page 4

## Bold choices

Fung agrees. “We are very hospital-centric when it comes to our health care system,” she says, and hospital-based work typically pays more as a result. If we want health professionals to take on primary care, work to full scope of practice in teams or see patients in different settings, we need to show that we value these roles.

### SUPPORT PROVIDERS’ MENTAL HEALTH

“It’s really important to prioritize mental health supports. There’s still so much stigma in health care, especially amongst health care providers, for having any mental health struggles.” – Sara Fung

The 2021 National Physician Health Survey revealed a profession in distress, with 6 out of 10 respondents reporting deteriorating mental health and 8 out of 10 reporting bullying, harassment, intimidation, and/or microaggressions in the workplace.

Yet as Fung points out, health workers “don’t really have any supports when it comes to dealing with these challenging situations.”

Feeling helpless to change a negative work culture – let alone a broken system – is itself a risk for health professionals. “When we’re exposed to stressful situations, and either we perpetuate them, can’t prevent them, or witness events that really contradict our own values and beliefs – this can cause a lot of distress,” says Dr. Hanafi.

Negative experiences among health workers usually indicate poor patient experiences as well. “If we don’t treat our colleagues with respect and our colleagues are experiencing racial microaggressions from us, then patients are too. That’s how power relationships operate,” says Dr. Anderson.

Data shows that improving health care culture benefits everyone.

### EMPOWER HEALTH WORKERS TO DRIVE CHANGE

“It’s incredibly important that all health care professionals feel safe, and actually are safe, sharing their professional, evidence-based (perspectives) around important policy choices.” – Dr. Marcia Anderson

The people who make up our health system must be empowered to participate in its transformation. “We have a lot of emphasis now on training around advocacy, equity and justice, but unfortunately our institutional cultures do not value that,” says Dr. Hanafi.

As a nurse, says Fung, “I was taught to care for patients, advocate for patients only. I didn’t realize I could advocate for myself or my profession or even the health care system in general.”

Advocacy is as important outside of health care settings as within them, says Dr. Anderson. “There’s a role for all of us to participate in democracy,” she says, “(to) focus on the governments that get elected,

the types of decisions that they make, and the accountability and transparency they have around health care system funding, investments and the outcomes that it creates for the population.”

The challenges of the health system and the health workforce are complex. But panelists emphasized that we’re at a critical turning point. The pandemic made it clear that health care affects all of us. “There’s a sense that we’re all in this together,” says Dr. Anderson, so there’s national attention.”

“We really have to look at the current crisis as equally urgent [as the pandemic] in order to find the courage to move towards real action.” – Dr. Sarah Hanafi

Likewise, says Dr. Smith: “We see the problems more acutely than ever before, but they’re in the light and I see that as entirely positive. I don’t think we have easy solutions. (But) in the past I think we wouldn’t have actually looked for those solutions or have been brave enough to admit that there were problems.” **■**

This article was submitted by The Canadian Medical Association



# Addressing gaps in hepatitis C treatment for First Nations peoples can help eliminate the disease: new study

**A** new study on the patterns of hepatitis C virus (HCV) infection in Status First Nations people found gaps in testing, treatment and follow-up. Understanding these gaps can guide efforts to eliminate the disease. The study was published in *CMAJ (Canadian Medical Association Journal)*.

Hepatitis C virus infection is a major public health issue in Canada, having been described as the most burdensome of infectious diseases in the country. Among Status First Nations peoples in Ontario, both testing and diagnosis have greatly increased between 2006 and 2014. Treatment with direct-acting antiviral (DAA) regimens offers a potential cure before patients develop advanced liver disease or even die from this disease. This progress has given the opportunity to eliminate HCV as a public health problem in Canada. However, planning elimination efforts will require data on how people progress from HCV testing, to diagnosis, to linkage to care and, ultimately, to treatment (the HCV cascade of care) to guide where to prioritize elimination efforts.

Diagnosis of HCV infection, which is often asymptomatic, relies on a 2-step testing approach to identify individuals with active infection. As the first step, detection of HCV antibodies indicates exposure to the virus. If positive, follow-up confirmatory testing for HCV RNA is done to test for active infection. In partnership with First Nations organizations, researchers looked at ICES data on Status First Nations people with a confirmed positive test result for HCV antibodies or RNA between Jan. 1, 1999, and Dec. 31, 2018, to understand HCV care and to identify gaps. The “cascade of care” was characterized as 6 stages, following the patient care journey from positive HCV test to treatment, to cure.

This research is part of an ongoing collaboration between the Ontario First Nations HIV/AIDS Education Circle, ICES and academic researchers.

By the end of the 20-year study period, 4962 First Nations people were alive in the province and had tested positive for the virus. Overall, 17 per

**HEPATITIS C VIRUS INFECTION IS A MAJOR PUBLIC HEALTH ISSUE IN CANADA, HAVING BEEN DESCRIBED AS THE MOST BURDENSOME OF INFECTIOUS DISEASES IN THE COUNTRY.**

cent of people who tested positive for HCV antibodies did not receive follow-up testing for HCV RNA to confirm active infection, and almost 60 per cent of those with a positive HCV RNA test did not start treatment. Among people treated, researchers were unable to confirm cure for 20 per cent.

“Progress has been made with the availability of DAA treatments and testing, but substantial gaps remain in access to treatment, especially among those who reside within First Nations communities,” says first author Dr.

Andrew Mendlowitz, postdoctoral fellow at the Toronto Centre for Liver Disease/Viral Hepatitis Care Network (VIRCAN), University Health Network, Toronto, Ontario, and an ICES postdoctoral trainee.

The authors observed successful engagement in HCV RNA testing and shorter time to treatment for those who reside within First Nations communities versus outside, which they attribute to the resilience of Indigenous Peoples and the role that Indigenous culture and community play in health.

“Successes may speak to demonstrations of how community attachment, cultural continuity and social supports promote resilience and improve quality of life after HCV diagnosis,” say the authors.

These data will serve as a benchmark for Canada’s commitment to the World Health Organization’s goal to eliminate viral hepatitis by 2030 as a major public health threat. Within the Blueprint to Inform Hepatitis C Elimination Efforts in Canada, First Nations peoples have been identified as a priority focus, calling for representation in elimination efforts, tailored programming, and monitoring and surveillance. These data can assist researchers to partner with First Nations decision-makers and health leaders to codesign approaches to prioritize engaging individuals in testing and health care to support the elimination of HCV as a public health threat. **■**

## Lower risk of severe illness and death in newborns of low-income immigrant than Canadian-born females

**N**ewborns of non-refugee immigrant females are at overall lower risk of serious illness and death than those of Canadian-born females in low-income neighbourhoods in Ontario, according to new research published in *CMAJ (Canadian Medical Association Journal)*.

Previous research has looked at the risk of adverse outcomes for newborns in low- v. high-income neighbourhoods, but there is little evidence on the respective risks for immigrant and nonimmigrant mothers living in similar low-income neighbourhoods. Both immigration status and living in a low-income neighbourhood have been associated with poorer neonatal outcomes.

To understand the risk of severe neonatal morbidity and mortality (SNMM) in infants born to immigrants compared with nonimmigrants, researchers looked at data on all live, in-hospital births of single babies (singleton) at 20–42 weeks’ gestation between 2002 and 2019 in Ontario. Ontario, Canada’s largest province, re-

ceives about 53% of female immigrants entering the country.

Indicators of severe neonatal morbidity included breathing support, intravenous fluid use, early birth (before 32 weeks’ gestation), very low birth weight and respiratory distress.

During the study period, there were 414 241 singleton births to 312 124 females aged 15 years and older living in low-income urban neighbourhoods. Of live births, 148 050 were to immigrants and 266 191 to Canadian-born females. The risk of SNMM for newborns of immigrant females was significantly lower than for newborns of Canadian-born females (49.7 per 1000 live births compared with 65.6 per 1000 live births). However, risk varied depending on the country of origin, with a higher risk of SNMM in newborns of immigrants from Jamaica and Ghana and in those with longer residence in Ontario.

The Healthy Immigrant Effect may explain some of these differences.

“Immigrant females who are healthier and more resilient may be most capa-

ble of migration; the immigration policy of a host country may preferentially select healthy immigrants,” writes Dr. Joel Ray, a physician at St. Michael’s Hospital, a site of Unity Health, and scientist at ICES, with coauthors.

“Another explanation may be that some immigrants have greater net income, educational achievement and health literacy than the average for a low-income neighbourhood,” adds Dr. Patricia O’Campo, co-author and epidemiologist, St. Michael’s Hospital and the University of Toronto, Toronto, Ontario.

The research underscores the importance of looking at trends at neighbourhood levels and that there is variability within areas.

“Efforts should be aimed at improving the overall health and well-being of all females residing in low-income areas, and at determining if the risk of adverse birth outcomes can be equitably reduced among immigrant and nonimmigrant groups,” concludes Jennifer Jairam, a PhD candidate from the University of Toronto. **■**

# The Continuous Challenges of Staff Scheduling in Healthcare

Healthcare staffing shortages have long plagued the Canadian healthcare system, but COVID-19 made an undeniable impact that is stretching resources like never before. While challenges such as the aging population can hardly be influenced by tools, it can be interesting to **examine the scheduling challenges** that can worsen – or mitigate – the consequences of staff shortages, depending on how they are addressed.

1

## Complex scheduling with numerous rules and regulations

Healthcare organizations need to schedule staff for a variety of different shifts, including 24/7 coverage and on-call rotations, while complying with a variety of regulations.

2

## Frequent last-minute schedule changes

Managers often need to make last-minute schedule changes due to unforeseen events such as staff illness, patient emergencies, and unexpected changes in demand.

3

## Limited staff visibility

In large healthcare networks or facilities, it can be difficult for managers to keep track of all their staff members and their qualifications and availability.

4

## Few guidelines on ways to improve the scheduling processes

Schedulers have little guidance on best practices for scheduling, in part because each healthcare facility often has its own reality.

5

## Limited time and budget

Healthcare organizations often have limited budgets, and staffing can be a major expense.



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# Mitigate the Impacts of Staff Shortages with Healthcare-specific Scheduling

How well healthcare organizations address each of these six challenges may not increase staff numbers, but it can greatly influence how they perform despite being understaffed. The reason why a growing number of hospitals and long-term care facilities invest time and money into implementing new scheduling tools is because of **how healthcare-specific solutions address each of these challenges** while giving tangible results.

## Schedule automation that complies with healthcare rules and regulations

Schedulers can take advantage of algorithms to match available staff to open shifts, that consider qualifications, but also compliance with collective agreement rules, unit guidelines and more.

## Automated shift callouts with customizable criteria and priorities

Managers can quickly respond to last-minute schedule changes while meeting regulatory requirements by sending automated callouts via SMS or mobile notifications.

## Centralized view of all staff members

While many tools can offer a centralized view of all staff members, healthcare-specific scheduling solutions are designed to easily access and update their qualifications and shift preferences.

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# Better data will drive improvements in equitable access to palliative care

By Stephanie Bright

**E**quitable access to palliative care is an integral part of providing patient centric health services.

Palliative care is a holistic approach that treats a person with a life limiting illness of any age, and in any setting. It involves a range of care providers and includes unpaid caregivers. Palliative care can include a variety of services focused on managing symptoms, reducing pain, and providing psychological, social, emotional, spiritual, and practical support.

Any person with a life-limiting illness – regardless of age, setting, or prognosis – should be eligible for palliative care; however, in practice this is not necessarily always the case.

In 2018, the Government of Canada released its Framework on Palliative Care In Canada, establishing goals and priorities for palliative care services. That same year, the Canadian Institute for Health Information (CIHI) published an inaugural report measuring the progress across Canada towards achieving the government's goal of increasing Canadians' access to palliative care services. CIHI released Access to Palliative Care in Canada, 2023 last month with updated information.\*

Findings include:

- More people are receiving some form of palliative care compared with five years ago, with 58 per cent of Canadians who died receiving some form of palliative care in 2021-2022, an increase from 52 per cent in 2016-2017.
- More people are dying at home with palliative support than they were five years ago – 13 per cent of Canadians who died at home supported by home care received palliative care in 2021-2022, an increase from seven per cent in 2016-2017. Among those who received some form of palliative care, 61 per cent were identified in hospital only,



**IN ORDER TO DRIVE IMPROVEMENTS IN EQUITABLE ACCESS TO PALLIATIVE CARE, BETTER DATA – INCLUDING QUALITATIVE DATA – IS NEEDED THAT CAPTURES THE PATIENT AND CAREGIVER EXPERIENCE AS WELL AS ONGOING BARRIERS TO ACCESSING PALLIATIVE CARE.**

while 36 per cent received palliative home care.

- Younger seniors – aged 65-84 at time of death – were the group most likely to receive palliative care, followed by those aged 19-64. Canadians 85 and older who died were less likely to receive palliative care than younger people.
- Cancer patients were the most likely to be identified as palliative in the last year of life (77%), while those with dementia were the least likely (39%).

Current data gives a snapshot of the number of people that have received palliative care and it shows a modest improvement from five years ago; however, it's important to remember that there are people behind these numbers with experiences that quanti-

tative data alone simply can't capture. Current data is limited in what it can tell us about the timeliness of care, quality of care, and equitable access to care that is currently available to Canadians.

Unfortunately, too often, palliative care is provided too late and what we see reflects end-of-life care rather than true palliative care. This not only has the potential to affect a patient's quality of life, but it also adds a layer of complexity to effectively measuring equitable access to palliative care because it means that most of what is reported as palliative care using CIHI data is actually end-of-life care.

"When people can receive palliative care, it drastically improves their quality of life. However, not

everyone can access this care, especially if they have a non-cancerous illness, live in a rural area with few services, or there are no beds available," said Laurel Gillespie, CEO, Canadian Hospice Palliative Care Association. "A one month wait for specialised care or a hospice bed may seem short, but for someone with weeks to live and their family, it's an agonizing wait hoping that it won't come too late."

## THE FUTURE OF MEASURING PALLIATIVE CARE

In order to drive improvements in equitable access to palliative care, better data – including qualitative data – is needed that captures the patient and caregiver experience as well as ongoing barriers to accessing palliative care.

"To better understand whether Canadians are receiving equitable access to palliative care, we need to identify which specific palliative services patients should receive and look at whether patients of different ages and with various types of illness are receiving those services across the country," Tracy Johnson, Director, Health System Analytics, CIHI.

Since its first report on palliative care in Canada five years ago, CIHI has modernized and expanded its data collection, with a focus on expanding home care data and improving data standards. Efforts to continue to enhance the types of data collected are ongoing.

Better information will help identify the challenges patients and providers experience, and perhaps most importantly will help target areas where barriers to access – in particular early access – still exist.

\*Data in the 2023 report is from Ontario, Alberta, BC, and Yukon; data in the 2018 report is from Ontario and Alberta. These provinces and territory are used as a proxy for all of Canada. ■

Stephanie Bright is a Communications Specialist, Canadian Institute for Health Information.



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Antimicrobial Barrier Dressing

Achieve rapid bactericidal intervention for localized infections to reduce incidence SSCs <sup>5</sup>



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Dr. Sebastian Rodriguez-Elizalde performing surgery with ROSA.



Dr. Sebastian Rodríguez-Elizalde, Claude Vezina and James Chen.

## Hospital performs 1000th knee replacement using ROSA robotic technology

**I**n April 2023, Humber River Hospital (Humber) completed their 1000th knee replacement case using ROSA® – a robotic surgical assistant developed by Zimmer Biomet that enables surgeons to carry out knee replacement procedures with greater precision. The number of knee and hip replacements completed in Canada has increased every year for the last decade. This trend shifted with the emergence of the COVID-19 pandemic, where many joint surgeries were cancelled, creating surgical backlogs. With many patients waiting for surgical care, increased efficiency and shorter hospital stays became a priority. Through donor support, Humber was the first Canadian hospital to acquire ROSA for surgical knee replacements, as Dr. Sebastian Rodriguez-Elizalde performed the first surgery in October 2020.

ROSA's advanced imaging and planning software allows surgeons to create a personalized and precise surgical plan based on the patient's unique anatomy. ROSA does this by providing real-time feedback to surgeons during the procedure, allowing them to make adjustments as needed. There are subtle variations in the knees of each patient, and rather than treating all cases the same as is done

### ROSA'S ADVANCED IMAGING AND PLANNING SOFTWARE ALLOWS SURGEONS TO CREATE A PERSONALIZED AND PRECISE SURGICAL PLAN BASED ON THE PATIENT'S UNIQUE ANATOMY.

in traditional knee replacements, ROSA can customize measurements made to a specific knee. This robotic technique results in decreased post-operative pain, shorter hospital stays, and quicker recovery times for patients.

"Traditionally, we used to do knee replacements very much formulaically, where everyone got a cut at a certain degree and received a standardized approach" says Dr. Sebastian Rodriguez-Elizalde. "ROSA has allowed us to personalize knee replacements, and now we can plan each patient's surgery ahead of time. It makes a lot of us re-think what we know from over 50 years of knee replacement philosophy."

Dr. Martin Heller, an orthopaedic surgeon at Humber, was one of the first surgeons to use ROSA in the Department of Surgery. "Like most innovative technology, it encourages the surgeon to re-think their approach to patient care and build on previous experience" says Dr. Heller. "Person-

ally, I found that after a brief adaptation period, ROSA allowed me to significantly improve the way I did knee replacements, and that is after doing them in standard fashion for more than 30 years."

Claude Vezina, Humber's 1000th patient to undergo a ROSA procedure, required knee replacement surgery due to limited ambulation. As a retiree, he enjoys hunting, fishing, and working on his property. However, his mobility was diminished as a result of chronic pain. Performed by Dr. Rodriguez-Elizalde and a team of Humber's outstanding surgical staff, Claude's procedure was a success. "I am already ambulating and feel no pain at this time" explained Claude, less than four hours after his surgery. "I am feeling encouraged to go out and continue my healing."

Claude expressed not only his satisfaction with the procedure, but his hope for the future of robotic technologies like ROSA. "Our society is getting older, our joints are getting

weaker as we age, and we are living longer" says Claude. "Hips and knees are extremely important for mobility, without them, you're extremely limited. I am very happy to have made this decision and hope others will do the same."

Since the implementation of ROSA at Humber, the same robotic technology has been acquired among other hospitals. As a teaching centre, Humber has taught many institutions and surgeons ROSA robotic techniques. Overall, there are less than one dozen surgical robots across the country, two of which are found at Humber.

By implementing innovation during COVID-19, ROSA assisted Humber in challenging the status quo to support new ways of addressing surgical backlogs and improve patient outcomes. Since then, Humber has acquired a second ROSA and has six trained surgeons using this technology, which is immensely beneficial to the entire patient population that they serve. In the skilled hands of physicians at Humber, ROSA is revolutionizing orthopaedics in Canada. The hope is to share this knowledge to hospitals across the country, as Humber remains at the surgical forefront and eager to push boundaries, enabling a better quality of surgical care. **■**



# Streamlining perioperative supply management

## can increase patient care through time and cost efficiencies

By Roger Bourbonnais, Vice President of Acute Care at Medline Canada, Corporation

**P**erioperative leaders are challenged daily to keep OR procedures flowing smoothly, consistently and within budget to deliver the best care. It can be overwhelming trying to juggle all the details – complex case types, supplies, vendors, throughput, information systems, etc. Hospitals may not recognize that supply partners can offer expertise in recommending and implementing customized processes and strategies that can lead to many OR efficiencies.

In a fast-paced OR environment, time and staff are priceless commodities. Streamlining processes that minimize unnecessary tasks while optimizing throughput can positively affect the OR. Time and cost savings can be spent on patient care while helping to

alleviate the pressure of the post-pandemic surgical backlog. Medline is equipped to support hospitals with evaluations of existing OR throughput and can recommend and provide expertise in implementing efficient practices.

### STREAMLINING THE MANAGEMENT OF SURGICAL RESOURCES

Medline understands what it takes to deliver a high performing OR. We have the experience and expertise to uncover the gaps, build a plan and see it through, making our customers' jobs easier. Data from a Canadian customer utilizing our Complete Delivery System found a 96% reduction in touch-points, which gave time back to staff and more time for patient care.

### CUSTOMIZED SOLUTIONS FOR TOP OR CHALLENGES

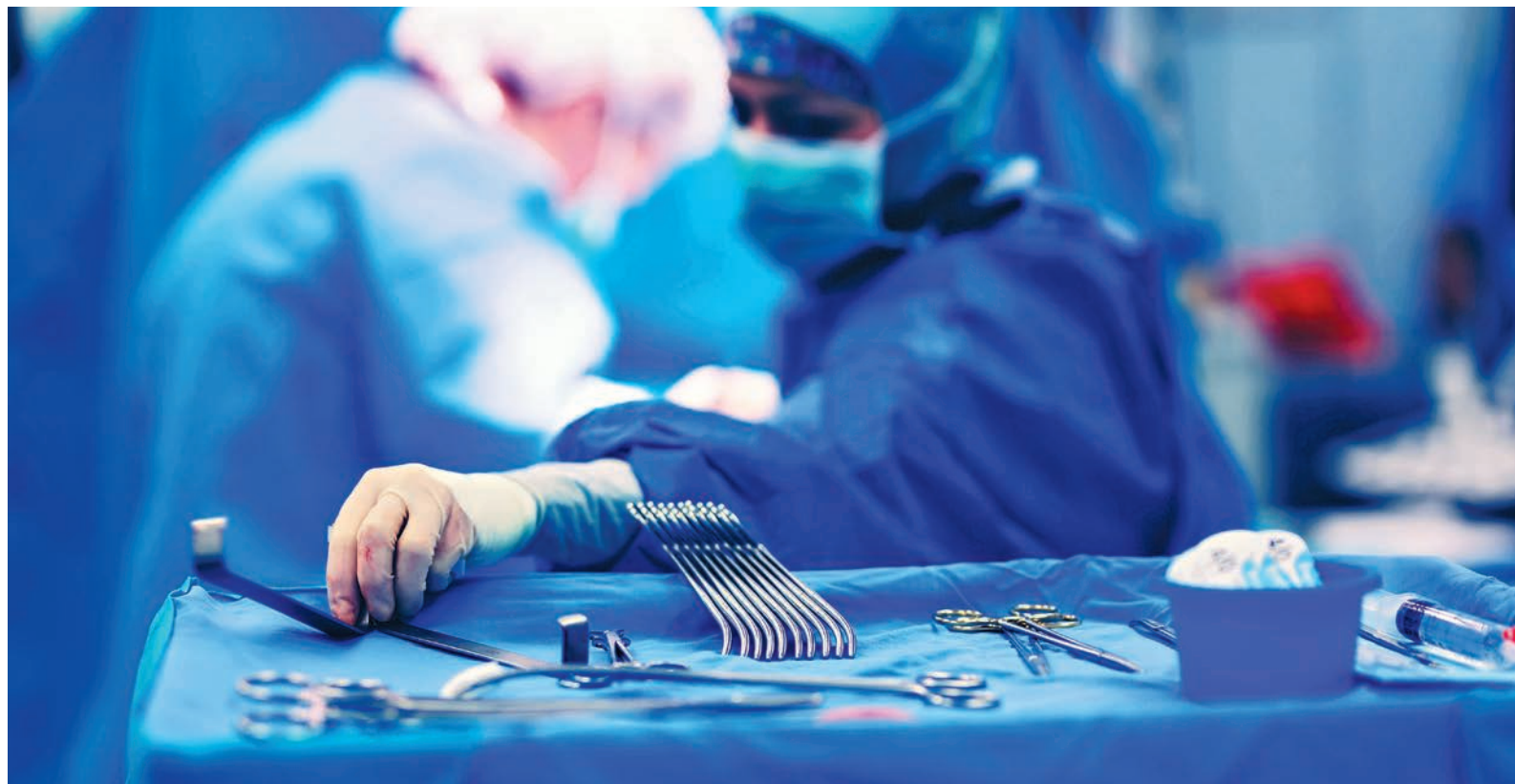
The OR is a complex environment with multiple challenges and competing priorities. Medline's approach is to understand an OR's goals and initiatives, build a plan and track progress.

