Special Advertising Feature of The Windsor Star

National Nursing Week

May 9-15, 2011

Photo: Ed Goodfellow
New Grad Initiative Nurses in the garden of Hotel Dieu Grace Hospital. L to R, Patrick Kolowicz, Katie Fitzpatrick, Luisa Rotulo, Lindsay Samoila, Melinda Hanlan, Lester Lopez, Carmelle Kelly.

The world of nursing is a fascinating one; while there is an enduring image of a nurse in pastel blue scrubs or a white gown standing by a patient's side in a hospital setting, the fact is that the number of nurses in non-traditional roles is growing.

While many nurses certainly do begin their careers in a hospital, the traditional ground for the birth of many a nursing career, many nurses have found their place caring for patients in a variety of locations: in community health care, in classroom settings, in case management, and even across international seas.

New Grad Initiative

STORIES BY
ANNA CABRERA CRISTOFARO
Special to The Star

The Nursing Graduate Guarantee for new Ontario graduate nurses, was a program launched in 2006 by the Ontario Ministry of Health and Long Term Care, aimed at helping every new nursing graduate find work as a full time RN or RPN in the province of Ontario.

Katie Fitzpatrick, a 2006 University of Windsor graduate, recalls the benefits of the initiative for her graduating group. "We were guaranteed full time hours for three to six months to encourage us to stay in Windsor," says the 27 year old RN. "The program gave us a really good orientation period - 3 months - instead of the standard 12 shifts that other graduates have received."

For Fitzpatrick, what was most valuable for her was the ability to transition from being a student nurse to full fledged RN. "With the extensive orientation process, it makes you feel comfortable being independent, because during the orientation you shadow another nurse and you're mentored by another nurse. That was really crucial."

Fitzpatrick credits the initiative for allowing her to stay in Windsor, so that she was able to stay close to family. Of the 26 graduates hired city wide in 2006, Fitzpatrick says that four of them were hired in telemetry, the unit in which she works. All four nurses are still employed there.

Pediatric Emergency Response Team (PERT)

There can be nothing more terrifying for a parent – or a caregiver – than to witness a child deteriorate. Even in a hospital setting, a structure populated by professionals who can be trusted to make rapid, immediate decisions, a team dedicated to the care of a child in a deteriorating state is of utmost importance.

Karen McCullough, vice president of acute care and chief nursing executive at Windsor Regional Hospital, strongly feels that the creation and implementation of the hospital's Pediatric Emergency Response Team (PERT) has been nothing less than an extraordinary blessing.

"The assembly of the team was based upon a need identified to us by our own staff, as well as parents coming to us," says McCullough. "Nurses and physicians alike came to us and said, 'These are the issues we have on an ongoing basis.' It set the stage for what we're able to do now."

In September of 2005, in response to a realignment of services within the community, the pediatric program was located to Windsor Regional Hospital. Despite all the planning and preparation that goes into such a transition, the arrival of children, especially critically ill children, became a priority in safety and quality for the staff of WRH. Initially, the number of children who arrived to the hospital was low; however, as community awareness increased, so did the number of children who came seeking care within the hospital. Children arrived for a multitude of reasons, including surgeries, emergency department and outpatient clinic visits.

Because volumes were increasing, so too were the severity of conditions, procedures and treatments. The challenge, the staff found, was not in caring for normal pediatric presentations; rather, it was caring for children who required critical care as a bridge to tertiary care.

In January 2008, the development of PERT. Comprised of respiratory therapists, pediatric critical care, emergency department nurses and a pediatrician champion, PERT's purpose was to stabilize, facilitate care and work together to determine appropriate disposition of the child in need. One year later, in January of 2009, PERT was officially launched.

Michelle Reiser, manager of emergency services, notes that the birth of PERT has alleviated the stress once experienced in ER. "Before PERT, it was all hands on deck," she remembers. "Caring for a child in critical condition sometimes meant that it left the rest of department short to care for the rest of the population. Now, if a child comes in and their condition is such that we are in need of extra hands, we call down PERT, team members who specialize in pediatric services. We're thankful for these nurses who have special pediatric skills, like starting an IV in a vein that's the size of a thread."