Each solution is as unique as the site, staff, and patient needs. To start, we look at the following:

- Spend reduction: to identify all opportunities for quick and measurable savings through clinically equivalent product alternatives, labour efficiencies and maximized throughput.
- Clinical practice: to concentrate on solutions that can add efficiencies while also helping improve patient outcomes through reducing care variation.

- Workflow and logistics: to gain control and cost-savings by streamlining inventory and optimizing space and processes by assessing inventory levels to reduce product obsolescence or additional supply management solutions.

There are only so many hours in a day and many essential tasks in the OR demand time and attention. When they stack up, staff may spend less time with their patients. Collaborating with experts in OR efficiencies is the first step to freeing up time and alleviating the pressures ORs face daily. It's about thinking beyond product supply and partnering with experts who can bear some of the pressure. Ultimately, process improvements in perioperative supply management may unlock more time for patient care. **■**





# Safe Medication Use of Cannabis: Recognizing Cannabinoid Hyperemesis Syndrome

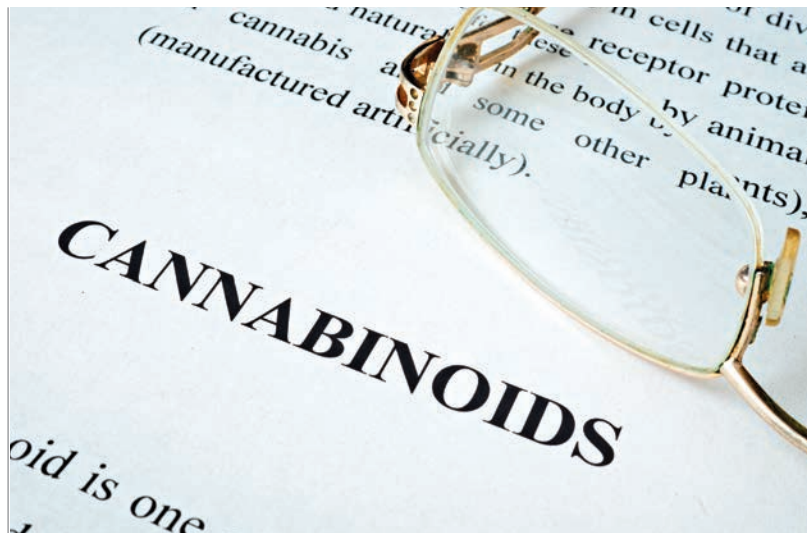
By Danya Nguyen, Ananya Garg, and Certina Ho

**O**n October 2018, the Cannabis Act came into effect in Canada, providing legal access to cannabis, in addition to regulation of cannabis production, distribution, and sale. Prior to this, cannabis use for medical purposes included symptomatic relief of certain medical conditions, such as, chemotherapy-induced nausea and vomiting, and chronic non-cancer pain, etc. After its legalization in 2018, there has been an increased uptake of cannabis use for non-medical purposes (also known as recreational use of cannabis) as shown by the Canadian Cannabis Survey 2022 Summary. It is important to note that 27 per cent of Canadians aged 16 years or older reported the use of cannabis products in the past 12 months, an increasing trend over the last several years. Furthermore, cannabis is the second most socially acceptable recreational substance to use in Canada after alcohol, making it very important for healthcare providers to understand the benefit-risk profile of cannabis (both for medical and non-medical use) to minimize the side effects and harm to patients and consumers.

## MEET S.D.

S.D. is a 21-year-old female who presented to the emergency department with severe nausea, vomiting, and abdominal pain. She had been throwing up more than five times per day and was unable to have any oral intake since yesterday. She was barely able to drink and felt very weak.

Cyclic vomiting syndrome (CVS) and cannabinoid hyperemesis syndrome (CHS) share common symptoms of severe cyclic nature of nausea



and vomiting, and abdominal pain. There are no specific laboratory or imaging diagnostic tests for CVS or CHS. What makes CHS different from CVS is the associated chronic cannabis use and the presence of compulsive hot water showering/bathing. CVS is sometimes associated with migraine headaches due to increased sensitivity to light and sound, whereas this is not seen in patients with CHS.

## S.D.'S MEDICAL AND MEDICATION HISTORY

When reviewing S.D.'s medical and medication history, it was found that she was previously admitted to the hospital with a similar presentation approximately three months ago. On the previous admission note, it was recorded that she was regularly taking cannabis gummies.

CHS manifests in three phases: prodromal, hyperemetic, and recovery. In the prodromal phase, patients present with nausea, abdominal pain, and fear of vomiting, which can last for

months or years. Patients often take hot showers/baths for symptom relief and may inadvertently increase cannabis intake to self-treat nausea and abdominal pain, which may exacerbate the condition. In the hyperemetic phase, patients present with heavy nausea, vomiting, and abdominal pain which can last from one to ten days. Patients also experience weight loss and dehydration and may take hot showers/baths for hours for symptom relief. The recovery phase begins once vomiting has resolved, and patients resume usual eating habits with normal showering/bathing patterns. This phase can last for months, but resuming cannabis use may lead to symptom relapse. As such, eliminating cannabis consumption is the only way of avoiding CHS.

## S.D.'S MEDICAL PROGRESS NOTE

After admission, a nursing note was charted describing S.D.'s requests for hot showers/baths with reported decrease in abdominal pain and tem-

porary symptom relief following hot showers/baths.

Symptomatic relief from hot showers/baths along with medical and medication history helps confirm the diagnosis of CHS for S.D. Management of CHS typically includes cessation of cannabis use, supportive therapy with hydration, and symptom management. Antipsychotics, such as, haloperidol, have been shown to be more effective than traditional antiemetic medications, for example, ondansetron, for acute treatment of CHS, with improvement in nausea, vomiting, and decreased length of stay in the emergency department. Alternatively, topical capsaicin cream is an effective option, which can be applied to the abdomen to help relieve symptoms. Opioids should be avoided, as there is an associated gastrointestinal side effects and thus may worsen symptoms. CHS typically resolves within 24-48 hours. Patients should be provided with education on cannabis cessation, as abstinence is the only known cure. Even a small amount of cannabis may cause symptoms to return.

Healthcare providers (HCPs), especially pharmacists, can play a vital role in increasing awareness of CHS by educating and informing patients about this critical side effect of cannabis. During medication reviews, it is important to ask about the use of various cannabis formulations (e.g., edibles and suppositories) to ensure cannabis (for medical or non-medical use) is not missed. HCPs can also reduce stigma about cannabis use by creating a safe environment and asking open-ended questions, so patients can share and discuss substance use without judgement, allowing for early detection and management of CHS. **■**

Danya Nguyen is a PharmD Student at the Leslie Dan Faculty of Pharmacy, University of Toronto; Ananya Garg is a 2022 PharmD graduate at the Leslie Dan Faculty of Pharmacy, University of Toronto; and Certina Ho is an Assistant Professor at the Department of Psychiatry and Leslie Dan Faculty of Pharmacy, University of Toronto



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# Now launched: A creative solution to reduce waits for hip & knee patients

**O**rthopaedic surgical leads Dr. Paul Wong (Michael Garron Hospital) and Dr. Markku Nousiainen (Sunnybrook) gather outside the Holland Centre. The site is the centre of their collaboration to tackle orthopaedic surgical backlogs.

The first of many hip & knee surgeries to flow through the Holland Centre on weekends, through new partnership

As of April 1, 2023, Sunnybrook's Holland Centre and Michael Garron Hospital have come together to launch the Toronto Regional Arthroplasty Collaborative (TRAC) to help reduce wait times for hip and knee joint replacement surgery (or arthroplasty) in Ontario.

By opening its operating room (OR) on weekends, the Holland Centre is providing pre-scheduled access to orthopaedic surgeons from other TRAC

partnering hospitals – which will increase the number of patients who can receive arthroplasty surgery and shorten everyone's wait.

“This collaboration is expected to create an additional 1,335 surgical cases a year to reduce the current hip and knee backlog by 25 per cent in the Toronto Region by March 31, 2024,” says Ru Taggar, co-Chair of the TRAC Executive Committee and Executive Vice President and Chief, Nursing and Health Professions Executive at Sunnybrook. “Together, we plan to demonstrate how a creative solution to surgical backlogs can be implemented, and based on solid evidence-based results.”

This collaborative solution centres around an existing high-performing orthopaedic hospital surgical centre – the Holland Centre – and leveraging and expanding its central intake

model to help improve access to care and hasten access to orthopaedic surgery.

TRAC will receive patient referrals from across the GTA, and procedures will be performed at the Holland Centre – a stand-alone hospital surgical site that has been dedicated to orthopaedic surgery and care for almost six decades at its current location. As an established Centre of Excellence for hip and knee arthroplasty surgery, the Holland Centre is a North American leader in bone and joint care, education and research.

“In addition to increasing the numbers of hip and knee arthroplasties performed, this model will also free up OR resources at MGH for other important surgeries,” says Dr. Carmine Simone, executive member of TRAC and Vice President of Medical Affairs at Michael Garron Hospital.

Patients will still have the option to go the traditional route and choose a specific hospital or a specific surgeon for their care, or they can request the first available surgeon through TRAC.

“Our patients who choose to go through TRAC's partnership will also receive the full spectrum of orthopaedic care – from assessment to surgery, through to recovery,” adds Dr. Simone. “Either way, our patients will receive the high-quality care they expect and we will work together to make the experience as seamless as possible.”

Visit [ReduceMyHipandKneeWait.ca](https://www.reducemyhipandkneewait.ca) for more information about how it works, how to be referred, and expected benefits for patients, primary care practitioners, surgeons and the healthcare system. The Toronto Regional Arthroplasty Collaborative (TRAC) launched on April 1, 2023 and is open to welcoming other hospital partners. **H**

## Gain Insights Into Canadians' Attitudes About Digital Health

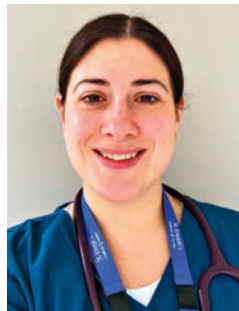
View the results from our 2022 Canadian Digital Health Survey to see the latest data.



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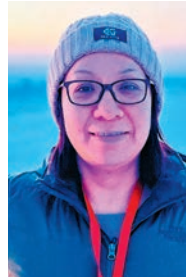






# A Salute to Nursing Heroes

## CELEBRATING CANADA'S NURSES



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# List of Nominees

## 2023 Nursing Hero Awards

**Lisa Allard**

The Ottawa Hospital

**Suganthini Ananthan**

Mackenzie Health

**Pamela Anderson**

Oak Valley Health

**Kathy Ariss**

Trillium Health Partners

**Elaine Balog**St. Elizabeth  
Health Care**Evangeline****Barros-Isalo**Sunnybrook Health  
Sciences Centre**Victorine Bate**

Trillium Health Partners

**Shannon Belanger**St. Thomas Elgin  
Hospital**Simcha Ben-  
Abraham**

Spectrum Health Care

**Anne Bialachowski**St. Joseph's  
Healthcare Hamilton**Dianne Bricknell**

Oak Valley Health

**Grace Cabanlit**Trillium Health  
Partners**Hans Chin**Sunnybrook Health  
Sciences Centre**Hermes Clippa**Trillium Health  
Partners**Shannon Colosimo**

Niagara Health System

**Caroline Congdon**St. Thomas Elgin  
Hospital**Miriam Cook**St. Elizabeth  
Health Care**Sarah Cook**St. Elizabeth  
Health Care**Jacqueline Cooper**University Health  
Network**Paige Corpuz**St. Elizabeth  
Health Care**Joji Cyriac**

Alberta Health Services

**McKayla Dafeo**St. Elizabeth  
Health Care**Femi Dairo**St. Elizabeth  
Health Care**Thalia Dotto**Trillium Health  
Partners**Angela De Agazio**St. Thomas  
Elgin Hospital**Mark Dinga**

Niagara Health

**Maureen Disciglio**Alberta Health  
Services**Cathy Dostaler**

Montfort Hospital

**Anitha D'Souza**Trillium Health  
Partners**Linda Dunn**

Alberta Health Services

**Lindsay Dupont**St. Elizabeth  
Health Care**Halimo Elmi**St John's Rehab  
Sunnybrook**Emily Evans**

The Ottawa Hospital

**Caterina Falasca**University Health  
Network**Meghan Farnand**

The Ottawa Hospital

**Kevin Finnegan**Sunnybrook  
St. Johns Rehab**Jean Fisico**St. Elizabeth  
Health Care**Alex Fong**

Alberta Health Services

**Steph Hall**

Alberta Health Services

**Yeji Han**Sunnybrook Health  
Sciences Centre**Dorian Heatlie**Sunnybrook Health  
Sciences Centre**Sharon Hoosein**

Trillium Health Partners

**Anne Jackson**St. Thomas  
Elgin Hospital**Fiby Jacob**

Trillium Health Partners

**Jasmine Jodhan**St. Elizabeth  
Health Care**Jennifer Jones**Sunnybrook Health  
Sciences Centre**Jinu Jose**

Mackenzie Health

**Gyver Julio**

Waypoint Centre

**Alaa Hamzeh**

Oak Valley Health

**Rada Kanova**

Humber River Hospital

**Kim Karnas**St. Thomas Elgin  
General Hospital**Caitlin Keeble**

Oak Valley Health

**Heather Kennedy**

Trillium Health Par

**Cathy Kersten**St. Thomas  
Elgin Hospital**Krista Khan**Sunnybrook Health  
Sciences Centre**Angela King**

Oak Valley Health

**Ashleigh Koop**Niagara Health  
System**Kay Kovachik**Royal Victoria  
Health Centre**Pearl Lall**St. Joseph's  
Healthcare Hamilton**Rodolfo D.****Lastimosa Jr**  
Humber River Hospital**Sonya Lauzon**St. Thomas Elgin  
Hospital**Anita Lee**

Mackenzie Health

**Laber Lee**

Mackenzie Health

**Janice Marques**

Interior Health

**Pamela Marucot**Trillium Health  
Partners**Michelle Matipo**Sunnybrook Health  
Sciences Centre**Greg Melnik**St. Joseph's  
Healthcare Hamilton**Erin Mitchell**

Trillium Health Partners

**Susie Monginot**University Health  
Network**Sasha Moody**Sunnybrook Health  
Sciences Centre**Jennifer Mostowski**

Trillium Health Partners

**Edsel Mutia**North York General  
Hospital**Ethel Ng**Sunnybrook Health  
Sciences Centre**Joyce Palma**Sunnybrook Health  
Sciences Centre**Farahnaz Parishan**

Mackenzie Health

**Allison Parkinson**

Oak Valley Health

**Kinjal Patel**Alberta Health  
Services**Darcia Paul**University Health  
Network**Karen Paulhus**Alberta Health  
Services**Donna Pilon**Toronto General  
Hospital UHN**Susan Poon**Alberta Health  
Services**Valeria Potapov**Sunnybrook Health  
Sciences Centre**Catherine Purcell**University Health  
Network**Joanne Rhéaume**

Montfort Hospital

**Cheryl Riley**St. Elizabeth  
Health Care**Eva Patricia  
Rodriguez (Patty)**University Health  
Network**Holly Rupert**

Oak Valley Health

**Egzona Sadiki**

Mackenzie Health

**Jenessa Sanchez**Sunnybrook Health  
Sciences Centre**Véronique Sauvé**

Monfort Hospital

**Kiran Sharma**

Oak Valley Health

**Jackline Shitera**

Oak Valley Health

**Gurleen Singh**

Oak Valley Health

**Shana Smith**Trillium Health  
Partners**Teresa Sobhy**University Health  
Network**Shirley****Strachan-Jackman**University Health  
Network**Jennifer Taniguchi**

Oak Valley Health

**Lori Taylor**University Health  
Network**Michelle Taylor**Royal Victoria  
Health Centre**Simran Thethi**Sunnybrook Health  
Sciences Centre**Maureen Thomas**Sunnybrook Health  
Sciences Centre**Pamela Tyner**

Trillium Health Partners

**Kathy Verbrugge**St. Thomas  
Elgin Hospital**Thatparan (Para)****Vinayagamoorthy**St. Elizabeth  
Health Care**Sonya Wajdie**St. Elizabeth Health  
Care**Aliza Walzak**St. Joseph's  
Healthcare Hamilton**Jane Warner**

Oak Valley Health

**Judy Wilson**London Health Sciences  
Centre**Chantal Witiuk**

Trillium Health Partners

**Barbara Wohlert**Sunnybrook Health  
Sciences Centre**Carey Wright**St. Thomas Elgin  
General Hospital**Heather Wyers**University Health  
Network**Leila Yaskiw**

Alberta Health Services

**Olivia Zompanti**

Mackenzie Health



CONGRATULATIONS TO THE WINNERS OF OUR

# 2023 NURSING HERO AWARDS



**Donna Pilon**  
University Health Network

**\$2000**  
Cash Prize



**Anne Bialachowski**  
St. Joseph's Healthcare  
Hamilton

**\$500**  
Cash Prize



**Catherine Purcell**  
University Health Network

**\$500**  
Cash Prize



**Ethel Ng**  
Sunnybrook Health  
Sciences Centre

**\$1000**  
Cash Prize

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# Donna Pilon

## University Health Network

**I**t is with immense honor, pride and enthusiasm that I write this letter to recommend Donna Pilon for The Hospital News 2023 Nursing Hero Award.

Donna is an outstanding and highly creative leader with a rich background in patient care. She started working at the University Health Network as a Registered Nurse in 1985 and has gone above and beyond the call of duty on each unit that she has touched, including, cardiovascular, vascular, cardiovascular ICU, PACU/POCU and the amazing Medical Day Unit at Toronto General Hospital where she is currently employed.

While working on these units, Donna creates healthy environments for the patients, family members, and her coworkers. She motivates and inspires her team members and patients alike. She has been and continues to be a “Wellness Champion” and a “Caring Safely Coach” for her team UHN coworkers encouraging us to participate in monthly wellness challenges and ensuring our mental and physical health are looked after. She values being in a position where she can have a strong voice for the nurses. She is a strong advocate for process improvement projects that promote self care for the nursing team while increasing satisfaction with the work they do.

By seeking feedback from frontline staff, she advocates for changes that would benefit the unit and she is able to determine what would work realistically in the nursing care provided on our unit. She has contributed to not only helping keep patients safe, but has helped keep our staff safe. Donna continuously demonstrates her extraordinary commitment to the team UHN community as well as the patients that come to Medical Day unit for their treatment.

Some examples of how Donna has gone and continues to go beyond the call of duty include;

- Being a “Brite Lights” champion and creating banners on the unit

and around the hospital to promote awareness.

- Promoting and providing music therapy for patients and staff on the Medical Day Unit.
- Participating in UHN’s Holiday Decorating contest, making all of our decorations by hand, using recyclable materials, and staying late to ensure they are hung up which has gotten the MDU 1st place in 2019, 2020 and 2022.
- Made the “Happy Can” and the “Staff Recognition Board” creating a domino effect of joy, happiness, and smiles for the nurses on the unit by allowing us to share our strengths and positive feedback with one another.
- Donated hundreds of cloth masks, N95 masks, ear savers, bibs and shields to UHN staff during Covid when there was PPE shortage.

Donna’s attitude is contagious, she is highly regarded by her peers as an exceptional role model. She has an incredible ability to inspire others through her passion, ability to motivate others, and commitment to high quality patient care. She has an attitude that is flexible, open to diversity, and optimal for fostering a healthy work environment.

She is a committed advocate for patients, always leading by example. Donna demonstrates the highest regard for patient safety and care in all environments, both inside and outside the hospital.

I asked Donna’s Team UHN coworkers and patients who visit the Medical Day Unit to write some words of recognition to submit with this nomination for the 2023 Nursing Hero Award.

This is what they wrote;

It is my honor to write about Donna Pilon, a truly deserving recipient of the Nursing Hero Award. Donna is a nurse who exemplifies dedication, kindness, and generosity, making her an outstanding member of any healthcare team.

Donna’s commitment to her patients is unparalleled. She goes above and beyond to ensure that they are comfortable, happy, and receiving the best possible care. Her patients consistently praise her for her compassionate nature and her ability to put them at ease during difficult times.

But Donna’s contributions go beyond just patient care. She is a team player who keeps everyone together and makes the workplace a more enjoyable and cohesive environment. Her infectious positive attitude and sense of humor are a breath of fresh air during busy and stressful shifts, and she is always willing to lend an ear or a helping hand to her colleagues.