"In the past, we were an adult critical care unit," explains Rita Taillefer, manager of critical care and respiratory services. "When we started getting the children, we realized there was a need to raise the level of comfort of our nurses and sent them to London for more hands-on training and have the support they required.

Left to right: Louise Defour ED RN, Michelle Dischiavo ICU RN, Aiden Durocher (age 3) and Karen Rivest Paediatric RN

"Now when a child comes to our unit, there's an expertise, thanks to the development of training programs that speak to the care of pediatric patients. I'm an adult ICU nurse myself, so I recognized the hesitation – we were used to taking care of the 'big people.' We understand that the smaller the person is… the care becomes very different."

Christa James, manager of pediatric services, says that not only has the program been met with praise from the hospital staff, but from the parents and primary caregivers of the children it has helped. "At the beginning, for a parent, it can be overwhelming when the emergency team comes to the bedside," says James. "But when the patient is expedited to a different level of care, they appreciate the response. They know we're doing everything humanly possible to take care of their child."

Debra Charron, clinical practice manager in pediatric services, says that she believes most of the staff at WRH would agree that while PERT is still in its infancy, "since the roll out of this team, we can say we are a community hospital trying to do what is right and provide the best care we can to the children and their families of Windsor Essex."

- with notes from Debra Charron

National Nursing Week

NURSING PROFILES

SHERRI RYAN, RN, Windsor Jail

A graduate of St. Clair College's nursing program, Sherri Ryan says that she'd always been fascinated with the men and women who practiced nursing in penitentiaries. "So it was fitting I end up (at Windsor Jail)," says Ryan, who has been at the jail for 13 years and is currently enjoying her role as manager.

Ryan knows that new graduates and aspiring nurses don't necessarily think of a penitentiary first when it comes to looking for work. "You definitely have to have the right kind of personality to work at a place like this," says Ryan. "It's very different from a hospital or clinic environment, but for me, it's fascinating. The lifestyle of the people you care for, the different kinds of emergencies that come up. The people I come across every day are always surprising me."

Ryan began her studies at the college when she was a single mother at 26. With government assistance and a support system to sustain her, she says she was motivated by a career she felt her daughters could "look up to. "

Immediately after graduation, she started working at Hotel Dieu part time; a year later, a position opened up at Windsor Jail. "I found I was very interested in the correctional side of it," says Ryan. "Every day was a new day, and I never knew what was going to happen. "

Initially, Ryan admits she was frightened, but now says she feels safer in the facility than she does elsewhere. With a correctional officer always by her side, Ryan says safety is paramount here; while she's experienced some verbal abuse in her 13 years at the jail, it's nothing a nurse wouldn't also perhaps experience in an emergency room or clinic.

Ryan admits that much of the work she's involved in does parallel the work of nurses in other settings, like dealing with chronic illnesses and infectious diseases, but as a nurse at a correctional facility, she and her colleagues are exposed to a high population of patients with drug or substance abuse, as well as varying levels of mental illness. And unlike in a hospital setting, Ryan says, where families and patients often express their gratitude generously, "there's not a lot of recognition or appreciation for a nurse here. Our care here is different, and we don't get to spend a lot of time with the inmates. They may not say it, but we know our work is just as valuable."

What is most rewarding for Ryan, like for most nurses, is watching her patients get better. "It's not just the physical things, like watching a wound heal over time," she says. "Numerous clients come in and out, and you get to know them. They'll tell you about their families, what they've been up to. "They're really trying to be good, to get better."

"Here you have to have a thick skin," adds Ryan. "You have to understand that you may not always see the goodness in what you do. But when a patient says to you, 'Wow, I actually feel good,' that's your reward."

Photo: Ed Goodfellow

Sherri Ryan, RN, Health Care Manager in front of her office at the Windsor Jail.

CONSTANT ATTENTION BY A GOOD NURSE MAY BE JUST AS IMPORTANT AS A MAJOR OPERATION BY A SURGEON.
~DAG HAMMARSKJOLD

Left to right: Sue Smith, Andrea Brearley, Sherry Schipper, Dr. Avi Wasserman, Doris Motruk and Charlene LeBlanc.

Critical Care Outreach Team

National Nursing Week

In 2007, Hotel Dieu Grace Hospital launched one of the most innovative programs in hospital history, earning the praise of physicians, nurses, support staff, and most importantly, patients.

The Critical Care Outreach Team (CCOT) was assembled to provide assistance to critically ill patients no matter what their location inside the hospital. The team, made up of a group of exceedingly skilled and specialized nurses, has been an invaluable source of aid for nurses and physicians in various wards throughout the hospital; in the case of a deteriorating condition or a patient in crises, the CCOT has been a priceless addition to the already highly capable Hotel Dieu Grace group.

CCOT's main intention is to help patients in any ward who need specialized intervention, but who may not necessarily need to be placed in the intensive care unit. Members of the team also follow up with those patients who have been moved out of the intensive care unit for up to 48 hours after release, to ensure that they are stable and to guarantee a seamless transition out of ICU.

This ground-breaking program was first launched in Australia ten years ago, and quickly caught the attention of the provincial government, who recognized the value and significance of such a team. Hotel Dieu Grace was one of only 26 hospitals province-wide that received government funding to start up the program.

Comprised of seven ICU physicians and 21 nurses, the team has a mobile cart available to them that is completely equipped with ICU technology and medication, allowing the team to "bring the ICU to the patient," says team leader Mary Cunningham, who is an acute care nurse practitioner and one of CCOT's founding nurses.

The program is the envy of hospitals around the country; in the city of Windsor, another hospital has begun conversation with some of Hotel Dieu's CCOT members to examine the benefits of such a team on their own grounds. "We're working with our partners at (Windsor Regional Hospital)," says unit manager Sheri Testani. "The sharing of this information is still in its infancy, but they're looking very carefully at the benefits and hopefully will get one started in their facility."

The cost, Testani estimates, is approximately $300,000 for start up, and annual cost to run the program is about $1 million per year.

The nurses on the team come from a variety of backgrounds; the lack of a specific specialty makes them that much more useful to the entire hospital group.

"While we don't have any specialties in each area, as the ICU team we get a lot of education in all areas," says team member Charlene LeBlanc. "We're aware of a lot of various issues, and have a basis, or a framework, for what might come up. We're educated, and we're educated again. We keep up.

"But one of the things we recognize is that we're only as good as the staff here," adds LeBlanc, who credits every nurse and physician throughout the hospital for outstanding care. "They're the ones who recognize the problem. We simply have the luxury of that extra training and extra support from ICU doctors so that we can help these patients before they get worse. They learn from us, and we learn from them."

For Ariel Rogozinski, currently the newest CCOT team member, joining the group has been as challenging as it has been fulfilling. As a member of the group, "you have resources available to you in-house; you can always rely on other nurses who are on the floor but you're forced to work with a greater degree of independence," explains Rogozinski.

"You get to increase the depth and breadth of your knowledge. It's a bit of a learning curve, working in ICU, but the only way one learns is to push the boundaries of your comfort level. For me, it's been a fantastic learning experience, not just working with and learning from the CCOT nurses, but all the ICU nurses."

Team member Trish Jarvis agrees. "The thing I find most rewarding and challenging is that we on the CCOT are given the opportunities to look at options and quality of care issues."

"What makes us very successful," chimes RN Doris Motruk, "is how quickly we can deliver the care."

Approximately 40 to 60 calls are made to the CCOT each month; only about 25 per cent of those calls result in further investigation or a transfer to the ICU. "And 75 per cent of the time," says Cunningham happily, "a call to us results in our being able to help the primary care team."