One of Donna’s many talents is her ability to transform our unit into a festive and cheerful environments. Her efforts have won the team three Christmas decorating contests, and patients and staff alike look forward to seeing the new themes and decorations she creates each year.

Donna is also an advocate for her colleagues, always standing up for their rights and ensuring that they have the support they need. Her leadership and dedication have earned her the respect and admiration of her colleagues, who are grateful to have her on their team.

In summary, Donna Pilon is an exceptional nurse and an asset to any healthcare team. Her dedication, kindness, and generosity make her a true hero in the nursing profession, and she is more than deserving of the Nursing Hero Award. – Ina Cherepaha-Kantorovich, RN

Donna has shown exemplary leadership skills in the MDU, in sustaining a culture of professionalism centred on patients. There have been several patients in my practice, who have been treated in other hospital MDUs

in the past, who have provided the highest praise for the competent and compassionate care they’ve received at TGH MDU. Some are travelling long distances outside of the city so they remain part of the practice here only because of the quality of care in MDU. In interacting with staff physicians,

Donna is always patient and proactive in solving problems with infusion orders, troubleshooting with other nurses around technically difficult infusions as well as managing infusion reactions. – Dr. Helena Dhamko

I resoundingly support this nomination of Donna Pilon as our nursing hero for the Nursing Hero Award!

Donna is pure sunshine and energy. She brings authenticity, purpose, kindness, respect, attention, dedication, and positivity to every individual and group interaction. When I visit the Toronto General Medical Day Unit to see my patients, I know that something special is always happening when Donna is there – be it in the tangible morale writ large in her seasonal decorating prowess (and creative genius!), or in a heart-to-heart reflection on the less-than-ideal ways-of-the-world, or in her conscientious caring as an amazing clinician. It’s one of the great highlights of my work life to know that she is a professional sister to me. She is an amazing role model, colleague, and person. And a brilliant story-teller. She exudes love for everyone with a zest and curiosity for the flavors and traditions of every heritage and perspective. She is a true patient advocate and also a Wellness Ambassador to her colleagues. Donna is hugely deserving of hero award-level recognition! – Dr. Christine Cserti

Donna is someone who goes above and beyond for her patients and col-



leagues everyday. She is the best colleague any one of us could ask for – she focuses on positive work culture, inclusion and team spirit and sets a great example for other colleagues and units to follow. She’s also proactive and “patient first” – patients really look forward to coming to Medical Day Unit because of the energy she brings to the unit, her colleagues and her patients. During the pandemic she really kept us going with her positivity, and I’m very grateful for her leadership and support during these challenging times. – *Liz Lee, N.P*

Over the years, Donna has been one of the most positive individuals that I have interacted with at UHN. Her attention to patient care is superb and she makes visits to the medical day Unit special. She is absolutely deserving of a nursing hero award. – *Dr. Hance Clarke*

This is my 3rd year of closely working with Donna and she has consistently epitomized compassion and empathy toward patients. While providing care for our transfusion patients, Donna has always supported me by providing timely and excellent clarifications, suggestions and ideas which I have found very useful in managing our patients. She is an excellent team member! Donna readily takes up any matter related to patient care and welfare, irrespective of where the patient might be located or who the care provider is for the day, such is her passion and dedication! Over the years, I have come to associate working with her with this phrase, “mention it to Donna, consider it done”. She is a delight to work with and an asset to our team. – *Dr. John Aneke*

It is easy to lose the burning desire to provide holistic care to patients while advocating for nurses’ well-being. However, Donna Pilon has embodied a caring and compassionate nurse that transcends towards her patients in the Medical Day unit and fellow healthcare staff. Her positive energy is infectious and her dedication to provide safe and best care is apparent in all of her interactions in the unit. As a wellness ambassador, Donna actively engages her colleagues to participate in different wellness activities, to achieve a work-life balance. Her maturity, knowledge, and clinical experience is also a beacon of practice standards for all other nurses to rely on. She exudes a thirst for knowledge yet generous

to share everything she knows. Our MDU team is truly fortunate to work alongside with Donna. Lest, Donna is indeed deserving of this recognition! – *Irene Azurin, Clinical Nurse Educator*

Donna is a highly caring, compassionate, competent, and committed nurse. She puts us, as her patients, first and is always focussed on providing quality care. Furthermore she is positive, fun and energetic and comforting to have around. – *Sula, Patient*

“Do you want a heart? Let me pin one on you.” Donna greeted me on Valentine’s Day as she pinned a small heart made of red construction paper on my shirt. So began another good day of mine at “the spa”. I call the days that I spend in the Medical Day Unit to get my blood transfusion my spa days. The MDU is a welcoming ward that feels like a big family where patients’ medical needs are professionally and warmly attended to. The nursing staff show admirable teamwork; they always have each others’ back. They cultivate an easy-going friendly rapport with the patients. I credit Senior Nurse Donna Pilon as the driving force in setting the collaborative and cheerful tone. As busy as everyone else is, Donna always watches out for her younger colleagues and amiably guides them. She channels her artistic *joie de vivre* personality in resourcefully creating, at her own time, festive decors to celebrate seasonal holidays. The gay and whimsical scenes never fail to elicit chuckles and lift spirits. It’s a tonic, a pleasant medicine and a gift. Donna, we appreciate your talent and the bonus care! – *W.Y. Mok, Patient*

Donna Pilon is the best. I have been going to the MDU regularly for over 2 years and cannot sing high enough praises about her care, efficiency and kindness. She is an absolute joy activator. This is clear in her personality and great sense of humour but also with her ongoing commitment to decorating the MDU for the seasons which is always heart brightening for all who enter. Coupled with the joy she brings, Donna is on top of things. She means business. She always remembers the big and small details of a patient’s needs, creating an environment that feels safe and loving. I feel extremely fortunate to be treated by Donna and would hand the Hero Award to her myself if I could. She literally goes above and beyond. – *Sarah G., Patient*



I have been a regular patient on this unit for over five years. I am delighted to support the nomination of Donna by her colleagues. However, it is my opinion that this must also be a nomination of all the nurses on the MDU. It is a testament to exceptionally well-honed collegiality, mutual respect and teamwork that yields superb patient care. Within this context, Donna shines as a spirit-leader and innovator. Her colleagues clearly recognize this in their nomination of her for Nursing Hero. Donna brings her joy in living to her interactions with colleagues and patients. She engages all in light-hearted banter, while keeping the task at hand paramount, and smoothing work processes. She is a strategic thinker, solving problems that arise during care, as well as issues in work-flow on the unit. Donna has a natural talent for design, whether practical (doggedly seeking a solution to a functional problem with equipment); or aesthetic (leading the innovative and award-winning design for seasonal decoration on the MDU. Often working at home to complete the construction). The Medical Day Unit takes an egalitarian model of shared task management. When Donna takes her leadership turn, she demonstrates a light handed, en-

gagement-style of communication, respectfully ensuring that her colleagues are on board in making the work flow smoothly.

Donna is remarkably strong in her patient education skills. I have noted that she consistently gives detailed and comprehensive information, in a very understandable fashion. But most notably in her care, Donna brings light to the lives of people who live with chronic, debilitating and often, life-threatening illness. Donna is a special person. The fact that her colleagues have nominated her for this award is a testament to this. The nomination of a nurse who consistently works to make good relationships and support team functioning, may not immediately seem earth-shatteringly heroic. However, I strongly contend that effective team work in health care is exceedingly rare, yet completely essential for exemplary outcomes. Committing to always work in the aid of “team” requires tenacity and professionalism. It requires a daily renewal of purpose as one steps out of one’s home life and across the threshold to the workplace. In this capacity, Donna is indeed a HERO. I unreservedly support for this nomination of DONNA PILON as Nursing Hero. – *Sarah, Patient* ■



# Ethel Ng

## Sunnybrook Health Sciences Centre

I am pleased to nominate Ethel Ng, Cathlab and Electrophysiology Nurse, Cardiology at Sunnybrook for the nursing hero award. Ethel Ng is an excellent colleague who goes above and beyond her duties to ensure high quality care is delivered to all patients. She does this while maintaining a friendly, supportive and highly collegial environment – not an easy task to achieve within the stressful environs of an invasive cardiac catheterization/electrophysiology laboratory.

Over the years she has developed a solid knowledge base and skills in cardiac electrophysiology. Her selflessness is evident when one sees her transferring this knowledge to junior nursing colleagues. Her approach is non-threatening and highly supportive. She never hesitates to stay late when our procedures run late as she is committed to improving patient care. Indeed, during the pandemic she came in on many of her days off to ensure sufficient nursing coverage was available to allow the Electrophysiology laboratory to run as she is committed to helping the physician team manage wait lists, and committed to ensuring we decreased hospital length of stay.

Ethel does not make a “special effort” to go beyond the usual requirements of her role as on a day to day basis Ethel effortlessly exceeds the requirements of her role. It is within her fabric to be an extraordinary nurse! One example of her extraordinary care that comes to mind is when Ethel improvised to provide a simple gesture which made the word of a difference to one patient. Coming to a hospital for an invasive procedure, especially for the very first time, can be a very stressful situation. Patients feel vulnerable, scared, and as they are in a different environment, they don't know what to expect. Ethel is aware of this and always makes her best efforts to decrease the patient's anxiety. She takes the time to explain what the EP

lab environment, speaks calmly to the patient, and even makes jokes. Despite wearing a mask, one can always see Ethel's smile. A memorable occasion which highlights Ethel's concern for patients and her ingenuity was recently highlighted on social media.

An elderly lady came to the Sunnybrook EP lab for an ablation procedure. She was anxious and scared. Unfortunately in these procedures nurses or other members of the ablation team cannot “hold the patients hand” – a gesture that provides comfort to patients. Ethel improvised and inflated a surgical glove with air and provided it to the patient to hold during the procedure. This gesture was the closest thing to “a hand to hold” during the procedure. This patient was so thankful for Ethel's gesture and care during her procedure that she decided to share this experience with other patients on social media. This is only one example of her devotion to patients and her job.

Electrophysiology is a complex field that requires interdisciplinary interactions. Ethel is a highly valued member of our team who is a great team player, respectful and highly engaged. These qualities allow her to lead her nursing team and assist our physician team to achieve excellence. Ethel never rushes the physician team and will do whatever needed to support the physicians performing the procedure and nurses in the room. Her unwavering support allows our team to achieve excellent clinical outcomes.

On a day to day basis Ethel collaborates with our physician team, our industry partners, our purchasing department, our biomedical engineers amongst others to ensure our EP lab


is well stocked and functions at peak performance. A few weeks ago a piece of equipment for our display screen was not working and a solution was not able to be provided by our biomedical engineers. Ethel went on her knees in a closet using the flashlight on her cell phone and an industry remote technical support individual on her speakerphone to perform troubleshooting after our biomedical engineering team left. She was able to fix our machine to allow us to push on with providing patient care. Ethel is willing to go out of her comfort zone (heck out of the usual confines of nursing) to get things done.

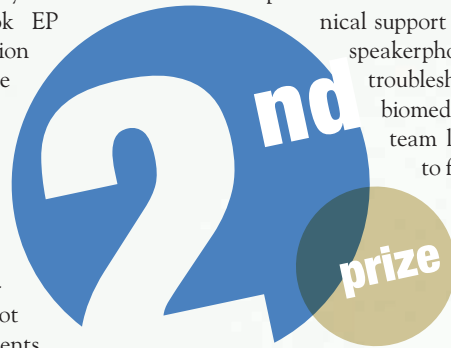
Our entire team is grateful to have Ethel as her perseverance allows us to go beyond our limits. Despite her excellence Ethel is humble, allowing her to engage with all members of the team. Her inviting nature creates for natural learning opportunities and opportunities for collaboration amongst members of our team. Ethel is critically important to education of nurses and physicians at Sunnybrook. She mentors nurses who are completing their training and encourages them to join the electrophysiology team. She singlehandedly has successfully recruited nurses to join our EP nursing group – this is by no means a trivial accomplishment as EP is known to be “confusing”, “complex” and require “long hours.” She is a beacon to others who want to go down this path. Current nurses affectionately refer to Ethel as their “EP mother” as she nurtures all nurses who come through the EP program. She is patient with nurses as they learn all aspects of the EP lab and takes her time to explain different aspects of the EP lab to them.

The Sunnybrook EP program was historically known for its robotics program. Ethel's excellence at running the nursing aspects of this program was recognized when she was invited to present her experience at a 2018 International Robotics Conference in Miami, USA. Ethel also contributes to the electrophysiology knowledge acquired by cardiology residents and early training Electrophysiology fellows. She works side by side with the trainees transferring her knowledge on electrophysiology techniques.

Ethel is respectful of diversity at our workplace. She establishes personal relationships with colleagues. She is very thoughtful when discussing work related strains to ensure barriers to all team members' participation within the EP lab is overcome. For example when she knows team members need to attend to themselves or loved ones she will go out of her way to ensure they leave on time and are able to attend to competing issues without them having fear of negative repercussions/stigma. I recently recall a nursing colleague being stressed and agitated about finishing on time to be able to pick up their child from daycare. Ethel sensed this stress, and quietly arranged to cover for this nurse herself to allow her nursing colleague to leave on time. By sacrificing herself and her time Ethel ultimately fosters a safe environment allowing for individuals of different backgrounds to enter and feel supported.

I am submitting this nomination on behalf of the Sunnybrook electrophysiology physician team. The entire Sunnybrook electrophysiology physician team is honored to work with Ethel. We are proud to have her on our team. She is always our Nursing Superhero and I do hope she is able to receive this recognition from you as well.

*Nominated by Dr. Sheldon M Singh, Medical Director Electrophysiology program, Sunnybrook Health Sciences Centre.* 









# Anne Bialachowski

## St. Joseph's Healthcare Hamilton

**S**ince joining St. Joseph's Healthcare Hamilton (SJHH) 12 years ago, Anne has consistently and relentlessly championed excellence in evidence informed care and practices in the area of Infection Prevention & Control (IPAC) within SJHH, St. Joseph's Health System and in our community.

Anne's leadership in quality patient care is evident in all of her actions and that which she models for her team, nurses and healthcare workers across SJHH and in our community. She is always readily available to provide an "IPAC Consult" and gives sound IPAC best practice advice. This advice is grounded in her continued certification in Infection Control, and past and present membership and leadership on local and national networks and committees (e.g., Provincial Infectious Diseases Advisory Committee, Community and Hospital Infection Control – Canada, Hamilton COVID Response Table – IPAC Subject Matter Experts).

Anne strives for, and consistently adopts and shares best/leading practices within SJHH in a variety of forums, educational resources and through consultations. Of specific note are her leadership and contributions to the IPAC website that is regularly updated and provides invaluable resources to healthcare leaders and workers within SJHH; this has been the "go to site" during the COVID 19 Pandemic), and the current and practical information available during Virtual Management Forums and Townhalls. Also, Anne respects and values the contributions of, and collaborative endeavours with all members of the interprofessional team and many departments, and respectfully integrates and promotes IPAC practices to achieve optimal quality care and a safe work environment. Examples of the former include collaboration with: Environmental Services and Clinical

Teams about the appropriate cleaning and tagging practices for equipment; Occupational Health Services on the opportunities for modification of contact tracing processes; Nursing Education for the implementation of new practices regarding the management of c diff; Building Services prior to and following renovation, remediation and construction projects; Respiratory Services for implementation of new equipment that minimizes/eliminates risk for infection.

Anne's leadership and contributions to the work of the Congregate Settings COVID 19 Crisis Response Team has been significant. She provides invaluable advice to, and is present in person or through virtual consultation with the team as the former partner with long term care homes, retirement homes and residential care facilities. Of specific note was her leadership and partnership during the time that SJHH was in a management services agreement with a Long Term Care Home – she was the IPAC Manager Lead who partnered with representatives of that organization to ensure the review, updates and implementation of appropriate IPAC policies and procedures. Anne's advocacy has resulted in additional IPAC resources being made available to SJHH for its Congregate Settings work as part of the provincial IPAC HUB model of care.

Anne consistently identifies the need for partnerships with healthcare workers in order for them to promote and embrace infection prevention and control practices in a fast paced, changing clinical environment. Contributing to the quality of work life for nurses (and all members of the interprofes-



sional team) is knowing that all work in, and that their organization values a "safe work environment". Throughout the COVID 19 Pandemic, Anne has championed and contributed to a number of initiatives and practices that are aligned here inclusive of but not limited to: screening practices for patients and those individuals entering St. Joseph's Healthcare Hamilton locations, modifications to outbreak management protocols as provincial guidelines changed, identification of, and advocacy to access the necessary personal protective equipment and hand hygiene products.

Under Anne's leadership, hand hygiene practices, reports, and improvement initiatives have become well understood and the importance of such acknowledged across SJHH. She and members of the IPAC Team have engaged in various strategies to foster increased uptake of appropriate practices (e.g., Hand Hygiene Ambassadors, Hand Hygiene Coordinator audits and immediate feedback/teaching moments, caravans).

Anne embraces precepting and teaching in all that she does. Specific examples of such include: consistent support of new learners with personalized IPAC education; welcome to nursing preceptors and medical residents and provision of a great learning opportunity; with the help of the IPAC team, nursing students are paired up with individual IPAC staff to fully grasp the concepts of surveillance and IPAC protocols.




Anne always looks for opportunities to enrich the onsite education through in person real life experience(s), or through creative scenarios. She is acknowledged as a terrific mentor and is passionate about all things IPAC.

provided subject matter expertise on an ongoing basis, and has ensured available educational opportunities related to Personal Protective Equipment practices for all learners.

Anne has been involved in research with some examples as follows: "COVID-19 Personal Protective Equipment in the Home: Navigating the Complexity of Donning and Doffing"; 2021; Hand hygiene knowledge, attitudes, and practices among hospital inpatients: A descriptive study", 2020; "An Outbreak of Influenza A in a Neonatal Intensive Care Unit"; January 2015. These research studies have provided guidance/findings for applicable clinical practices within SJHH. With her extensive knowledge, ongoing commitment to learning, and her connectedness to IPAC networks and committees, Anne brings to all appropriate tables up-to-date evidence that informs decision-making in our organization.

Anne is a "go to leader" who is exceedingly proud of, and contributes to her nursing profession each and every day. She makes a difference in the lives of our patients, their families and her colleagues. Anne has been and continues to be a NURSING HERO within St. Joseph's Healthcare Hamilton!

Nominated by Jane Loncke and Amanda Weatherston. 

# Catherine Purcell

## University Health Network

**O**n behalf of the Princess Margaret Cancer Centre palliative care team, we would like to nominate one of our palliative care outpatient clinic nurses, Catherine Purcell, for the Hospital News National Nursing Hero Award. Catherine joined the palliative care clinic at the Princess Margaret Cancer Centre in 2004. At the time, the clinic had just started (in borrowed space from the Breast Clinic, although patients with all cancer diagnoses were seen there), and Catherine was the sole RN working with two physicians. Her role was, and still is, to do the initial assessment for new patients and follow-ups, and to provide telephone support to patients and their families in between monthly clinic visits – both for symptom management and for psychosocial support.

Catherine was ideally suited for palliative care, and quickly became not only an expert at managing patients' symptoms and other problems, but also a passionate advocate for palliative care and its important role in supporting patients and families throughout the disease course. The clinic grew quickly and Catherine often stayed at work long after working hours, following up with patients or their caregivers who left her many voice messages. She saw – and still sees – her role as being to tie together all the loose ends that are inevitably left in the cancer system, to provide holistic interdisciplinary team based care. She embraced the principles of early palliative care being an added layer of support for patients and their families and often independently followed up with others involved in the patient's care, such as oncologists, community nurses, pharmacists, or family physicians.

Over two decades, the palliative care clinic has evolved substantially.



**BESIDES PROVIDING EXCEPTIONAL NURSING CARE TO THOUSANDS OF PATIENTS AND FAMILY MEMBERS OVER THE LAST 20 YEARS, CATHERINE IS A CHERISHED COLLEAGUE WHO IS A SOURCE OF KNOWLEDGE, WISDOM AND SUPPORT FOR OUR ENTIRE PALLIATIVE CARE TEAM.**

As volumes grew, more physicians and nurses were required to see the patients, and the clinic space evolved to involve not only the Breast Clinic, but also borrowed space on different days in the Brain Clinic, Gynecology Clinic, and Gastrointestinal Clinic. Eventually there were 22 half-day clinics, operating in parallel 5 days weekly,

and it became clear that a free-standing palliative care clinic was needed. Catherine was instrumental in planning for this clinic and preparing the proposal. With her vast experience in providing outpatient palliative care, she was able to advocate that patients receiving palliative care had special needs such as low examining tables,

accommodation for wheelchair and stretcher access, extra room for interdisciplinary family meetings, and access to oxygen for those who needed it. The freestanding Warren-Connelly Palliative Care Clinic finally opened in 2018 and has become world-renowned for early outpatient oncology palliative care, seeing close to 1500 new patients yearly.

Besides providing exceptional nursing care to thousands of patients and family members over the last 20 years, Catherine is a cherished colleague who is a source of knowledge, wisdom and support for our entire palliative care team. She is never too busy to provide advice or comfort, whether it is to junior nurses, physicians, trainees, or other interdisciplinary colleagues. She has provided important input for hiring committees for many of our existing staff as well as for the improvement of practices in the clinic. She has also been a confidante to many of us on the team, providing gentle advice about maintaining resilience and always having a sense of humour.

In short, Catherine is a true nursing hero who has dedicated her career to the advancement of team based palliative care for patients with advanced cancer and their families. After many years of advocacy and service, Catherine will be retiring in April of this year. However, her impact on the lives of patients, family members, and her palliative care colleagues, as well as on the practice of early palliative care locally and internationally, will continue to endure.

*Nominated by: Jenny Lau, MD, MSc Medical Director, Harold and Shirley Lederman Palliative Care Centre, Princess Margaret Cancer Centre Breffni Hannon, MBChB, MSc Palliative Care Site Lead, Princess Margaret Cancer Centre Camilla Zimmermann, MD, PhD Head, Department of Supportive Care, Princess Margaret Cancer Centre Head, Division of Palliative Care, University Health Network* **H**



# Olivia Zompanti

## Mackenzie Health

It is with great pleasure and honour that I submit this nomination in support of Olivia Zompanti. Olivia is a Registered Practical Nurse (RPN) in the Emergency Department at Mackenzie Health's Cortellucci Vaughan Hospital which is one of the busiest Emergency Departments in the GTA.

Since joining Mackenzie Health three years ago, Olivia has become a valuable member of the Emergency Department team. She is regarded with high esteem by her colleagues as she continuously supports them and new team members alike. Her approach to patient care is thoughtful, patient and kind.

She consistently demonstrates empathy and compassion in her interactions with patients and their families, making sure they feel heard, understood, and supported. Olivia has a knack for anticipating patients' needs and goes above and beyond to ensure that they are comfortable and well-informed throughout their care journey.

Further, Olivia has a great understanding of patient flow in the Emergency Department and has helped onboard new staff to help ensure they understand how patients move through the area. This builds greater capacity in our department and leads to increased patient and family satisfaction. Olivia has worked tirelessly to streamline processes and eliminate bottlenecks, resulting in improved patient outcomes.

One point about Olivia that comes up time and time again is that she is willing to go above and beyond. On days when our Emergency Department is in surge with admitted patients exceeding our patient threshold, Olivia can be relied upon to either assist with calling up reports or to move to an area that is in need of support. Additionally, on top of her regular nursing duties, Olivia never hesitates to assist with patients that speak Italian and need translation services.

Olivia's dedication to the profession of nursing and to delivering world-

class emergency care recently came into focus when she saved a life at her local gym. On her days off from work, Olivia goes to the gym regularly. In February, while entering her local gym, she overheard a patron asking for someone to call 911. Olivia quickly approached the situation to offer her assistance.

Upon quick assessment, Olivia realized the man was displaying signs of a cardiac arrest. Leaning on her training, Olivia turned the man onto his back and checked his pulse and pupils before starting CPR. She engaged bystanders to support her by asking one individual to raise the man's legs, another to help regulate his temperature by applying cool water to his forehead to try to cool him down and another to time the CPR so she could pulse check after two minutes.

As she continued CPR, she also instructed bystanders to retrieve the automated external defibrillator (AED) and applied the pads to the patient. The AED successfully identified a shockable rhythm and delivered a shock. Olivia, along with another bystander, continued CPR until paramedics arrived. Shortly thereafter, a paramedic informed Olivia that the patient had been resuscitated and was now breathing on his own. The man proceeded to receive care at Cortellucci Vaughan Hospital and Southlake Regional Health Centre and has since made a full recovery.

Olivia's charge nurse, Debbie Hunt had the following to say: "a 'hero' is a person who is admired for their courage, outstanding achievements or noble qualities." Having been Olivia's charge nurse for the last three years she goes on to say, "I can attest that Olivia is a very accountable, dependable yet unassuming nurse."

Olivia feels most comfortable doing her job and not being acknowledged for it. "She is a very humble person, and I am very proud of Olivia's incredible courage to step up, take charge and help save a man's life in what was a very stressful situation," adds Debbie.



What's more, in February 2021 when we opened Cortellucci Vaughan Hospital as a system relief to support the province of Ontario in managing the COVID 19 crisis, Olivia was part of the team that stepped up to provide care to critical care patients received by our hospital from other hospitals in the GTA. Critical care patients are not the patient type normally looked after by an RPN, however, Olivia and her Emergency Department RPN peers rose to the challenge. As a temporary member of the critical care team, she provided meaningful and passionate care during a very difficult time in health care.

Olivia has a sense of calmness that puts patients and her colleagues at ease. She exemplifies what it means to be a collaborative, encouraging and

committed team member that contributes to fostering a cohesive team environment.

Mackenzie Health is incredibly proud of Olivia and we're inspired by her passion for nursing and delivering exceptional patient care – no matter where or when it's needed. We are lucky she has chosen to build her nursing career at Mackenzie Health.

I am thankful for Olivia's continued service to our community, and for her unwavering commitment to patient experience and flow. She is truly a health care hero, and we are proud to have her on our team. Olivia is an asset to the Mackenzie Health team and is deserving of this nomination – she is the future of nursing.

*Nominated by Trevi Brown, Clinical Program Manager, Cortellucci Vaughan Hospital, Mackenzie Health.* **H**

# Jacqueline Cooper

## University Health Network

**J**acqueline Cooper has received nominations from several of her colleagues, UHN leadership and patient partners. Her work ethic and dedication to patients and colleagues are remembered in several of the testimonials below.

“Jacqueline Cooper is a seasoned nurse and leader who puts the needs of patients first.

She started her training as a nurse in the United Kingdom and came to Canada in 1986. From front line nursing in critical care, to becoming a dialysis nurse and eventually a manager for nephrology, Jacqui is the first to lead innovation. In her career, she has worn many hats, including staff nurse, charge nurse, educator and manager. As a leader, she is a strong advocate for patients as staff and always supported her team.

Jacqui was instrumental in helping move dialysis from the hospital to the home, making it possible for people to have dialysis in their own private space! Jacqui’s motto is “nothing is impossible.” During the COVID-19 pandemic, when patients undergoing dialysis where one of the most vulnerable populations and home dialysis became a preferred choice for many, Jacqui and the Home Dialysis team rose to the occasion.

There are countless stories about how her passion motivates her team to help patients on dialysis live their lives to the fullest. Some examples include patients being able to go camping in the wilderness – which may seem impossible to many who are on dialysis – this was made possible with the help of the dedicated team of clinicians in the Home Dialysis team at UHN!

Most recently, Jacqui has led the work around Access to Kidney Transplant (AKT) for those living with kidney disease, working with patient partners like Len Hodder.

Without nurses and nurse leaders like Jacqui Cooper, people with kidney replacement therapy could not live the same full life that they do now!” – Joanne Zee, Senior Clinical Director, Ajmera Transplant Centre, Nephrology, Endocrinology & Hepatology, UHN

“As a member of the Transplant Ambassador Program (TAP), our aim is to help those who need a kidney transplant achieve that goal. Jacqui has been instrumental in connecting the members of the TAP team with both UHN staff, as well as the patients in the dialysis units. We have had many wonderful peer-to-peer conversations with patients thanks to the help of Jacqui and her team.”

– Len Hodder, UHN Transplant Ambassador and Centre for Living Organ Donation Volunteer

“Jacqui Cooper’s portfolio as a Nurse Manager encompasses both nephrology and endocrine patients, all impacted by chronic disease. Her experience, knowledge and expertise needed to care for and support patients is apparent in her daily interactions with both patients and staff. When there is a difficult situation, she guides and supports staff to help patients overcome challenges and setbacks.

Jacqui always demonstrates the goal of patients as partners and displays this in her work with patients and staff. This was obvious when Jacqui helped accommodate a patient that would normally not be considered a home dialysis candidate. She worked with the patient, the patient’s family, and the nephrology team to help find the best fit for the patient. This allowed staff to use creative thinking to best accommodate the patient while providing safe, supportive, patient centred care. This specific case not only involved nephrology but the palliative



care team as well. Jacqui is key in pulling together and leveraging different programs across UHN and the health system and bringing teams together. She is always open to suggestions and ideas, which permits UHN staff to provide exemplary patient care in the province of Ontario, where nephrology has the highest home dialysis rates. UHN is recognized by the Ontario Renal Network.

Not only does Jacqui have a strong nephrology background, but her previous roles as a critical care nurse, charge nurse and dialysis nurse makes her a positive role model to staff who encourages professional growth. She continually updates staff on educational and professional opportunities that provide them the opportunity to expand and develop their professional roles, such as CNA certification in nephrology, leadership programs, publications, diabetes education and home dialysis rounds. Jacqui mentors many different nurses from novice to advanced, as her expertise in nephrology is so vast. Nurses who are new to home

dialysis or clinics are supported and guided by Jacqui, especially when new or difficult situations arise. As many of our patients are medically complex, Jacqui is able to support and empower her nursing team thus enabling them to provide safe and effective nursing care.

Jacqui deserves this recognition as a Nursing Hero, as her commitment and compassion to providing exemplary nurse care is outstanding and evident in her daily interactions with staff, colleagues and patients. She is a well-respected member of the nephrology community and is known for her outstanding partnerships with different UHN programs and teams. Her supportive and caring personality allows her nursing staff to feel empowered and mentored by a strong nursing leader. It is obvious that her nursing leadership has supported and developed the growth of her staff by the success of her programs within her portfolio.”

– Janice Ritchie, Clinical Coordinator, MultiCare Kidney Clinics, Toronto General Hospital, UHN



# Gyver Julio

## Waypoint Centre for Mental Health Care

I have worked with Gyver for the past year and a half. Every day I appreciate him more and more! We work in Ontario's only High Secure Forensic Psychiatry program and it can be a very challenging setting. It is so easy to burn-out, lose your patience and become frustrated with the mental health and legal system. But, Gyver shows up every shift to lead our team with motivation and compassion. He brings humour and light into a difficult work environment (example: always saying hello and checking in with each staff, making small and subtle jokes that make people smile, ensures that new staff feel safe and comfortable to learn and ask questions). These small acts of kindness go a long way to support staff, help everyone feel appreciated and to create an envi-

ronment where the best patient care can be provided.

Within his team lead/nursing role he manages many of the organizing and administrative tasks, addresses patient questions and concerns, provides direction and liaises with the allied health team, management and external partners. I appreciate his ability to collaborate with all stakeholders to ensure that patients, families, physicians and staff feel valued, informed and included in decision making. An example of this collaboration effort occurred recently: There was a safety concern raised by staff and patients, in brief, an individual was feeling quite anxious and had concerns for their safety on the unit. Gyver coordinated staff who have good therapeutic rapport with the individual to meet with



them and discuss concerns. He provided timely updates the physicians and management. He consulted additional supports (security, patient advocate, hospitalists, pharmacy, rehab services) to help make an informed decisions and support this individual. He checked in regularly over the next week regarding wellness and made sure that everyone involved was updated and comfortable. This sounds simple.. but he does this every day, multiple times per day. This high level of communication and compassion isn't often seen and it is so appreciated. Sometimes this collaboration and professional discussion has resulted in policy and rule changes that improve patient care long term (i.e., improved access to groceries/food items, improved access to physical health follow up, increased patient privacy and measures to ensure dignity is respected).

Gyver is often looked to for guidance when there are challenging situations. He is a great advocate for patients and staff. He is innovative and looks for solutions that promote patient choice and independence while also mitigating risks to the staff and public. Another example of a time Gyver went above and beyond: The team was working with a patient who was experiencing significant confusion and delusional thought content. He was feeling threatened and unsafe in his room and was becoming angry as a

result. Gyver worked with the clinical team to offer a safe, quiet space for this individual to rest. His response was timely, innovative and compassionate. Gyver coordinated the team and drafted a plan to support this individual in their time of acute need. The result was of the intervention was improved patient well-being, new environmental intervention options for the unit and staff safety and comfort overnight.

Additionally, during a Covid19 outbreak on the unit, Gyver look the lead to coordinate patient care. It was a time of many unknowns and stressors. He worked with the team to draft a plan for care that ensured that each individual received their meals, snacks and medications in a timely manner, each person was able to shower daily and access fresh air. When basic needs were covered he encouraged worked with the team to improve patient quality of life through the outbreak i.e., coordinating orders from the Canteen, connecting patient with their families via Zoom, providing coffee and tea. It was a show to leadership that put patient's first. Daily, he provides recovery-oriented patient care while balancing everyone's safety. He is our go-to person, and works hard without complaint. He definitely deserves recognition during nursing week (and every week), we thank him!

Nominated by: Kate Aben (Occupational Therapist) 



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# Lori Taylor

## University Health Network

**L**ori immediately came to mind when I found out about the award. She exemplifies all qualities of a fantastic leader, role model, effective catalyst for change, and staff and patient safety advocate. In addition, she insists on keeping up with the practice standards to provide safe care to our patients. Her more than 43 years of experience at UHN demonstrate her commitment, work ethic and dedication.

### LORI'S COMMITMENT TO PATIENT SAFETY

Lori is an exceptional leader and has functioned in a variety of roles. Lori's knowledge of her specialty in Cardiology as well as outstanding communication skills are exhibited daily in her role as a manager of professional

practice. Furthermore, her 40-year dedication to patient safety at UHN is laudable. She promoted clinical practice by fostering nursing best practices through participating in and acting as an active member in implementing MOMAR and upgrading Pyxis Med Station. Additionally, she implemented the best procedures for Laboratory Blood Transfusion, including validating ABO.

Furthermore, she was a co-lead and enforced POCT in EPR. In partnership with the management team and the APNEs, Lori builds a culture aligned with Caring Safely initiatives, including development, implementation, evaluation and maintenance that align with UHN standards. Her Commitment to safety led her to be a co-chair of the medication safety committee. She was passionately

interested in medication safety and completed a clinical practicum at ISMP Canada. She also participated as an active member in creating and updating Heparin and Argatroban nomogram order sets. She was also a Nursing representative for the Pharmacy and Therapeutics Committee and Standardization of and Products Evaluation Team and back-order replacement products.

Lori reinforces a safe environment for patients, staff, and visitors. She does this in collaboration with the leadership team to promote health and safety and emphasize adherence to workplace legislation. For example, she advocated for safe nursing ratios and care standards and played an essential role in team nursing implementation during COVID. During accreditation, she also played a vital

role in updating the standard of practices for Skin/wound, TOA, Delirium, and fall.

### REMARKABLE AND INSPIRING ROLE MODEL

Lori is a highly creative leader who approaches problems with optimism and curiosity. As a manager of professional practice, Lori oversees nephrology, multi-organ transplant and Endocrine, Hyperbaric, Chronic and Rare diseases. She demonstrates nursing leadership by coaching and mentoring APNEs. She is a big advocate for evidence-based practice and encourages nurses to follow nursing practice standards of care by upholding CNO standards. In addition, she changed the models of care in acute care settings during COVID and then

## Our Nurses. Our Future.

We recognize and celebrate our nurses who go above and beyond to provide excellent mental health care and are #RisingUp to make a meaningful difference in the lives of our patients and each other. Our nurses have the right attitude and take action to anticipate and advocate for the needs of others.

**Our Nurses Care #OurNursesOurFuture.**

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Centre for Mental Health Sciences



Surgical recovery. Finally, she played a vital role in guiding the implementation of expanding the RPN scope of practice in nephrology.



standards by regularly connecting with the program managers in leadership meetings.

Lori has been my manager for two years, and I have learned a lot from her.

Lori's passion in her professional practice is to promote and guide clinical practice by following CNO and UHN professional standards to provide the best care to our patients. She always creates an environment that fosters care and compassion to meet the goals of patients and their families. She has been critical to nurses' professional development and practice standards. She provides input in developing policies and procedures, education, and research in the practice area. For example, she supported and guided nephrology policy development, nephrology medical directive implementation, nephrology EPIC modules, therapy plans, and hemodialysis and peritoneal dialysis navigator in EPIC. Likewise, she ensures the nurses follow the UHN and CNO

Her leadership has always been linked with her desire to "do the right things." She made me feel that I am a valued member of UHN and recognized all my work. With her kindness, compassion and guidance, I was able to grow in my position. Whenever I call her with a question or concern, she quickly finds the answer or solution and responds to it. She provides input into performance appraisals, gives direct feedback to the APNEs regularly, and evaluates, coaches, and counsels, where appropriate. Working with her is a privilege; she makes everyone around her a strong leader.

*Nominated by: Shyalini Jeevakaran Advanced Practice Nurse Educator - Nephrology, University Health Network*



# HAPPY NURSING WEEK

NURSING WEEK MAY 8 - 14, 2023



Nursing Week (May 8 to 14, 2023) is a time for nurses to reflect on our central role in all domains of practice and pride ourselves for being unwavering in serving the public. Nurses are the backbone of Ontario's health system and form the largest body of registered health professionals. As direct care providers, administrators, educators, researchers and policy makers, we work together in various roles, sectors and settings to contribute to healthy populations.

Our unique experiences and journeys enrich our profession and together, as a fierce collective, we are unstoppable. RNAO's recent *Nursing Career Pathways* report highlights how the profession has the power to inspire, attract and fulfill people who choose to care for the wellbeing of others with knowledge and compassion. Nurses know the profession is one filled with opportunities, and more must be realized to retain and attract nurses in Ontario.



RNAO and our strong membership of 50,400 RNs, NPs and nursing students will continue to advocate for competitive compensation, safe workloads, healthy work environments, education and role advancement - for current and future generations. And, we will insist government expands Ontario's publicly-funded and not-for-profit delivered health system to ensure safe and quality care.

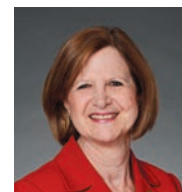
To all nurses: Thank you for dedicating your life to caring for others. Thank you for sharing with Ontarians and with one another the power of commitment and resilience. To nursing students, keep your zest for learning and for our profession as you embark on your career journey. The possibilities are endless.

In nursing, every day is different - filled with opportunities to grow, provide compassionate care and share knowledge with others. Be proud of being a nurse, and know we are always by your side, cheering you on.

Happy Nursing Week!



Dr. Claudette Holloway, RN, BScN, MSN, MBA, CHE RNAO President



Dr. Doris Grinspun, RN, BScN, MSN, PhD, LLQ(hon), Dr(hc), DHC, FAAN, FCAN, O.ONT RNAO CEO



# Kay Kovachik

## Royal Victoria Regional Health Centre

**H**ave you ever had that one nurse that went above and beyond for either you or your family that left a heartwarming memory? I personally have a nursing colleague/mentor that I highly look up to, and she has had a strong role in creating the nurse that I am today.

I am writing this to nominate Kay Kovachik as a nursing hero. Kay is a Registered Nurse who works in the Intensive Care Unit at Royal Victoria Regional Health Centre. I would consider Kay to be my on-going mentor and supporter. Kay has trained and taught several nursing colleagues of mine, as well as many other nurses. Kay is an empathetic, caring and compassionate nurse that goes above and beyond her call of duty.

She is continually checking in with her nursing colleagues as well as her patients and their families to ensure that they are comfortable and all their needs have been met. She ensures that her patients and their families are well informed and explains anything they do not understand. She has a strong working relationship with her colleagues and the physicians in the Intensive Care Unit and is considered a very respected and valued team member.

Kay ensures that new staff members feel comfortable and confident by showing them around and making sure they know where all the supplies



## THE NURSE

By Roopdai Mohotoo and Nita Marcus

*Florence Nightingale, the lady with the lamp,  
Mother Theresa in the refugee camp,  
Caring, compassionate, gentle and kind,  
A more noble profession, one could not find.*

*The nurse is the doctor's eyes and ears,  
Records any changes, allays patient fears,  
Monitors rhythms, takes vital signs  
Administers drugs, sets up IV lines.  
The nurse is highly trained in her skills,  
To assist in the healing of wounds and ills,  
In the OR, wards or critical care,  
Her presence unnoticed because she is always there.*

*With devotion and pride, she nobly serves,  
Though pressures, demands, may fray her nerves  
The nurse lowly paid, in gold is her worth,  
For she's truly god's angel sent down to earth*

are. She supports all nursing staff with ongoing learning and education when they are learning new skills and theory. She supports staff members that are going through difficult times/situations and does so in a manner that is compassionate and without judgement.

The Intensive Care Unit often receives paramedic students to optimize their learning and skills. Kay is always the first person to come in and take them under her wing to teach them the basic level skills required. Overall, she is a very approachable colleague and is a huge supporter and advocate for learning.

Kay is very committed to the well-being of her patients. Kay enjoys helping others to feel better by assisting with their grooming needs. This includes haircuts, hair washes, shaving, and styling of hair. In the intensive Care Unit, our patients are not always able to speak for themselves. When they cannot, Kay will speak with their next of kin regarding their grooming needs and what that looks like for them on a day-to-day basis. If they are used to a long beard she will help to trim it. All of our patients have been exceptionally thankful and even

affirmed that they believe it has helped them to feel better.

One of our Intensivists Dr. Austgarden has personally identified Kay as a nurse who goes above and beyond and believes that the grooming care she provides does make a significant difference in the patients' lives, their recovery, and how they feel moving forward. She has gone as far as styling women's hair after a wash and trim by blow-drying and curling their hair if they request. We all know the importance of basic self-hygiene; however, Kay has taught me that these additional few minutes that you spend with your patient focusing on their hygiene/grooming needs can make a huge impact on patient care and patient satisfaction.

I would like to nominate Kay Kovachik as a Nursing Hero for going above and beyond in her every day nursing care. She focuses on the tasks that are usually overlooked and she has received outstanding appreciation from not only her patients and their families, but also her fellow nursing colleagues.

*Nominated by: Emily Nicole Dalley, Registered Nurse, Intensive Care Unit, Royal Victoria Regional Health Centre.*



**HAPPY NATIONAL NURSING WEEK.**

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Thank you UHN Nurses.




Toronto General  
Toronto Western  
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# Pearl Lall

## St. Joseph's Healthcare Hamilton



I would like to put forth a nomination for Pearl Lall for the Nursing Hero award.


This year has been extremely hard for my family and I, as I have been struggling with severe postpartum anxiety and depression after a difficult pregnancy and birth of twins. Through the Women's Health Concerns Clinic (WHCC), Pearl has been there to support me every step of the way. I began speaking with her during pregnancy, and she was quick to set up multiple appointments with her and the doctor, asking questions and really taking the time to understand my situation and concerns. We discussed and prepared for multiple situations that would arise postpartum (due to my medical history and genetics), and she was calm, considerate and informative throughout every interaction I had with her.

Upon the arrival of the twins, as expected, I found myself hallucinating and experiencing severe anxiety (about spy balloons, aliens, solar flares, nuclear war, formula shortages, shootings, etc. etc... you name it and I panicked about it!). Quite a few times postpartum, I hallucinated that there were multiple babies around me and had panic attacks that I was rolling on the babies. It was an extremely scary time for my partner and I, but I was hesitant to reach out to WHCC because I did not want to be a bother, and I did not want to overwhelm an already-overwhelmed system. Luckily, I was encouraged by a family friend to reach back out to them before my next appointment – and so I left a reluctant message on Pearl's machine, not expecting to hear back anytime soon. Pearl called back that same day, and she was extremely encouraging, emphasizing that I did the right thing by

calling her, which was such a relief. Not only has Pearl been quick to respond during my severe episodes, but she has provided me with multiple resources that I otherwise would have never heard about. For example, like many women, I have had a lack of support during this pregnancy, due to family distance or competing health priorities (i.e. other family members dealing with severe health issues that cannot take time away from their home). Pearl was quick to research and find a government leave for my partner to take, which was pivotal to our family's health when we lack the "village" that it takes to raise children. Without her support, my mental health would severely impact my ability to take care of these babies.