HDGH to honour its nurses

The nominees for the Hôtel-Dieu Grace Hospital Jeanne Mance Nursing Excellence Awards for 2011 are:

- **Phylis Crawford**
- **Tina Colins-Babechuk**
  Ron Chevalier
- **Sue Gaunt**
- **Lynda Truong**
- **Rachel Holmes**
- **Leigh Anne Siebert**
- **Jen Smith**

The winners will be announced on Tuesday, May 11, 2011 at an awards presentation in the Goyeau Street Lobby at 10:30 a.m.

NURSING PROFILES

Photos: Ed Goodfellow

Stanley R. Moll BSCN, giving an injection to a patient. Stan was a volunteer health worker in Africa for remote and rural villages.

STANLEY MOLL, BScN student, U of W

It's with an extraordinary, compassionate sense of humor and an appreciation for human life that Stanley Moll approaches his work.

The fourth year University of Windsor nursing student says that what drew him to nursing was "that balance between sciences and humanity. There's the scientific part of it – the chemistry, the physiology – but then there's how it applies to human situations.

"It's a spectrum, really. On one hand, you're promoting health, ways to educate people and motivate them to do things that will keep them from getting sick in the first place; on the other hand, there's that vast array of care – palliative, tertiary – that's available to people who are already in need."

Moll's interest in community health care recently took him to Malawi, Africa, a country he describes as poor and peaceful. Despite media reports of African lands being dangerous and crime-ridden, Moll, who traveled there with the non profit organization Engineers Without Borders, says the people he encountered were warm and eager to learn about what he and his humanitarian colleagues brought with them.

With UNICEF as a partner, Moll, who was given an award for outstanding nursing achievement by Sigma Theta Tau International, an advocate and supporter of nursing initiatives around the world, describes his work as "basically there to promote the implementation of public utilities and public sanitation." Moll says that it's been long established that the main cause of infant and child mortality around the world has been diarrheal diseases, illnesses caused by lack of proper public sanitation; Moll traveled to Malawi in order to help facilitate the movement of villages taking accountability for their own sanitation systems. This education and engagement, Moll hopes, will help decrease infant and child mortality one village at a time.

"It's not easy… you're basically talking about (expletive)," he laughs. "It's not something you usually talk about, and here you are in a foreign country and it's basically why you're there. You have to know how to approach the villagers… you realize there sometimes isn't a connection between say, going in the bush and having it end up in your water supply."

Moll says that his goal is to eventually work with isolated aboriginal groups in the Arctic and in Northern Canada. Since high school, Moll says, it's what he's wanted to do – work in community health. "If I think of myself as a single person who may be able to create change, I think the most efficient way is through community, where you can learn about large groups of people and how different factors affect them or their health."

Moll, who says he has little to fear when traveling to foreign countries except for the dangerous traffic, says that thanks to groups like UNICEF and Engineers Without Borders, there's hope for even the most impoverished corners of the world.

"It's not the fault of the people that they don't have access to the basic things, like clean water or good sanitation or good emergency services. Blame is not what you need. It's infrastructure and support and resources. And education."

Marianne LaFleur RN, BSN

Marianne LaFleur (Bayshore Medical) RN BSN treats a diabetic foot ulcer on a patient at the Sandwich Community Health Centre.

After 17 years working at a Detroit hospital, Marianne LaFleur wanted to come home.

LaFleur, who was trained at London's Fanshaw College as well the University of Detroit Mercy, is an enterostomal therapy (ET) nurse. ET nurses are registered nurses, specially trained to treat those with ostomies, wounds, or who may be incontinent; they may also assist in pre- or post-operative counseling and instruction.

"My role is definitely not common," says LaFleur, who currently works for Bayshore Home Health, a nationally renowned award winning home health company. "Basically, I am a resource for nurses, patients and doctors. I see patients that are referred to me for either chronic or acute wounds that are not healing. I then assess the wounds and make a treatment plan for them to improve their healing."

LaFleur is able to see patients both at Bayshore's outpatient clinic and at home; LaFleur's consistent and skilled assessment of her patients, many of whom are elderly, are essential and help move her patients toward a speedier and more successful healing process.