Pearl goes out of her way to make sure her patients are supported, even establishing clear backups when she is on vacation, or when the treating

physicians are on vacation. This is so rare to find, and it means so much to me, as I am aware that there is a mental health crisis in Canada right now (including caregiver burnout) – and so I did not expect to receive this level of care at any point in time. Pearl is patient, kind, caring, and reliable, and any patient would be so lucky to have her as their nurse, especially at WHCC during very vulnerable times in their lives. Pearl truly goes above and beyond her call of duty, and I have seen that she does everything in her power to support her patients. Her care and compassion in supporting my family and I has been so very appreciated, and she deserves to be recognized for everything she does.

Thank you for your consideration,  
Nominated by: "Rebecca D" a grateful patient. 

# ipac Canada Honours

## NATIONAL NURSING WEEK

### (May 8-14)

Thank you to our Nurse members and colleagues for exceptional and dedicated service to patients, families and staff.

# OUR NURSES

# OUR FUTURE





# Kathy Ariss

## Trillium Health Partners



**K**athy Ariss's introduction to nursing started as family lore, her mother emigrated to Canada from the Bahamas to enroll in Nursing school in the 1950's. Diligently working her way up to Night Supervisor before meeting her husband and starting a family, Anne touted her nursing career as a source of independence, community, and identity. Eventually, Anne made her way back to her nursing roots through volunteering at St. John's Ambulance as a public health educator, bringing her daughter along to play accident victim, and later part of the first aid team. Through her mother's example, Kathy learned that nursing is about public service, improving access to care, educating, and mentoring, and she's followed suit.

If you ask Kathy about her career, she'll tell you not about herself, but about the other nurses that have inspired her along the way and how important experienced nurses are to new nurses. Not surprisingly, I would talk about Kathy in the same way. When I started this submission, I thought, "I need to tell them about how she's a nurse-extraordinaire for cardiac CT program, how she is inspiring young nurses and is a backbone of this program".

Starting in Cardiology and surgical wards in 1985, Kathy "met some amazing nurses whose depth of knowledge was awe inspiring". Women who "pushed [her] to learn as much about what was happening to the patient and how and why we were treating them the way we do".

It was from experienced nurses that she learned good basic nursing care for

patients, complex care, and how to do peritoneal dialysis.

One day, while working on a floor, Kathy was taking report from a busy ICU nurse doing a transfer of care. The nurse was composed, calm, and thorough. When Kathy didn't know what Nipride was, a drug the patient had been on, she explained the drug, how it worked and why the patient was on it. Kathy was enthralled and finally her Life Sciences degree and Nursing experience were starting to come together. Within months she had enrolled back at Ryerson (now Toronto Metropolitan University) in the Critical Care Course and she was hooked.

Hooked on telemetry, apparently, because she landed in Cardiology

and quickly became an expert in reading and analyzing ECG's and rhythm strips. It was here where she learned to think critically and analytically while being quizzed and questioned by the charge nurse and senior nurses every shift. The senior nurses took it as a source of pride that their preceptees were excellent and could explain all aspects of the critically ill patient.

After 17 years of ICU, CCU and CSICU experience, Kathy started in the Cardiac Cath Lab at Mississauga Hospital (now Trillium) in 2001, and by 2005 was also working as a research nurse with the Cardiac Surgeons and Cardiac Radiologist, Dr. Bhatnagar, Dr. Cutrara, Dr. Ahmed and Dr. Sheth.

**Continued on page 36**

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  - Employment strategies, recruitment opportunities & employment referrals
  - Meet the Employer and Hiring Events
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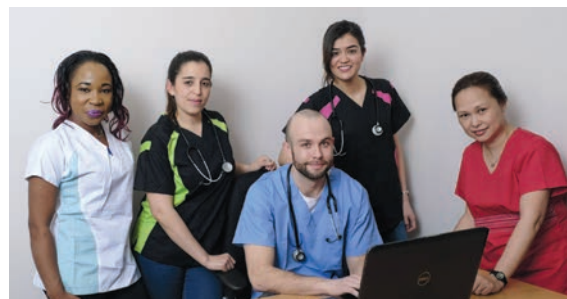


Happy Nursing Week to our Member IENs and our Partners Supporting IENs – IENs' Success is Our Success!



Supporting Nurses Back into Practice

Since 2001, IENs' Success is Our Success  
 Happy Nursing Week to our Member IENs and all our Partners Supporting IENs



Our Pre-Arrival Supports and Services (PASS) program prepares IENs accepted for immigration to launch successful nursing careers anywhere in Canada

The Supports, Training, and Access to Regulated-employment Services (STARS) program assists IENs living in Ontario with education, registration and career success

Find out more at [www.care4nurses.org](http://www.care4nurses.org)



Continued from page 35

# Kathy Ariss

She developed and maintained the study, “Graft Patency in On Pump versus Off Pump Bypass Surgery using Cardiac CT” first, and then collaborated and ran 3 others. One study compared the accuracy of aortic valve and aorta measurements with Echocardiogram (the then current method) versus MRI (expensive and very time consuming) and Cardiac CT. They proved the Cardiac CT was better than Echocardiogram and as accurate as MRI, which led to the use of CT to help Cardiac Surgeons and Cardiologists to evaluate patients with aortic stenosis, insufficiency and enlargement. This directly impacted the quality of patient care, and the Cardiac CT program at Trillium Health Partners started

Today, Trillium’s Cardiac CT program is one of the biggest Cardiac CT programs in Canada. Since its inception, the program has scanned over 17,000 patients. They’ve grown from

2 patient scans every 2 weeks to 60 patients scanned a week. A number previously thought impossible.

Kathy has lent her time to consulting with experts in other hospitals in Ontario that want to replicate the system she created. Other centres cannot understand how she’s achieved such high quality and high volumes. In fact, Cardiologists from the region value the consistency and quality of the program so much that wait times are now over 8 months.

By empowering the other nurses and MRT’s to learn the intricacies of cardiac care, the effects of the medications used, and how to respond in an emergency, Kathy has improved their confidence, career opportunities, and patient care.

The program has grown from 1 Cardiac Radiologist, 1 part-time RN and 3 MRT’s to what it is today: 1 full time and 2 part time RNs, 8 MRT’s, 4 Car-



## EVERYDAY IN HER ROLE, KATHY EDUCATES PATIENTS, FAMILIES, NURSES, AND PHYSICIANS. SHE’S A TEACHER, A CONSULTANT, AND A CAREGIVER.

diac Radiologists and 1 full time Administrator. Kathy’s influence on the program has created more specialized job opportunities for nurses and medical professionals.

Earlier I described Kathy as someone who “inspiring young nurses” and “the backbone of this program”. Under her leadership, the program will now run independently of her, which she knows is what is required to ensure the continuity of the program and ongoing excellence of care for the patients.

Everyday in her role, Kathy educates patients, families, nurses, and physicians. She’s a teacher, a consultant, and a caregiver. Positive patient outcomes rely on lower anxiety levels to keep heart rates down, and Kathy knows just what to do.

Nursing, to Kathy, is about more than shift work and messy jobs. It’s about independence, community, identity, teaching, caregiving, increasing access to quality care, improving patient outcomes, and mentoring the next generation.

“My mom’s a nurse, and my grandmother is a nurse,” something Kathy’s daughters have repeated so many times throughout their lives proudly and without hesitation, to anyone who may listen. “And now I’m in nursing school”, says the younger one.

You can tell, in their home, being a nurse isn’t a career. It’s a calling, and Kathy Ariss, RN, mom, answers the call every day.

It is with great pride we nominate her for this recognition. **H**



The Ottawa  
Hospital

L’Hôpital  
d’Ottawa

Nursing Week is an opportunity to acknowledge the extraordinary contributions that each and every one of you has made – and continues to make – to our patients, our hospital and our community.

Over 4,000 nurses work at The Ottawa Hospital; the largest group of health-care professionals at one of Canada’s biggest hospitals. It is nurses who are at the core of care teams and at patients’ bedsides 24/7, bringing the hospital’s mission to life by providing exceptional and compassionate care. I cannot thank you enough for your incredible efforts and invaluable expertise.

This year’s Nursing Week theme is “Our Nurses. Our Future.” which recognizes the many roles that nurses play in a patient’s health-care journey. Nursing is a demanding profession, requiring many different and difficult skills. You must be efficient, decisive, patient, respectful, empathetic, strong and careful; on top of that you are held to exceptionally high standards. And yet you do it with professionalism and humility every day.

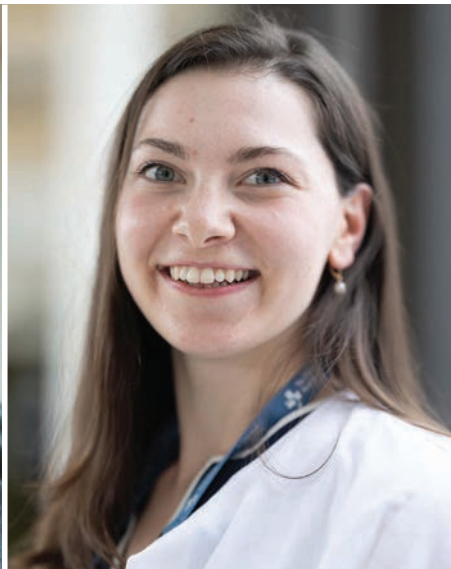
On behalf of your family at The Ottawa Hospital, I am honoured to pass on a great deal of thanks and respect for all that you do. Happy Nursing Week!

### Suzanne Madore

*Executive Vice President, Chief Operating Officer and Chief Nursing Executive*



# THANK YOU



Our Nurses. Our Future.



The Ottawa  
Hospital

L'Hôpital  
d'Ottawa

**Inspired** by research. **Driven** by compassion.  
**Inspiré** par la recherche. **Guidé** par la compassion.

# Alisa Walzak

## St. Joseph's Healthcare Hamilton

**A**lisa Walzak, Registered Nurse, has demonstrated commitment, excellence and leadership in practice in her role of Resource Nurse, and later as the Interim Clinical Manager, Satellite Health Facility (SHF) since the planning and opening of the SHF in 2020. Alisa brings to her work a dedication to the care of older adults and those with complex medical, behavioural and transition planning needs. She is fully competent in all areas of practice of a Registered Nurse, has evidenced initiative in providing education to an interprofessional team in a novel work environment (the SHF), and is recognized for her leadership by team members when fulfilling the Interim Clinical Manager role.

Working within a non-hospital environment (converted hotel) and with varied equipment (some difference from that at a traditional hospital environment) and infrastructure supports,

staff education and follow-up sessions needed to be developed and implemented for the following: lifts and transfers, diagnostic & lab procedures, medication management, processes for patient's death.

During a COVID 19 outbreak at the SHF, Alisa in collaboration with IPAC took a leadership role in reviewing & implementing the necessary Infection Prevention & Control (IPAC) practices, & supporting nurses to provide clinical care that was necessary to support patients through their transition (e.g., initiation of O2, palliation in place).

Alisa has contributed to the review & development of models of care in this non-hospital-based location as well as integration of a new support role (Hospital Support Aide) within the team-based model of care. She has continued to identify examples that can progress work in nursing profession in the education/resource domain as shared with the Director of Nursing Practice

and other leaders.

Examples of such include IV competency, prevention and early intervention safety training, orientation/onboarding.

Within the clinical service, Alisa regularly seeks input from staff at the SHF about areas benefiting from review, modification and enhancement. She facilitates daily huddles Monday to Friday, and provides a written "Weekly Update" that includes welcomes, thank yous, updates (building upon the approach implemented by the initial Clinical Manager, SHF). These strategies for engagement and communication are positively received by staff.

Not only does Alisa support the professional growth of the nurses that she leads, she has a personal commitment to her own professional growth and development. She continues to self-identify and is responsive to opportunities for her professional growth & development. Some specific exam-



ples include the following: Masters of Science Nursing, Gerontological Nurse Certification, Emerging Leaders Course, Gentle Persuasive Approach, Crisis Prevention Intervention and Crucial Conversations.

In conclusion, Alisa has gone above and beyond since 2020 in her role as Resource Nurse and Interim Clinical Manager at our Satellite Health Facility! She has undertaken her work everyday with enthusiasm, compassion and caring for all those with whom she has interacted and led. It is with sincere appreciation that we nominate Alisa Walzak to be recognized as a NURSING HERO.

Nominated by Jane Loncke and Amanda Weatherston. **■**

**We RPN**

Registered Practical Nurses  
Association of Ontario

## We Thank You

The Registered Practical Nurses Association of Ontario (WeRPN) would like to express our sincere appreciation for the dedication and hard work of Registered Practical Nurses throughout Ontario.

We are honoured to be part of a community of more than 60,000 RPNs across the province who share a common goal: to make a positive difference in the lives of our patients. Your fortitude, professionalism, and compassion are an inspiration to us all. We are grateful for everything you do to keep our communities healthy and safe.

We understand the many challenges that you face in your work, and we are proud to advocate on your behalf and stand with you in solidarity and support.

*Together, we can continue to champion improvements to our healthcare system and inspire change.*

We thank each and every one of you for helping to make us stronger, together  
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# BEGIN

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# Cathy Dostaler

## Montfort Hospital

**S**tarted working at Montfort April 2010, and is RN an integral part of the pediatric team at Montfort Hospital. She improves all aspects of care at the Montfort pediatric outpatient clinic. She solves all kinds of problems, teaches and informs families of patients, and has helped train our staff. When she started with our hospital, it was a small clinic for newborn follow-ups and regular consultations. Cathy has been a key part in developing an expansion of our services to include autism and complex care. She has been the main contact for collaborating with allied health professionals and their integration within our clinic. She participates in the monthly meetings with the pediatricians for quality improvement.

Recognizing breastfeeding difficulties as a significant issue after our newborn babies were discharged, Cathy became an internationally certified lactation consultant with a course based on her own time, patiently part-time, and in Montreal, 2 hours away, all while working full time and raising two kids. Patients and colleagues really appreciate her contributions to the job, and the kind and supportive way she does it. Cathy has been consistently supervising COOP students, RPN's and occasionally RN placements in the clinic. Recently, she supervised a practicum placement



## OUR NURSES. OUR FUTURE.

Every day, Sunnybrook nurses demonstrate commitment, compassion and strength. Our nurses have an extraordinary and lasting impact on the health of patients, residents, families and each other.

As we embrace this year's theme- *Our Nurses, Our Future*, we will learn, grow and provide exceptional care when it matters most.

With our deepest gratitude for all that you do.

**Happy National Nursing Week 2023.**

[sunnybrook.ca/nursing](http://sunnybrook.ca/nursing)



for lactation consultant students with public health. Being a true advocate to breastfeeding, Cathy was sensitive to the fact that the breastfeeding room was far away from the clinic waiting room. She applied for a sponsorship program with the hospital foundation and received funds to create an innovative and flexible room, integrated in the main waiting area with the temporary walls on casters that can be moved creatively to meet the family needs. Mothers can now stay in the waiting room and not have the fear of missing their appointment and have intimacy they desire with their newborn.

Recently, with the COVID-19 redeployment, Cathy moved from outpatient pediatrics to the adult intensive care unit. It's no surprise to those of us who work with her that her new colleagues in the Critical Care Unit thought she was great. While she devoted her efforts to the intensive care unit, where she was greatly appreciated, she continued to voluntarily communicate with paediatricians, her clinical colleagues and our patients (via email and messages) during the redeployment: a fine example of his sincere commitment to our clinic and the well-being of his patients.

Basically, no matter where Cathy goes, she will help in any function required, and she makes an important

contribution to maintaining clinical excellence at Hôpital Montfort. She was a department lead for our recent accreditation visit. Also, she's a natural leader; she's sincerely a great influence on staff assisting in the planning, simulations and successful move of our services to a satellite location. She rose to the challenge and also helped plan the transition for many other specialties. Cathy has also been a super user for the launch of our new EMR and helped our consultants validate the growth curves in the system. She worked tirelessly to ensure they were 100% accurate and would not settle for compromises. She volunteered to work as a super-user in the acute side of the hospital for our implementation of computerized physician order entry software. Having never worked with the EMR nor on the acute side of our hospital, she was nonetheless voted one of the most useful and proactive team members.

She consistently goes above and beyond our expectations, showing great adaptability and no limits to her capacity or energy. She is a nurse hero that genuinely cares and has found a beautiful balance of striving for quality and will always be available for the tiny humans and their worried parents.

*Nominated by: Marc-André Sabourin  
Clinical Manager, Resource Team, Montfort Hospital*



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From left to right are Egzona Sadiki, Laber Lee, Jinu Jose, Farahnaz Parishan.

# Suganthini Ananthan, Jinu Jose, Anita Lee, Laber Lee, Farahnaz Parishan, and Egzona Sadiki

## Hemodialysis Charge Nurses, Mackenzie Health

It is with great pleasure that we are nominating our team of hemodialysis charge nurses at Mackenzie Health for the 2023 Nursing Hero Award: Suganthini Ananthan, Jinu Jose, Anita Lee, Laber Lee, Farahnaz Parishan, and Egzona Sadiki. We are delighted to share with the world how these individuals are most deserving of this prestigious award for consistently exemplifying intelligence, patient-centered care, leadership, and resilience.

It's been over three years now since Ontario declared a state of emergency over the COVID-19 pandemic. Like hospitals all around the country, we saw staff and resources being shifted to departments with the greatest need, while other departments were shut down. At Mackenzie Health, we continued to operate our 5 inpatient and outpa-

tient hemodialysis units to provide life sustaining treatment for over 450 patients with end stage renal failure. Our dialysis units are a busy and fast-paced environment where we care for patients with acute medical issues and complex medical comorbidities. The charge nurse may have as many as 120 patients under their care every week.

In the early months of the pandemic, these unprecedented times added more stress and complexity to patient care in our units. A lot of our dialysis staff were scared. We feared catching COVID-19 from our patients and infecting our loved ones. We were anxious about running out of N95s, face shields, and medical face masks as the pandemic disrupted the global supply chains. Our dialysis patients and their family members were scared as well. Patients who had to dialyze in the

hospital sites were afraid of getting infected with COVID-19. Families were stressed out that they can no longer accompany patients to dialysis with these new visitation restrictions. Our charge nurses responded to the stress and fears of patients and staff with compassion, effective leadership skills, and flexibility. Every effort was made to ensure that all staff in all the dialysis units had enough masks, gowns, and gloves for every day to provide safe care. Patients were screened before every treatment for COVID-19 symptoms, and the charge nurses coordinated appropriate testing for symptomatic patients. The charge nurses coordinated the care of COVID-19 positive patients, ensuring they were dialyzed in isolation rooms. If the COVID-19 outpatient was unstable, the charge nurses facilitated assessment by the

nephrologist or sent the patient to ER for further management. The charge nurses also play an integral role in communicating with patients and family members by answering questions and providing reassurance. Because some family members were unable to physically visit their loved one for months on end during the pandemic, providing this type of reassurance over the phone was more indispensable than ever before. Numerous family members have expressed gratitude for the regular medical updates provided and for how staff have risked their own lives during this pandemic to provide healthcare.

In addition to overseeing the smooth operation of the dialysis units, the charge nurses are also leaders in case management and clinical expertise. Before the addition of nurse practitioners



to our satellite units, the charge nurses were responsible for being up to date on all the significant changes in the medical conditions, blood work results, imaging reports, and vascular access issues for every patient. They collaborated with everyone: the nephrologists, dialysis nurses, members of allied health care team, nursing home staff for patients from nursing homes, vascular surgeons, interventional radiology staff, and numerous specialists involved in the renal transplant work up process to address medical concerns. For example, when an AVF was not working well in dialysis, the charge nurses were experts in assessing for clotting and stenosis. The charge nurses were responsible for arranging urgent declotting with the interventional radiologist to salvage the access that allows hemodialysis to be possible. Patient also frequently presented with fluctuations in blood pressure, as well as with volume overload. In response, the charge nurses will arrange for blood pressure medications to be reassessed by the nephrologist, and for extra dialysis run

to facilitate additional fluid removal to prevent sudden cardiac events. Patients also frequently present with anemia requiring blood transfusion, and the charge nurses will organize these patients to have dialysis at the hospital site to accommodate this need. The charge nurses are akin to patient case managers, triaging multiple concerns for multiple patients at the same time. Because of the integral role that the charge nurses play in facilitating such interventions to be completed in dialysis, they are critical in helping to prevent our dialysis patients from going to ER or getting admitted and reducing health care costs.

Furthermore, the charge nurses spend significant time teaching and guiding patients and family members on different aspects of the self management of chronic kidney disease: For example, the charge nurses teach patients how to assess if their AVF has clotted, how to properly care for their



CVC dialysis line, and how to restrict fluid intake to prevent volume overload. The education and support that the charge nurses provide enable patients and families to be independent and successful at the self management of their chronic kidney disease.

Lastly, the charge nurses work closely with the management team to facilitate safe and effective unit operation with adequate nursing staff. As the pandemic continues year after year, some dialysis nurses got infected with COVID-19, leaving the units short staffed. As a result, the charge nurses had to take on a patient assignment and personally care for the dialysis patients in addition to completing all the charge nurse duties. This dedication, hard work, and ability to problem solve that our charge nurses display is absolutely phenomenal.

Robert Clancy said that “We all have the capacity to be a superhero.

In order to become one, you just have to find your unique powers or abilities and exploit it for the greater good. The cape and mask are optional accessories, but a kind heart is essential.” In this pandemic age and the post-pandemic future to come, I agree that the superhero cape is optional. However, the medical face mask has become the new superhero mask, and it is still essential for our dialysis charge nurse superheroes. As you can see, these dialysis charge nurses not only have a kind heart, but also have their unique superpowers: Exemplary clinical proficiency, excellent collaboration and communication skills, proven leadership ability, and the established ability to problem solve. Our hemodialysis charge nurses are the perfect recipients of the 2023 Nursing Hero Award because they demonstrate these superhero qualities everyday.

*Nominated by Yulia Solomovich, Manager, CKD Program Satellites at Mackenzie Health and Serly Wong, Nurse Practitioner, CKD Program at Mackenzie Health Mackenzie Health*

Scarborough Health Network (SHN) joins in celebrating all nurses and the many roles they play in a patient’s healthcare journey.

We proudly recognize our incredible **SHN nurses** for their dedication to exceptional clinical care that is delivered in a compassionate and caring manner. Our nurses’ focus on patient safety and quality is what drives and brings them to work everyday.

Thank you for leading the way as we continue to shape the future of care for our Scarborough community.



NATIONAL NURSING WEEK 2023

**Our Nurses. Our Future.**

# Miriam Cook

## SE Health First Nations

**I**would like to nominate Miriam Cook, RN BN as a Nursing Hero who goes above and beyond. Miriam is an Instructor with the SE Health First Nations, Inuit and Métis Program's Personal Support Worker (PSW) Program. The SE Health First Nations, Inuit and Métis Program's Personal Support Worker Program provides certified PSW training through the SE Career College of Health to Indigenous students throughout Ontario. Miriam is from Slate Falls First Nation in Northwestern Ontario and has worked in a number of nursing roles in several First Nation communities

in Ontario and is keenly aware of the need for certified PSWs in First Nation communities.

Miriam is more than an instructor;

Miriam is a positive role model and a mentor for her Indigenous students.

Miriam understands the strengths and struggles of the Indigenous students and Miriam always goes above and beyond to be that positive role model and educator to the students. Miriam understands that the graduates from the SE Health First Nations, Inuit and Métis Program's PSW Program make a huge impact in improving the health of an

Indigenous community. Every certified PSW that Miriam educates has the skills and abilities to provide a real impact with care in the PSW's community. Miriam understands by being a positive role model and mentor not only to students but in Indigenous communities she provides the opportunity for more Indigenous people to make health care a career path.

Traveling by vehicle, boat, airplane and on ice roads Miriam provides high quality, culturally safe, PSW education to Indigenous students wherever the students live. That is a real commitment to Indigenous people, Indigenous health and to making an impact. Miriam Cook is a Nursing Hero!

Miriam traveling to PSW in person class via boat in a remote Ontario Indigenous community.



Miriam landing on cold winter day at a remote community in Northern Ontario to deliver PSW education

Nominated by Daniel Wiebe, Director, SE Health First Nations. **H**

## "I feel fortunate to be part of this organization."

- Abigail, Registered Practical Nurse

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Thank you for playing a foundational role as we set out to create a new kind of health care for a healthier community.

**Celebrating National Nursing Week: May 8 – May 14, 2023**

Visit us at [thp.ca](https://thp.ca) or donate at [trilliumgiving.ca](https://trilliumgiving.ca)

# Dianne Bricknell

## Oak Valley Health

I would like to nominate Dianne Bricknell for the Hospital News Nursing Hero Award. Dianne has been a registered nurse on the Inpatient Surgery Unit since Oak Valley Health opened its doors in 1990 as Markham Stouffville Hospital. She is not only a loyal employee, who helped build the hospital and grew with the hospital, but also an outstanding nurse, who is so passionate about nursing and always strives for excellence. Having worked with Dianne for close to 25 years, I have had the good for-

tune to witness the compassion, dedication, and extraordinary care she has given to her patients and their families every day.

Dianne is a role model not only to the new nurses, but also to everyone who works with her. She would be easily described by her colleagues as a calm, collected nurse with a laid-back style. When she is on duty, she makes the workload on unit seem lighter, and a hectic day easier. Dianne is also a very kind person. She has been a wonderful preceptor to many new nurses with her gentle mentoring style. I have always



### Nursing Week 2023: Humber River Hospital

Nurses are an integral part of our healthcare team, playing a vital role in ensuring the well-being of patients. They are often the initial point of contact for patients and their families and display unwavering commitment to providing the highest quality care to our patients.

At Humber River Hospital, we are grateful for our resilient nurses who embody our values of compassion, professionalism, and respect in many ways. Our nurses go beyond to demonstrate kindness and empathy, and ensure patients are treated with dignity and respect in receiving the best possible care and outcomes.

Our nurses remain up-to-date with medical trends and innovations to better collaborate with physicians and other healthcare professionals in providing in-depth knowledge and clinical expertise. They adhere to ethical and professional standards to continuously act in the best interests of patients and families.

We recognize the daily, high-quality care our nurses provide to assist with care and recovery journeys. We appreciate the outstanding contributions they have on improving the health of our diverse communities. We are proud to have such dedicated, compassionate, and hardworking individuals on our clinical teams. To all our nurses at Humber River Hospital, thank you for the essential role you play in our hospital and our community.



seen Dianne offering her peers a dose of encouragement when things don't seem to be going right. Dianne has many nursing strengths, and I like to call them her super nursing powers. She has a special talent in starting IVs in which no one else on the unit can compare. I call her the "IV sharp shooter."

Highly skilled and extremely knowledgeable, Dianne provides extraordinary care to her patients and their families. However, it is her nature of compassion where she sparkles the brightest. Patients and their families appreciate the compassionate care they receive from Dianne as she makes them feel trustful and comfortable during their most difficult time of recovery, and sometimes during the dying process. When a patient cannot afford to buy a medication, she will go out of her way to have pharmacy and a social worker involved to ensure her patient does not go without it. Dianne is always very attentive and has that fifth sense of anticipating her patients' and their families' needs. Before a patient can



say, "I need something for pain," she is already in the room with the medication in her hand ready to hand it to her patient with a smile. Dianne is very thorough and very informative when educating her patients and

their families. She makes it her mission to make sure her patients are well informed of any procedures or tests they are about to go through by making sure all their concerns and questions are answered appropriately in a timely manner.

Regardless of patients' background and family situations, Dianne provides honourable care to all her patients with empathy, dignity, and respect. Her warm and genuine compassion, is the kind of character that our patients and their families look for and continues to inspire all of us. Dianne is loved by everyone on the Inpatient Surgery Unit, and has been a valuable member of the organization for over 30 years. I am most confident that she will continue to shine her star and for this, she is most deserving of this year's Nursing Hero Award. Thank you.

Nominated by: Marijol Calpito





**Humber River  
Health**



## **Nursing Week 2023**

**Humber River Hospital is grateful for our nurses' resilience, dedication, and compassion. Thank you for your essential role in providing high-quality care to our patients.**

# Jackline Shitera

## Oak Valley Health

It is a great honour to nominate Jackline Shitera, Geriatric Emergency Management (GEM) Nurse Practitioner at Oak Valley Health, for the Hospital News Nursing Award. I met Jackline by happenstance while visiting a Senior Home Support Program patient in the emergency department (ED) two years ago. During this impromptu meet and greet, I was immediately captivated by Jackline's optimism and passion for care of the elderly. Her enthusiasm for knowledge sharing and warm demeanor created opportunities for peer to peer counsel and collaboration that would not have existed otherwise.

In the months and years to follow, Jackline navigated me through clinical

issues ranging from elder abuse concerns to transportation for low income seniors – graciously extending her expertise across programs. When Ted\*, a patient of the Seniors Home Support Program presented to the ED for shortness of breath, I witnessed the impact Jackline made on one of our most vulnerable patient population. That is, for frail seniors presenting to the ED for a medical emergency, Jackline is their greatest ally and advocate.

First a bit of context. Ted is a senior with dementia who became increasingly disoriented after arriving in the ED. He is exit seeking because naturally, he wants to go home. He is weak and



falls often, but of course, he does not remember this. His chief complaint was shortness of breath that has been getting worse over the last week. The decision to call 911 for investigation in hospital was not an easy one for his wife Pam. On one hand, there was a desire to get answers about the cause of shortness of breath, and on the other hand, knowing there is a risk that an ED visit could be a traumatic experience. Pam, herself is a bed-bound senior and making her best attempt to get updates from her hospital bed at home. She is gravely concerned about a possible congestive heart failure diagnosis.

I visited Ted several times that day and am happy to share that he left the ED without injury, restraint, delays in testing, or need for admission. Jackline's efforts were monumental to ensure these wins and a smooth ED visit. For example, Jackline moved the client closer to the nursing station for safety and personally checked on Ted often to supplement monitoring by the overextended ED staff. This meant that the client did not require restraints or suffer a fall/injury.

Jackline coordinated and communicated the urgency of all diagnostic tests to avoid delays and an extended ED visit. She communicated with Ted in a manner that was calm and respectful, and made him feel heard and import-

ant in his own care. She engaged Pam through regular telephone updates and provided compassionate counselling for future care options. Just as I wondered how the client would get home, I found Jackline (after her shift) wheeling Ted out the doors of the ED and safely handed him to a volunteer driver who would get him home safely.

Ted will not remember Jackline and how in those very busy 6 hours, she was working hard with him and behind the scenes to coordinate the appropriate testing and to get him home, where he felt safest. I very much doubt this encounter stands out in Jackline's memory as this is the exceptional standard of care she provides on a daily basis. I, however, think this was an exceptional ED visit, if ED visits could be described as exceptional. Jackline has given me an optimistic perspective on how a senior friendly emergency department is possible through exceptional staff as an important starting point. Thank you for the opportunity to recognize my nursing colleague and considering Jackline Shitera for the Hospital News Nursing Award.

\*patient name has been changed to ensure confidentiality

Nominated by: Susan Ng, Nurse Navigator, Seniors Home Support Program, Oak Valley Health

 A photograph of a woman with dark hair, smiling broadly. She is wearing a white lab coat. The background is slightly blurred, showing another person's shoulder.
 

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Jacqueline Lumsden

# ‘It’s not about dying. It’s about living well’:

## Three palliative care providers reflect on their profession

By Marlene Leung

**C** OVID-19 has put conversations about life, illness and dying front and centre. We spoke with Dr. Jennifer Hopfner, Dr. Naheed Dosani and Jacqueline Lumsden, who work in palliative care at Unity Health Toronto, about the changes they saw throughout the pandemic and where they hope palliative care goes from here.

Dr. Jennifer Hopfner is the division head for palliative care at St. Joseph’s Health Centre. Dr. Naheed Dosani is a palliative care physician at St. Michael’s Hospital. Jacqueline Lumsden is the patient care manager on the Palliative Care Unit at Providence Healthcare.

### Q: WHAT CHANGES HAVE YOU SEEN IN THE WAY ILLNESS AND DEATH ARE CONSIDERED IN PALLIATIVE CARE SINCE THE START OF THE PANDEMIC?

**Dr. Hopfner:** In the first wave I saw this real push to have advance care planning discussions. With such uncertainty of how COVID would impact individuals’ health and with so much death, specifically from COVID, there seemed to be a real push for individuals to discuss with their families, with their primary care providers, and with specialists, what they would

like to happen if they were to catch COVID and become critically ill. It was a positive development, because advance care planning can be greatly empowering for people. Knowing that you have a life-limiting illness and that you’re going to die, and having a discussion about what that journey is going to look like ensures that individuals can have a voice at the table.

It was great to see advance care planning at the forefront, but it was so hyper-focused on COVID outcomes. I personally haven’t seen it translate into planning for other diseases that may have just as high or higher mortality risk.

What I also noted throughout the pandemic is how important communi-

ty is during living, dying, grieving and mourning. I think I’ve always known that, but it was really highlighted during the pandemic, when patients suddenly couldn’t have access to community like they would typically have in times of grief.

**Dr. Dosani:** Since the start of COVID-19, I’ve seen a drastic change in the way that people are dealing with their illness journeys. During the pandemic, more and more people have been put in a situation where they have had to think about their own mortality and the mortality of the people they love. This has led to more people discovering the importance of palliative care and particularly, how a palliative approach to care is so essential for so



many in our communities. Throughout the pandemic, our palliative care services were asked to see more people than ever before. We weren't just managing people medically to support their quality of life, but we were supporting them emotionally and psychologically. In many cases, people didn't always have loved ones at their side, so we were doing a lot of this care and support virtually and over the phone. Truly, there's never been another time that I'm aware of where palliative care has been more essential.

I also saw the ways in which the COVID-19 pandemic disproportionately impacted certain people more than others. We saw first-hand, that people who experienced structural vulnerabilities were hit hardest. This included the elderly, people with disabilities, immunocompromised people and people experiencing homelessness and poverty. In addition, it became commonplace for our team to provide palliative care for people, for example essential workers, who perhaps wouldn't even need this kind of care, if there were more upstream policies in place to protect them throughout the pandemic, such as paid sick days, equitable access to vaccines and more robust education to address COVID-19 misinformation.

**Jacqueline:** I think there are a few things I witnessed and learned throughout the pandemic. The first was how quickly my team came together to support patients and families as visitation restrictions were implemented. We came together and found ways to arrange virtual visits

using iPads, because we knew how important visitation is for families. I also huddled frequently with staff and we talked about dealing with people who are frustrated and upset when they came in. We learned to tease out when someone was upset at an employee and when they were upset at the situation. Nine times out of 10, it was the situation. We learned to de-escalate difficult situations, and we stayed connected with our spiritual care leaders to provide support. Everyone pitched in to help. Patient-centred care is a phrase we often use, but I really saw it in action. I learned that anything is possible, and "no" is never a solution or an answer. The pandemic taught us that there are always options, so let's try to explore those options to provide the best care possible.

**Q: IF THERE WAS ONE THING YOU COULD CHANGE ABOUT PALLIATIVE CARE GOING FORWARD, WHAT WOULD IT BE?**

**Jacqueline:** I would love to see studies and input from patients that have different values and belief systems, and taking that information and incorporating it into our practice. Palliative care is unique to each individual, but I think palliative care is somewhat one-dimensional at the moment. I believe that our practice should be inclusive, and I think we need to take a step back and really revisit palliative care and what that means from an equity, diversity and inclusion lens for Black



Dr. Naheed Dosani

and Indigenous communities and People of Color (BIPOC).

**Dr. Hopfner:** I would like to see the building of capacity to provide more palliative and end-of-life care, not only by healthcare providers, but also by communities and people's families and chosen families. I think there's this misconception that palliative care can only be practiced by specialists in healthcare environments. I'd like to take a step back and see everyone practice good palliative and end-of-life care in all environments. I hope to see palliative care practiced more widely across Canada, and individuals feeling that they have the appropriate tools to do so.

**Q: WHAT'S ONE THING YOU WOULD LIKE EVERY CANADIAN TO KNOW ABOUT PALLIATIVE CARE?**

**Dr. Hopfner:** I would like to shatter the myth that palliative care is synonymous with end-of-life care. End-of-life care is a branch of palliative care, but palliative care encompasses much more. It can be introduced earlier on in a patient's disease trajectory to help alleviate symptoms and improve quality of life. I would like people to understand this so they aren't as fearful about meeting our team or to have a conversation about palliative care.

**Jacqueline:** Palliative care is no longer an end destination. For a long time there's been a misconception that people come to palliative care to die. I think it's great that we're now seeing patients who stabilize and have the option of returning home or to another alternate location that would meet the individual's care needs. We have many patients who come to palliative care and return home or go on to long term care, thanks to the care they receive here.

**Dr. Dosani:** I would want everyone in Canada to know that palliative care doesn't have to start at the end of life. Early palliative care has been shown to have great benefits for people dealing with serious illnesses, including improved symptom management and emotional wellbeing. As well, caregivers often feel very relieved to have early access to the kind of support that palliative care has to offer. This can include medical care, but also home and community care.

I've learned through palliative care that even if people are very sick, they can live well. Palliative care can offer hope through an approach to care that can really improve a person's quality-of-life. While end-of-life care is certainly a part of the continuum of what palliative care can offer, palliative care is not about dying. Palliative care is about living well. ■

Marlene Leung is the senior communications advisor at Unity Health Toronto

Dr. Jennifer Hopfner



# 'It gave me my life back' says organ transplant recipient

By Michelle Pressé

**W**hen Brittany Smith first found out she needed a kidney transplant, her family didn't hesitate to find out if they could be a donor.

It was a "terrifying process," made heavier as family members were slowly denied as possible donors. Unbeknownst to her, Smith's brother-in-law, Craig Thompson, continued to make progress towards becoming a donor.

"He kept it quiet because he didn't want to get my hopes up," says Smith, a 32-year-old Port Colborne resident. "From the time he entered our family, he made it a priority to build strong relations with each of us. Craig and I are very close. I consider him a brother."

Smith started dialysis in March 2022 at the St. Catharines and Welland hospitals after suffering from a major seizure, changing her life overnight.

"When I first started dialysis, I was terrified," she says. "However, at my first appointment, the team walked me

through what the process would look like, all of the equipment, the impact it would have on my body and what to be prepared for. Also, the nurses take the time to get to know you. They know how to lighten the mood and make everything less daunting."

During this time, Smith temporarily lost her license and moved in with her sister and brother-in-law, who often took her to appointments.

"Craig saw how sick I was and wanted to help in any way he could," she says. "I was someone who played

sports, was active at the gym and just bought a house. His donation gave me the opportunity to return to those things and to continue checking off the things that are still on my bucket list. It gave me my life back."

The transplant surgery, which took place in September 2022, was a success.

"Organ donation can change a recipient's life," says Smith. "I will never forget the generosity of Craig and will not take this second chance at life lightly. I believe this to be true for all recipients."

## Lawson study validates new biopsy method for breast cancer patients

By Celine Zadorsky

**I**n a newly published study in the *American Journal of Roentgenology*, a team at Lawson Health Research Institute was the first in North America to find that a new breast cancer biopsy method may offer a more accurate and comfortable option for patients.

The method is a new form of mammography software that combines contrast enhanced mammography (CEM) with mammography guided biopsy technology at St. Joseph's Health Care London's Breast Care Program. These tools were combined in an effort to make the biopsy procedure more streamlined, accurate, and easier for patients and technicians.

CEM is a relatively new form of mammography that uses contrast iodine injected intravenously, which acts like a dye that allows radiologists to spot potential cancerous lesions more effectively. If potential lesions are found, a biopsy is often the next step.

Before this option was made available to patients through this research,

suspicious lesion detection that was only seen on contrast enhanced mammography were biopsied under MRI. This meant longer procedures, and working with limited MRI availability.

"If a lesion is detected only by CEM we usually offer an MRI guided biopsy, but we first need to find the same lesion on an MRI," says Dr. Anat Kornecki, Lawson Associate Scientist and Breast Radiologist Lead at St. Joseph's Health Care London. "The problem is that it is sometimes hard to find the same lesion and the MRI itself can be uncomfortable for the patient. Also, some lesions that are close to implants or chest walls cannot be reached with MRI guided biopsy."

Dr. Kornecki and her research team therefore decided to study this new method. They were the first in North America to trial CESM-guided biopsies by using new technology created by GE HealthCare. This software means that patients can have the biopsy done with the exact same modality, avoiding the need for an MRI.

The study included 50 patients through St. Joseph's Breast Care Pro-

gram. The research team found 51 potentially cancerous breast lesions. Biopsies were successfully performed for 46 of the lesions. The results showed that 11 were breast cancer, 10 were high-risk lesions, and the remaining were benign lesions.

"These are very similar results that were reported through MRI-guided biopsies, which means that this new method can replace the MRI," explains Dr. Kornecki.

Patients also reported having a more comfortable experience with the CEM-guided biopsy method.

Researchers in London and at two other centres in Europe were the first to pilot this technique which has now been cleared by Health Canada and the FDA commercially. St. Joseph's Breast Care Program was the first site in North America to offer this procedure as a clinical standard of care.

"It is a game changer with certainty," adds Dr. Kornecki. "This is now a great added component for patients, which makes it a very good tool."



Currently CEM – guided biopsy can be offered to patients with lesions that were initially detected by MRI where a biopsy is not feasible due to the lesion location. While it is currently being used as a diagnostic tool only, Dr. Kornecki is hopeful that eventually CEM-guided biopsies will be approved as an initial breast cancer screening tool as well. **H**

Celine Zadorsky works in Communications & External Relations, Lawson Health Research Institute.



Between April 2022 and March 2023, 15 organ donors from the Niagara region saved the lives of 35 people. One donor can save up to eight lives, and an additional 75 lives can be improved through the gift of tissue. Eyes can restore sight; skin can help patients heal from burns; bones can be used for joint replacements; heart valves can help with congenital heart disease; and tendons and ligaments can help recipients walk and run.

However, while 90 per cent of Ontarians say they are in favour of being a donor, only 35 per cent actually register.

Approximately 1,400 people in Ontario are waiting for an organ transplant. According to the Trillium Gift of Life Network, Ontario's organ and tissue donation agency, someone in the province dies every three days be-

cause they didn't get their transplant in time.

"Registering to become a donor only takes two minutes," Dr. Hari Vasani, Niagara Health's Hospital Donation Physician and Medical Director of the Critical Care Response Team. "All you need is an Ontario health card. It's also extremely important to tell your family what your wishes are."

Vasani says that everyone is a potential donor, regardless of age or medical condition. Even if one organ is ruled out, other organs can still be accepted. Niagara Health works closely with the Trillium Gift of Life Network to identify potential donors.

On Friday, April 7, Brock University's Schmon Tower and the City of Welland's Bridge 13 will be lit up green in support of BeADonor Month. In addition, Niagara Falls will be lit in



*Craig Thompson, left, with his sister-in-law Brittany Smith, right, before their organ transplant surgeries. Thompson donated one of his kidneys to Smith.*

green from 10 p.m. to 10:15 p.m.

Anyone over the age of 16 is strongly encouraged to discuss their wish-

es with their families and register to become an organ and tissue donor at [BeADonor.ca](http://BeADonor.ca)

*Michelle Pressé works in communications at Niagara Health.*

## Spine patient meets robot: Improved patient outcomes enabled with technology

By Roxane Bélanger

**W**hen unbearable back pain first landed Clare Lane in a Halifax emergency room in 2018, fate connected her with Dr. Sean Christie, the neurosurgeon on-call that night. What she didn't realize at the time was that this chance encounter would lead her to become one of the first patients in Canada to receive innovative personalized spinal surgery – with a robot.

An MRI had determined that a spinal disc was compressing one of Clare's key nerves, causing a condition known as foot drop. Dr. Christie was able to relieve her condition with conventional surgery, but 18 months later, the pain returned. And this time, more intensely.

By 2022, a new MRI indicated her spinal disc had re-herniated and pain medication was no longer helping. "I was barely functioning on opioids and nerve blocks, and I couldn't envision spending the rest of my life that way," she says. Clare met with Dr. Chris-

tie once again to discuss her options. This time, she was advised she was the perfect candidate for spinal fusion – a procedure that would include robotic-assisted surgery using the Medtronic Mazor™ X system.

Licensed by Health Canada in 2021, QE2 Health Sciences obtained one of the first Mazor X systems in Canada. Dr. Christie became an early adopter among Canadian specialists using robotic-assisted spine surgery in patients, completing the first case in Canada in July 2022. Dr. Christie credits the QE2 for its commitment to innovation, saying "Centers that are committed to bringing in technology demonstrate that they are centers that want to enable people to perform to the greatest of their capabilities."

The Mazor X system is designed to be used in procedures during general spinal surgery, minimally invasive, or percutaneous procedures. By combining robotics with navigation technology, surgeons can perform pre-operative planning, using real-time image guidance paired

with interactive 3D modelling of patient anatomy, allowing for a more personalized approach for the patient.

When Clare entered the OR for the fusion procedure, she was met with a myriad of monitors and equipment. There was a perceptible buzz in the room and in the corner, the robotic arm. "I trusted Dr. Christie 100 per cent," she said.

Currently, robotic-assisted surgery (RAS) is performed in only a small number of spinal procedures worldwide. This trend is projected to grow due to the precision and ability to pre-plan the procedures, reduce the number of revisions needed post-surgery and ultimately, enhance personalized care. Precision treatment can result in reduced post operative pain for patients, 1 and lower complication rates, 2 which in turn can lead to shorter length of stay (LoS) in hospital. 3 The goal for Mazor X System is to reduce variability through an accumulated global database of best practices.

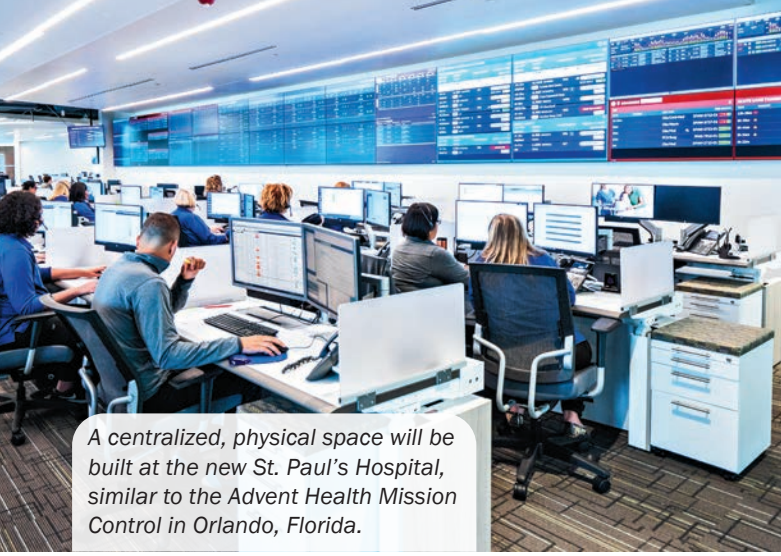
Dr. Christie continues to field questions from colleagues and health

system leaders who anticipate the technology could one day become a standard of care, and a means of attracting and retaining much-needed human resources. "People who are typically attracted to fields such as spine want to deliver the highest quality care that they can," says Dr. Christie. And the highest quality care arguably requires technology. "Because if you can do something well, you can do it better with technological assistance," he adds. "I think centers committed to bringing in technology are attractive for the clinicians who want to continuously improve and ultimately deliver the best they can for their patients."

Patients like Clare, who now envisions visiting family long-distance and enjoying more quality of life. "I was on my feet at home a lot faster than I had ever imagined," she says of her surgery with Mazor. "If robotics can reduce the number of appointments needed after surgery, especially for an older patient, then I think, wow, it's just brilliant."

*Roxane Bélanger is an External Communications Specialist at Medtronic.*





A centralized, physical space will be built at the new St. Paul's Hospital, similar to the Advent Health Mission Control in Orlando, Florida.



Providence Health Care will soon launch BC's first Care Coordination Centre, a hospital version of air traffic control.

Photo credit: Bisi Alawode

# A BC first: Providence health care transforms patient care with launch of real-time, predictive technology

It's powerful, smart technology, and more. Staff will use it to get site-wide insights of beds, capacity, bottlenecks, inpatient status and what needs attention – in real time and 24/7.

This digital transformation of patient care is supported by a \$5 million gift from the Mr. and Mrs. P.A. Woodward's Foundation.

Providence has partnered with GE HealthCare, a leading health-care technology company and digital solutions innovator, to implement the Care Coordination Centre for St. Paul's Hospital, Mount Saint Joseph Hospital and Holy Family Hospital and eventually at the new St. Paul's Hospital when it opens in 2027.

"The provincial government's investment into the new St. Paul's Hospital and the digitization of health care will ensure more people benefit from the best patient outcomes," said Adrian Dix, Minister of Health. "We have a huge opportunity in front of us to put this data to work for the betterment of patients and health care staff alike. By using real-time, predictive data, care teams at Providence can transform care and deliver clinical excellence in B.C."

## HI-TECH 'TRAFFIC' CONTROL

The new Care Coordination Centre will support staff with coordinating

PATIENT	DATES	DISPOSITION	INCOMPLETE TASKS	COMPLETED TASKS	PATIENT NOTES
BOB_JANE	2023-05-10	Admitted	<input type="checkbox"/> CT Imaging <input type="checkbox"/> ECG Test	<input checked="" type="checkbox"/> Blood Total <input checked="" type="checkbox"/> Urinalysis <input checked="" type="checkbox"/> PT Test	05/10/2023 09:00:00 05/10/2023 09:00:00 05/10/2023 09:00:00
BOB_JANE	2023-05-10	Discharge	<input type="checkbox"/> Lab Collect STAT <input type="checkbox"/> ECG Test <input type="checkbox"/> All Blood <input type="checkbox"/> Change Log <input type="checkbox"/> Discharge	<input checked="" type="checkbox"/> Lab Collect <input checked="" type="checkbox"/> ECG Test <input checked="" type="checkbox"/> All Blood <input checked="" type="checkbox"/> Change Log <input checked="" type="checkbox"/> Discharge	05/10/2023 10:00:00 05/10/2023 10:00:00 05/10/2023 10:00:00
BOB_JANE	2023-05-10	Discharge	<input type="checkbox"/> PT Test <input type="checkbox"/> CT Imaging <input type="checkbox"/> All Blood	<input checked="" type="checkbox"/> PT Test <input checked="" type="checkbox"/> CT Imaging <input checked="" type="checkbox"/> All Blood	05/10/2023 08:00:00 05/10/2023 08:00:00 05/10/2023 08:00:00

An example of GE HealthCare's command centre software shows staff real-time data

the thousands of steps and decisions happening daily as patients arrive, are admitted, have tests, treatments or surgery, receive care and are discharged home or to their communities. The technology uses real-time analytics to enable teams to quickly and easily access essential information about inpatient care activities on display monitors, workstations and mobile devices. It will provide actionable insights to care teams who work at the bedside, so they can focus more on delivering patient care and less on coordinating care.

Whereas similar capabilities modelled after NASA Mission Control have existed for decades in other industries, including transportation, energy and utilities, they only recently emerged in health care. Today, GE HealthCare's command center software is used by over 300 hospitals worldwide.

"While the technology of the Mr. and Mrs. P.A. Woodward's Founda-

tion Care Coordination Centre will be invisible to inpatients and visitors, it will bring big benefits to everyone who steps inside our hospitals," said Fiona Dalton, Providence's President & CEO. "The routine use of data in our everyday operations will allow us to maintain and improve our standard of care, so patients continue to receive the exceptional care Providence is known for. Staff in our hospitals will soon be able to keep a closer eye on inpatients, intervene earlier and escalate for help as needed.

## SMOOTHER PATIENT JOURNEYS

The Care Coordination Centre analytics will also suggest what will likely happen in the coming hours and days, so teams can spot potential issues and proactively intervene. For example, if a unit is predicted to be full by midnight, teams could adjust patient bed assignments or avoid admitting additional patients to that unit to reduce the pressure on staff.

"The software will allow us to monitor what is currently happening inside the hospital, and intelligently predict what's likely to happen, so staff can respond proactively," explains Stephanie Hood, program manager for IT Innovation with the New St. Paul's Hospital Project

Team. "We expect this new software to help us improve the patient and staff experience alike, and it will also result in better patient flow and increased data visibility."

The first phase of the software implementation focuses on capacity and staffing and will launch this summer for St. Paul's, Mount Saint Joseph and Holy Family Hospitals; the rest will be implemented by summer 2024.

## PURPOSE-BUILT SPACE BOOSTS DIGITAL TRANSFORMATION

Providence's digital transformation will be supported by a 2,800 square feet, purpose-built space at the new St. Paul's Hospital. Called the Mr. and Mrs. P.A. Woodward's Foundation Care Coordination Centre, the space will feature a video wall with 16 screens displaying real-time insights, and workspace for a centralized team to proactively intervene and ensure streamlined patient flow and day-to-day hospital operations.

"The Mr. and Mrs. P.A. Woodward's Foundation has contributed significantly to St. Paul's Hospital since its first gift in 1958," says Dick Vollet, President & CEO, St. Paul's Foundation. "When the new St. Paul's Hospital opens at the Jim Pattison Medical Campus, the Woodward's Foundation will be recognized for its vision and commitment with the naming of the Mr. and Mrs. P.A. Woodward's Foundation Care Coordination Centre." **H**



# BC Children's receives international recognition for excellence in pain care

**B**C Children's Hospital, in partnership with the BC Women's Hospital Neonatal Intensive Care Unit, is now a ChildKind certified hospital. The international designation recognizes our hospital for excellence in providing pediatric pain care.

As one of only three children's hospitals in Canada to achieve this designation, and the fifteenth worldwide, we proudly join the ChildKind certified ranks of renowned pediatric hospitals, including Alberta Children's Hospital, Hospital for Sick Children in Toronto, Boston Children's Hospital and Seattle Children's Hospital.

## WHAT IT MEANS TO BE A CHILDKIND HOSPITAL

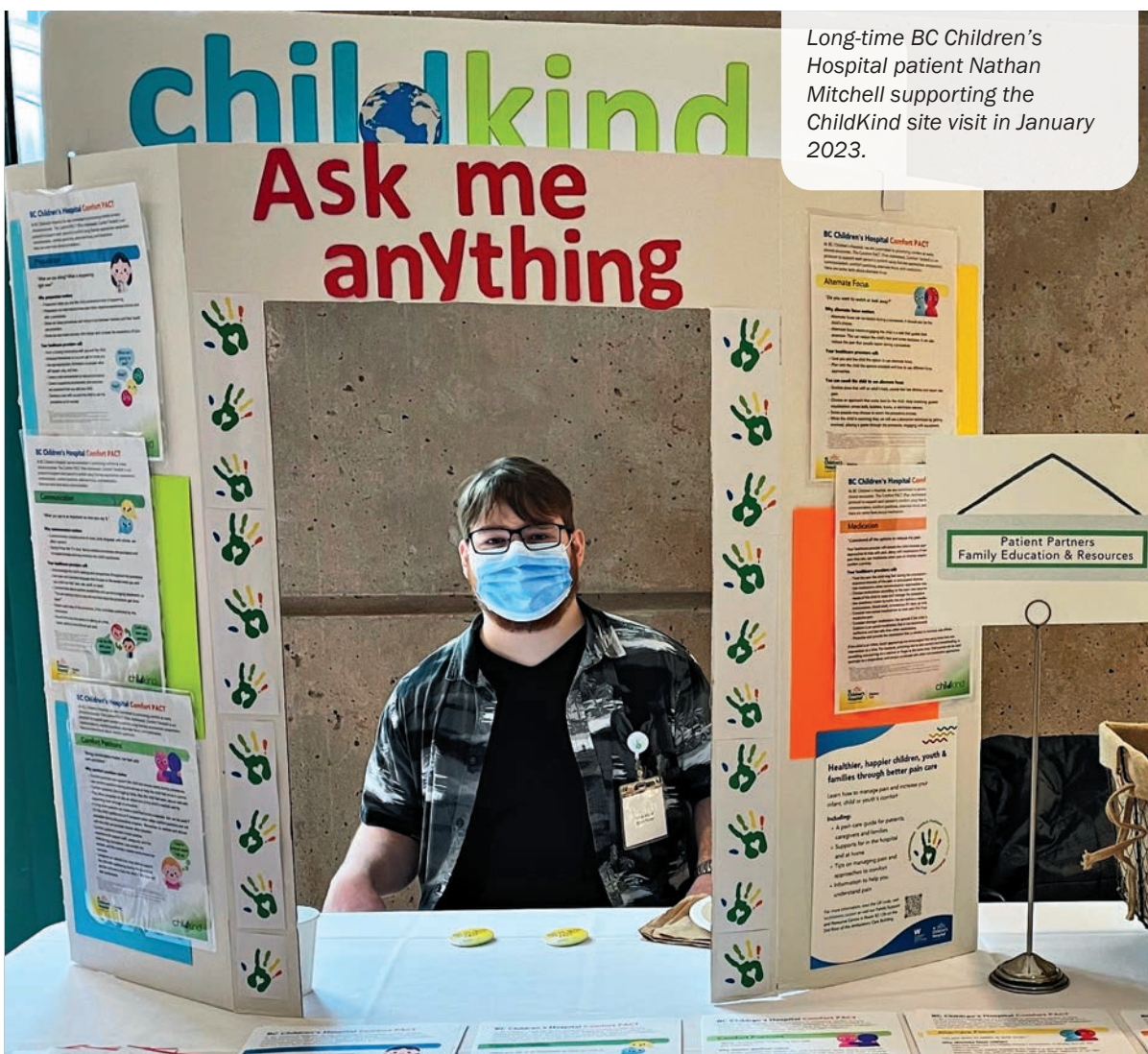
ChildKind is an international organization that assesses and recognizes health care facilities for their efforts in reducing pain and promoting comfort for pediatric patients.

Certification committee members from ChildKind International visited BC Children's and Women's hospitals in January 2023 to learn more about how we manage pain and promote comfort using the practices of our Comfort PACT, and how our pain care makes a positive impact for patients and families.

"We know that people who experience high quality pain management while in hospital have shorter recovery periods and fewer hospital return visits," says Susan Poitras, Clinical Director, PainCare 360 and Palliative Care and ChildKind project lead, BC Children's Hospital. "So not only does becoming certified celebrate the exceptional work we do here, but it also demonstrates our commitment to patients and families that we that we are dedicated to supporting healthier, happier children, youth and families through quality pain care."

Following the successful site visit, ChildKind International officially recognized BC Children's and Women's hospitals as a ChildKind certified hospital.

"The ChildKind process really helped to bring our teams together and



Long-time BC Children's Hospital patient Nathan Mitchell supporting the ChildKind site visit in January 2023.

create more awareness about pediatric pain care," says Susan.

## PATIENT AND FAMILY PARTNERS PLAY A KEY ROLE

At the heart of the ChildKind certification process, was BC Children's commitment to providing person – and family-centred care. To ensure the patient and family experience and perspective was included, the ChildKind project team worked with patient and family advisory groups. This process supported patients and families to participate and collaborate in discussions about pain care improvements, policy development and allowed them to

co-develop pain and comfort information and resources that were accessible for patients and their families.

Long-time BC Children's Hospital patient Nathan Mitchell and his mother Tina, both participated in the ChildKind process and are celebrating the news of certification alongside the staff.

"Being a part of the advisory group for ChildKind was a really rewarding experience," says Nathan, a member of the youth advisory committee who was involved with the creation of the Comfort PACT. "I'm glad that this information, this knowledge about pain and comfort is now so widely available that improved practices are now standard and not the exception."

His mother Tina, a member of the caregiver advisory committee, adds that, "We worked so collaboratively with the clinical staff and the policy makers, and it's amazing to see the positive outcome of our efforts."

"You don't always get to see the change that comes as a result of your feedback, but we did with ChildKind," says Tina, marveling at how quickly the pain care practices were implemented. "Even now, when we are preparing to come to the hospital, the care teams always ask if we have concerns around pain or pokes, and how they can help support Nathan through every appointment." **■**





# World first for implementing The Butterfly Approach to support dementia care in hospital

By Catalina Guran

**F**or seniors living with dementia, a hospital stay to treat an illness or injury can be difficult, resulting in responsive behaviours that can impact their care experience. Five years ago, William Osler Health System (Osler) set out to change that, blazing a new trail for dementia care within an acute care hospital environment.

In February 2023, Osler's Acute Care for the Elderly (ACE) Unit at Brampton Civic Hospital was Accredited with Level 1 Distinction by the United Kingdom-based consultancy, Meaningful Care Matters (MCM) – its highest designation. Osler's ACE unit is the first acute care health system in the world to successfully implement The Butterfly Approach™ in a hospital setting.

Developed by MCM, The Butterfly Approach is an emotion-based, person-centred model of care for patients living with dementia that recognizes a patient's emotional needs are just as important as their physical needs. While the ground-breaking program has been implemented in a number of Long-Term Care (LTC) homes across the UK, Ireland, US, Australia and Canada, Osler believed it could also greatly benefit patients in acute care after seeing it in action at a Region of Peel LTC home.

"Since implementing this approach on our ACE Unit, we have seen an increase in patient and family satisfaction, staff and physician engagement and also staff retention," said Patricia Geerlinks, Osler's Director, Women's, Children's & Seniors' Programs. "Over

the past couple of years, the team has observed fewer patient falls, an improvement in patients' dementia-associated behaviours (such as agitation, pacing), and a reduction in their functional decline."

Stepping into Osler's ACE Unit, one can't help but notice how vastly different the environment is from a typical hospital unit. This unit feels like home, even though patients are admitted for an acute care episode. Stark beige walls have been replaced by vibrant colours of purple, yellow, pink and green. Large vinyl wall decals convey the experiences of everyday life and provide orientation, navigation, way-finding and stimulation to patients living with dementia – a scenic rolling countryside beyond a backyard fence, a Farmers Market

fruit and vegetable stand, a laundry room, a child's room filled with toys and nursery rhymes, and a window box filled with flowers, to name a few. The doors to each patient room are also unique, each one looking like the front door into someone's home.

"Dementia can affect a person's ability to judge the spatial relationship between objects or to see colour differences – deficits that can lead to expressive behaviours," said Dr. Sudip Saha, Osler's Medical Director of Seniors' Health and Division Head of Geriatric Medicine. "The bright colours and wall decals help patients navigate through the corridors and to their own rooms, creating a setting that is more appropriate, accessible and enjoyable for people living with dementia."



What's even more unique is that many of the wall decals are also interactive. Patients can pick apples or pears from a tree and drop them into a basket, pick and transplant flowers from a window box, grab a laundry basket full of clothes, or play with toys similar to those remembered from their childhood.

"A person who cannot cognitively recall because their memory is declining relies on their emotional brain, which is one of the last parts of the brain to be affected by dementia," said Geerlinks. "All the wall designs in our unit are very reminiscent of a senior's memories from an emotional perspective, and serve to engage and stimulate the patient's mind."

While environmental transformation is a key element of The Butterfly Approach, an equally important aspect of the model is the relationship between the patient and the health care team.

"The ACE Unit staff have received extensive training in emotion-based, person-centred care, and every interaction between staff and patient is seen as an opportunity for positive, meaningful care that takes into account who the patient was before they developed dementia," said Chanese Lambert, Osler's Clinical Services Manager, Seniors' Health. "It's a purposeful approach that really emphasizes the human touch as much as the clinical side of care. Team members are recruited with as strong a focus on emotional intelligence as well as their qualifications and years of experience."

Unlike other clinical units, patients admitted to Osler's ACE Unit are assessed for both their medical history and personal history, allowing the care team to better understand who they were before they became a person living with dementia. Meeting the patient's emotional and clinical needs affords a person living with dementia quality of life while in hospital. And quality of life is quality of care.

"If we are able to recognize what a patient needs and anticipate it in advance, then we'll greatly minimize their feeling emotionally distressed, reducing the onset of responsive behaviours, as well as the use of pharmacological interventions," noted Geerlinks.

In Osler's catchment area spanning Brampton, North Etobicoke and beyond, the population growth rate

is three times the provincial average. Projections indicate that there will be an 83 per cent rise in the seniors' population nationally in the next eight years.

"Dementia is one of the biggest health care challenges of our time and, in the absence of any curative or disease-modifying treatment, we must think of other ways that we can best help patients with dementia by incorporating new methodologies like The Butterfly Approach to ensure we continue to provide excellent care," said Dr. Saha.

Osler will be closely monitoring the type of impact The Butterfly Approach has on patients within an acute care hospital environment with the hope to expand to other areas.

"This entire experience has been transformative, not only for the patients in our care and their families,



but also for the staff and physicians who care for them," said Geerlinks. "Osler and the ACE Unit are trail blazers and I hope that we can be the

spark that ignites the flame of a necessary paradigm shift in dementia care, not just here in Canada, but around the world." ■

*Catalina Guran is Senior Manager, Public Relations/Strategic Communications at William Osler Health Centre.*

## An innovative partnership proves effective at reducing infections

**H**amilton Health Sciences (HHS) achieved a 60 per cent reduction in venous catheter infections after a six month pilot using SterileCare's KiteLock™ solution in select units at the Juravinski Hospital and Cancer Centre.

A venous catheter is a tube that's inserted into the bloodstream, typically in the chest or upper arm, which is used to provide medication to patients. While this is usually the best option and commonly used with cancer patients, it does require careful monitoring for infections and blockages.

"We need to use these catheters to deliver medication however, it's not without risks," says Ari Colleman, chief of interprofessional practice at HHS. "We of course want to do everything we can to reduce those risks, which is why it's important to test and implement new and innovative products designed for this purpose."

KiteLock™ solution is one of the newest innovations used by health care professionals to clean the bac-

teria from patients' venous catheters. This liquid solution aims to reduce the number of infections, the frequency of replacing venous catheters and the need for blood-thinning medications. For these reasons, HHS partnered with SterileCare through an ongoing Coordinated Accessible National (CAN) Health Network commercialization project.

### FINDING SOLUTIONS

"As a large hospital network, implementing the use of a new product is a big undertaking," says Ted Scott, chief innovation officer at HHS. "We first need to not only ensure it has benefits to our patients, but can be effectively integrated into our hospital and efficiently used by our staff."

This is why HHS is working with the CAN Health Network, a federally-funded program that helps health-tech companies quickly and easily bring their innovations to the health care sector. It serves as a platform for companies like SterileCare to help meet the needs of health care organizations by offering products that have already gone through the research and

development phase and are ready for large scale use.

"In our current health care landscape it's more important than ever to find new and innovative ways to benefit our patients," says Scott. "This is why collaborating with organizations like the CAN Health Network is vital in developing partnerships with the right companies to make impactful change."

Not only did the results reduce infection, but 88 per cent of patients surveyed had a positive or neutral outlook on KiteLock™ solution, staff found it easy to use and it resulted in cost savings due to fewer infections. As a result, HHS is going through the necessary steps to have the product used regularly within the same units as the pilot and expand its use to additional units in other areas where there is an opportunity to improve the quality of care for our patients.

Colleman says, "We're excited with the positive outcome of the KiteLock pilot and look forward to improving the care we provide to our patients with this innovative and evidence based product." ■

# CABHI invests \$4.55 million in latest cohort of agetech companies helping older adults

**T**he Centre for Aging + Brain Health Innovation (CABHI), powered by Baycrest, invested more than \$4.55 million in funding to support early-stage innovations aimed at improving the quality of life for older adults, people living with dementia, and their caregivers.

The funding was granted through CABHI's Mentorship, Capital, and Continuation (MC2) Program in partnership with National Bank, which supports early-stage companies in growing and scaling agetech solutions.

"Agetech companies face early-stage funding gaps. MC2 addresses this, in collaboration with its partners, by awarding financial support but by also offering a series of acceleration services to support their growth and sustainability," says James Mayer, Senior Manager, Investments &

Venture Services at CABHI. "It's a first-of-its-kind program, now in its 4th cohort, that has directed \$8.7 million to companies which have gone on to secure millions more in follow-on funding. To date, more than 50% of all CABHI companies have secured follow-on investment totalling more than \$529M."

As a hands-on investor, CABHI's acceleration services include access to an innovation network of 200+ distribution channels and industry organizations, 100+ experts through a coaches community, and financial, legal, and regulatory benefits and discounts from corporate partners. In addition, CABHI offers end-user testing, customer discovery, and subsidies for internship/co-op student placements to MC2 companies.

"As the most active accelerator in Canada focused on older adults, aging, and brain health, CABHI

advances the most promising aging and brain health solutions from development through validation to adoption," said Dr. Allison Sekuler, CABHI President and Chief Scientist. "With programs like CABHI's MC2 Capital, CABHI supports homegrown agetech entrepreneurs to commercialize, spread, and scale their solutions to better the lives of older adults, people living with dementia, and their caregivers, across Canada and around the world."

The recently funded MC2 cohort companies are:

## RETISPEC (ONTARIO)

Developer of a non-invasive diagnostic tool designed for the early detection of Alzheimer's disease biomarkers in the eye. RetiSpec also scans for signs of other diseases like Parkinson's, Vascular Dementia, and ALS.

## MEDLY THERAPEUTICS (ONTARIO)

Medly provides an AI-powered multiple chronic condition management platform. Medly's vision is to become the leading multiple chronic condition (MCC) management platform, with identified target conditions including Heart Failure, Depression (Mental Health), Diabetes, and Hypertension. The identified target conditions are all known risk factors and comorbidities for dementia and are increasingly common amongst older adult populations.

## DENTI.AI (ONTARIO)

Denti.AI operates an intelligent automation and diagnostics company intended to provide dental image diagnostics. The company's platform leverages AI to analyze dental x-rays and voice dictation for the automated charting of pathologies, past treatments, and other features and help



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## LONG-TERM CARE NEWS

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### TENERA CARE (NOVA SCOTIA)

Provider of real-time monitoring and analytics technology intended to enhance the quality of life for seniors, care staff and their families. A wrist band remotely monitors health data, and an app allows loved ones to view the wellness reports for their senior family members.

### NEUROSERVO (QUEBEC)

Manufacturer of an innovative, medical-grade prefrontal EEG device intended to provide real-time brain-wave analysis and pathology detection. The company's product is miniaturized, wireless with single-use dry electrodes, and has been designed to be used as an emergency EEG for ICU/ER, as a screening device (post-operative delirium)

### MMHG (ALBERTA)

Developer of software solutions designed for helping patients and

healthcare practitioners to monitor health and follow evidence-based care. The company provides a virtual care platform that enables remote patient monitoring of blood pressure, heart rate, glucose, weight, pulse oximetry, respiratory rate, and temperature. mmHg supports underserved areas of the health care system by enabling efficient remote care delivery.

### VOXNEURO (ONTARIO)

A data-driven neuroscience and health tech company that provides objective data of real-time cognitive function in a clear report. The company's Software as a Medical Device (SaMD) advances cognitive health assessment from the current subjective surveys by comparing patient biomarkers against its normative database to provide objective and biological scores for a range of neurology and psychiatry conditions.

### GOTCARE (ONTARIO)

The company's platform manages a database of over 30,000 licensed care workers and allows users to submit care requests, select the support worker, converse with them, and pre-

dict the budget, thereby enabling case managers and their clients to get a personalized healthcare experience in the home.

### HOMECARE HUB (ONTARIO)

Homecare Hub helps people with caregiving needs such as those with dementia, disability, injury, fall risk, or chronic illness to stay out of large institutional nursing facilities by providing a superior experience in a safe, personalized, affordable, small shared care and co-living environment.

### ORA MEDICAL (QUEBEC)

Developer of medical equipment designed to revolutionize physical rehabilitation for people with walking disabilities. Ora Medical has developed an online remote rehabilitation platform connected to physical sensors on walking devices and gait trainers, allowing clinicians to gather real-time data regarding their patients' progress.

### FIRSTHX (ONTARIO)

Developer of a patient-driven cloud-based medical history-taking

system designed to help patients communicate their medical stories to the health care team. It features an intelligent, adaptive interview process, plain language, and narrative and point form formats.

### TOTAL LIFE (BRITISH COLUMBIA)

Developer of a virtual therapy platform designed for seniors. The company's therapists specialize in helping older adults reclaim their joy through online talk therapy, and work across diverse specialties, cultures, and languages, and offer mental health tools and support seniors deserve to live longer, healthier, happier lives

Implant Genius (British Columbia): Implant Genius' technology reduces risks and simplifies surgery reducing prosthetic implant failures by identifying the position of vital structures such as nerves and roots of adjacent teeth. Proper implant planning identifies the position of vital structures such as nerves and roots of adjacent teeth, so implants are placed perfectly without consequences for older adults. Loss of implants and oral health issues affect cognition and quality of life. **H**

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# Eyes on Ukraine

From St. Joseph's Health Care London and across Canada, ophthalmologists are helping Ukrainian medical teams treat war-related eye trauma

**W**hen a young ophthalmology resident approached Dr. Cindy Hutnik with an idea, neither could have predicted the profound personal and global impact it would have.

Within one year, this humanitarian duo, along with ophthalmologists from across Canada – all sharing a Ukrainian background – have raised nearly a million dollars and coordinated shipments of desperately needed medicine and equipment to the frontlines of war-torn Ukraine in response to the Russian invasion.

For both Dr. Hutnik, a renowned ophthalmologist at the Ivey Eye Institute of St. Joseph's Health Care London, and Dr. Michael Kryshchalskyj, a specialist-to-be, the experience has been a swift and gratifying lesson in the colossal difference a small, passionate group of individuals can make. The two have been collaborating on research since Dr. Kryshchalskyj was a fourth year medical student and Dr. Hutnik was his advisor. One day after the Ukraine war broke out, Dr. Kryshchalskyj called his mentor.

"When you're in training, it can sometimes feel hard to make a difference," says Dr. Kryshchalskyj, now a third year ophthalmology resident in Calgary. "We knew this initiative would be an enormous effort, but we felt behooved to do something given this calamitous situation. And what has impressed me is the power ordinary doctors, even doctors in training, have to make an impact and effect change."

This compassionate mission – called Eyes on Ukraine – has quickly grown into a movement sparking broad international support and accolades far and wide. The goals are lofty – to support the treatment of eye injuries in Ukraine through fundraising, shipping of medical supplies, knowledge sharing and advocacy.

Eye trauma is estimated to account for 20 per cent of all injuries in modern warfare. Due to widespread bombing and shelling in Ukraine, these devastating injuries are being seen in civil-



*Eyes on Ukraine is a humanitarian effort led by ophthalmologists from across the country. From left are: Dr. Cindy Hutnik (London, Ont.), Dr. Larissa Derzko-Dzulynsky (Toronto), Dr. Michael Kryshchalskyj (Calgary resident), Dr. Natalia Baziuk (Oshawa), Dr. Eugene Hladky (Montreal), Dr. Stephen Kosar (Sudbury), Dr. Guillermo Rocha (Brandon, MB), Dr. Lesya Shuba (Halifax). Not pictured are Dr. George Beiko (St. Catharines, Ont), Dr. Alexander Tokarewicz (London), and Dr. Paul Harasymowycz (Montreal).*

ians as well as those engaged in battle.

Since the first weeks of the invasion, Eyes on Ukraine has been raising money and sending medicine and surgical equipment to Ukraine ophthalmologists, with numerous reports from clinics and war units close to the front that the shipments are making a widespread difference. Getting supplies into the country, however, has required ingenuity and the forging of a trusted network of individuals, including European ophthalmologists and Polish and Ukrainian mountain guards, to ensure safe passage of the goods through Poland to Western Ukraine. There, they are distributed by the Ukrainian Vitreoretinal Society to where they are needed most. The initiative is believed to be the most active and organized humanitarian aid initiatives supporting eye trauma in the Russian invasion of Ukraine.

With the initiative rapidly gaining traction, Dr. Hutnik reached out to the Canadian Ophthalmological Society (COS) and Eyes on Ukraine is

now the flagship initiative of the COS Foundation.

Beyond fundraising and gathering supplies, Eyes on Ukraine connected with Canadian ophthalmic surgical subspecialists to build a panel of experts who can answer questions from Ukrainian ophthalmologists on complex cases as they arise.

"Through conversations with Ukrainian ophthalmologists, the Canadian physicians have gained an understanding of how severe these injuries are," says Dr. Hutnik.

An ongoing series of open forums, hosted by the American Society of Ophthalmic Plastic and Reconstructive Surgery and supported by Eyes on Ukraine, is another new opportunity for Ukrainian ophthalmologists and experts in the west to share experiences in managing complex trauma cases. It is also consolidating a new body of knowledge in ocular trauma, says Dr. Kryshchalskyj.

Eyes on Ukraine also led the translation of the U.S. Department of De-

fense's Joint Trauma System Clinical Practice Guidelines on the management of wartime ophthalmic trauma into Ukrainian for widespread distribution to frontline doctors and medics.

Most recently, Eyes on Ukraine, was awarded the Secretariat Award from the American Academy of Ophthalmology's Global Alliances Secretariat, which honours special contributions to ophthalmology.

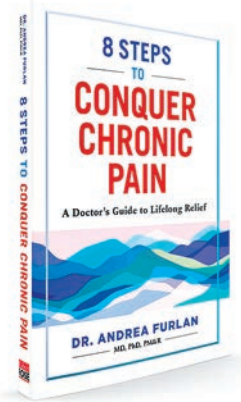
"It's been humbling to work with inspirational people from around the world – leading ophthalmologists, government officials and others," says Dr. Kryshchalskyj. "It has solidified my dream of specializing in oculofacial plastic surgery."

For Dr. Hutnik, Eyes on Ukraine has been "one of the most rewarding and gratifying experiences" of her illustrious career.

"It's an example of what a small group of passionate people can do. It takes you beyond yourself. We've truly been able to use our skills, knowledge and resources to help people and give them hope. And it continues to grow." ■



# Giving hope to chronic pain sufferers



**D**r. Andrea Furlan is on a mission to help chronic pain sufferers restore their ability to live a fulfilling and happy life.

And, in her new book, *8 Steps to Conquer Chronic Pain*, where she compares taking control of pain to climbing a mountain, Dr. Furlan pledges to be a trusted guide.

“What I find in my practice is that most people do not understand pain – especially chronic pain,” says Dr. Furlan, a pain expert and physician at Toronto Rehab, and Senior Scientist at UHN’s KITE Research Institute.

“With so many advances available to help people, I wrote this book to help get this knowledge out there. It reflects the same information I give my own patients suffering from pain and searching for long-lasting relief.”

## ENCOURAGE PEOPLE TO TAKE AN ACTIVE ROLE IN THEIR OWN HEALTH

From advice on optimizing sleep, diet, and emotional well-being; to clarifying medication options; to exploring strategies to establishing long-term goals, the book guides readers, step-by-step, on a journey to lifelong pain relief.

“What I want readers to take away from the book is that people don’t need to be passive recipients of medical interventions; that they can take an active role in their own health; and that self-management is the solution to the problem of chronic pain,” says Dr. Furlan.

And while no two individuals journeys will look the same, it starts with understanding the type of pain they have.

In the excerpt below, Dr. Furlan breaks down the types of pain people feel.

Once armed with this information, she encourages readers to use it to



Photo credit: UHN’s KITE Research Institute

“This book isn’t intended to diagnose or treat readers,” says Dr. Andrea Furlan, a pain expert and physician at Toronto Rehab. “It’s about giving them knowledge and tools to discuss their pain with their own health care teams.”

**“WHAT I WANT READERS TO TAKE AWAY FROM THE BOOK IS THAT PEOPLE DON’T NEED TO BE PASSIVE RECIPIENTS OF MEDICAL INTERVENTIONS; THAT THEY CAN TAKE AN ACTIVE ROLE IN THEIR OWN HEALTH; AND THAT SELF-MANAGEMENT IS THE SOLUTION TO THE PROBLEM OF CHRONIC PAIN.”**

start meaningful conversations with their own physicians.

“This book isn’t intended to diagnose or treat readers,” she says. “It’s about giving them knowledge and tools to discuss their pain with their own health care teams.”

The following is an excerpt from *8 Steps to Conquer Chronic Pain*

Pain can be compared to an alarm system of a house.

In a house, the alarm will sound when there is an intruder, water leak or smoke.

It is good that we have an alarm system for our body; otherwise, we could

be damaging our body and not even realize it.

Nociceptive pain occurs when there is an injury or disease such as a fractured bone, appendicitis or inflammatory arthritis. The pain system will do what it is supposed to do. It will alert the brain to do something about it. The person has to stop what they are doing and seek medical care immediately.

Once the person receives proper treatment, the pain system doesn’t need to continue to be active, so it will deactivate itself. The injury heals or the disease is treated, and the alarm system becomes silent.

What does it feel like? Nociceptive pain is usually acute, sharp and can be precisely located when it happens around the skin, bones or tendons.

Neuropathic pain occurs when there is an injury or illness to the nerve system itself. It is similar to a situation where the wires of the alarm system have been cut or there is a short circuit in the system. Examples of this kind of pain are after a stroke, spinal cord injury, multiple sclerosis, shingles or nerve pain caused by diabetes.

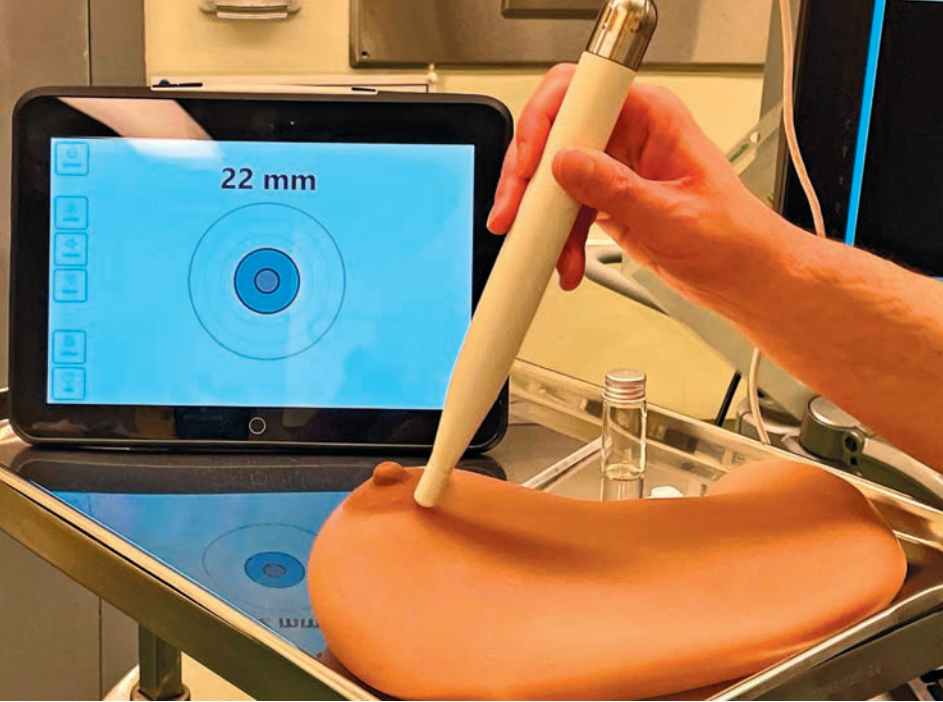
What does it feel like? Neuropathic pain is described as burning, tingling, electrical shocks, throbbing, piercing and numbing. Examples include post-herpetic neuralgia, trigeminal neuralgia and diabetic neuropathy.

Nociplastic pain means the injury has healed or the disease has been treated and the wires are intact, but the alarm system is malfunctioning. The pain volume might be too loud (the person feels pain more intensely) or there are spontaneous false alarms. When pain lasts longer than the expected healing period, that means that the pain system has become sensitized or some modifications have occurred in how the pain is being processed. In this situation, the alarm system continues to alert the person beyond the healing period. Nociplastic pain is a kind of chronic pain. It can start as nociceptive pain, neuropathic pain or both.

What does it feel like? Nociplastic pain is characterized by diffuse, hard to locate, constant pain. There is no position that will alleviate the pain. Examples are migraine, tension-type headache, temporomandibular joint (TMJ) dysfunction, irritable bowel syndrome, chronic pelvic pain, painful bladder and fibromyalgia.

Nociceptive pain occurs when the alarm system is working well, neuropathic pain is when the wires are damaged, and nociplastic pain means the alarm system is malfunctioning. **H**





ABOVE: Dr. Bazzarelli demonstrates how the wand is rolled over the breast to locate the seed in a tumour. The screen emits audio and visual clues as the wand closes in on the seed's location.

TOP RIGHT: The magnetic seed inserted to mark a tumour is tiny – the size of a sesame seed.

RIGHT: Dr. Amy Bazzarelli, surgeon at Providence Breast Centre, Mount Saint Joseph Hospital.

BOTTOM RIGHT: Kim Brown has undergone two procedures at Providence Breast Centre at Mount Saint Joseph to remove cancerous lesions. One used wires to mark the tumour while a more recent surgery involved the use of a tiny magnetic seed.

Medical photos courtesy: Providence Health Care



Photo credit: Kim Brown

# Going wireless:

## New approach makes breast surgeries easier on patients at Providence Health Care

By Ann Gibbon

**F**inding a potentially cancerous lump in your breast is traumatic, with both patient and doctor keen to remove it quickly.

But current practices can make the process uncomfortable and stressful.

Now, a procedure using Canadian technology that is in use at Providence Breast Centre at Mount Saint Joseph

Hospital is improving the experience for both patients and surgeons. The hospital, the first in BC to use this particular technology involving a magnetic seed (other technologies use radioactive ones), performs about 1200 breast-cancer surgeries each year. That's more than any other hospital in the province.

Usually, radiologists mark the location of a tumour to be removed by inserting a long metal wire (or wires) into it, says Dr. Amy Bazzarelli, a surgical oncologist

at the centre. The patient must then wait at the hospital for surgery, sometimes for hours, while the other pre-operative steps take place. Meanwhile, the wire protrudes from her breast.

But thanks to the technology, funded by St. Paul's Foundation donors like Doug and Teri Loughran, radiologists can insert a tiny, 3.2-millimetre magnetic "seed," or marker (about the size of a sesame seed) into the tumour so it can be removed with greater accuracy.

Device adds precision and efficiency, reduces discomfort

After insertion, the patient goes home and returns to normal life until her surgery day.

"She doesn't have to wait around for the perioperative part as long. It's a big improvement," says Dr. Bazzarelli.

When it's time to excise the lump, the surgeon rolls a magnetic wand over the breast to locate the seed inside it. A digital tablet connected to the wand



emits audio and visual cues for greater precision. As the wand moves closer to the seed, a sound on the tablet gets louder. The tablet indicates the distance from seed to wand.

The wand also detects the seed in the tumour after it's removed, to confirm it is out of the patient's breast.

The seed device has added precision and efficiency to the process of breast surgeries while reducing the discomfort, says Dr. Bazzarelli.

The breast-marker technology was developed by a Toronto company that was spun off from Sunnybrook Health Sciences Centre.

"Traumatizing to see (wires) sticking out of your breast"

Breast-cancer patient Kim Brown is well placed to compare both techniques of tumour removal, one with the wire and one with the breast seed.

She has undergone two breast-cancer surgeries at Mount Saint Joseph. The first was in 2005. Almost two decades later, though, the cancer returned. She had her second surgery last year.

The first time, she required the wires. "I did not like them at all. They're painful. When you're waiting, it's traumatizing to see them sticking out of each side of your breast."

Kim Brown's second lumpectomy at MSJ was performed using the breast-seed device.

The second time, the seed was implanted two days before surgery. Brown says it was a vast improvement.

"I didn't freak out"  
"It was painless. I didn't freak out, whereas you can physically feel the wire. And my recovery time was a lot quicker with the seed. The pain threshold is lower."

Dr. Bazzarelli says feedback gleaned from questionnaires has been positive for both practitioners and patients.

"This also solves a "flow" problem within surgery," she says, a term referring to providing patient care smoothly and efficiently so they don't have to spend too much time in the hospital. "It's one less step."

"We hope this becomes our standard of treatment in future." **H**

Ann Gibbon works in communications at Providence Health Care.

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