LaFleur's patient list includes those with ileostomies, colostomies and urostomies. Not only does she help educate them on their ailments, she is also available to help them choose the proper appliance for their specific condition. LaFleur admits, however, that her special interests lie in diabetic wound management, as it has been found that many diabetic foot ulcers can lead to amputations. With her care and under her watchful eye, such procedures can most likely be avoided.

Part of what drew LaFleur home to Canada was the chance to develop deeper, longer lasting relationships with her patients; it's something she says is incredibly gratifying for her as a nurse. "It's remarkable," comments LaFleur, who notes that the availability of ET or ostomy nurses can and will actually improve patient outcomes, healing and quality of life. "Now that I'm working in the community, I can actually witness their wounds healing over time.

"It's a very rewarding type of nursing because you do have relationships with patients and their families in your community… and you then help them to heal."

NURSING PROFILES

Lindsay Douglas, RPN Asthma Educator

Photos: Ed Goodfellow

Lindsay Douglas, RPN, CAE, at her office, 1407 Ottawa St. demonstrating with Radical Randy, a child teaching tool.

Lindsay Douglas had no idea that answering a help wanted ad in the newspaper would lead her to what she considers one of the most valuable positions she could hold as a Registered Practical Nurse (RPN).

The St. Clair College graduate works as both an RPN for Windsor Asthma and Allergy Associates and as an asthma educator for Windsor Asthma and Allergy Education, a non profit organization dedicated to educating those with asthma and allergy conditions.

"As an RPN," Douglas explains, "I do allergy testing, shots, breathing tests — to see if people have problems with their airways.

"With the non profit, I help run a variety of programs that are age specific programs that are designed to explain what asthma is, what the triggers are, what to do with the medicines that are prescribed."

Douglas says that asthma and allergies are very common in Windsor, so her work as an asthma educator is often not only welcomed, but required.

"Doctors see a large number of patients on a daily basis, and may not have time to educate a patient extensively on what asthma is, or its triggers, or how to properly use a puffer," says Douglas, who was trained in asthma education in Calgary. "For more education, pediatricians, allergists, respirologists, and a small number of family doctors will refer us."

The program, says Douglas, is divided into age groups. There's a class for those under the age of four; another for those up to age 12; and a teen program designed for those 13 to 17. Douglas is also able to meet with patients one-on-one, from any age group, should they require individualized counseling. Douglas feels the asthma and allergy program, like any health-based course, has been beneficial in teaching the public early prevention, a decrease in the need for medication, and may also result in fewer hospital visits.

Douglas loves her work; she says that even while she was in school, she was attracted to the community side of nursing. "I never dreamed of being in a hospital," she says. "I found this, and I found my place."

Lindsay Douglas, RPN, CAE, at her office, 1407 Ottawa St. demonstrating with a large lung model.

Nursing Excellence Awards

Congratulations are extended to the following Windsor Regional Hospital Nurses nominated for Nursing Excellence Awards in 2011:

Katherine Coffman (RN – Family Birthing Centre)
Rachel Gough (RN – Emergency Department)
Susan Guyitt (RN – Family Birthing Centre)
Anne Marie Herlehy (RN – Ambulatory Care)
Jonna Hogan (RN – Family Birthing Centre)
Denise Hurst (RN – Emergency Department)
Rita Jacques (RN – Family Birthing Centre)
Janet Latouf (RN – Family Birthing Centre)
Mary Catherine Lippold (RN – Operating Room)
Diane Niklas (RN – Oncology)
Mikalynn Parlette (RN – 2N)
Michael Scholey (RN – Emergency Department)
Kimberly Simard (RN – 8N)
Nicolle Sorrell (RN – Emergency Department)
Katharina Strong (RN – Operating Room)

The following teams will make Presentations to the Selection Committee and the Team Award will be presented at the Nurses Excellence Awards Evening at the Caboto on Thursday, May 5, 2011:

Champions of Critical Care (ICU)
High Five (ME1 - 5N)
Smooth Operators (Operating Room)

Katherine DeLuca, RPN, at Huron Lodge's administrating medication station.

KATHERINE DeLUCA, RPN, Huron Lodge

Katherine DeLuca doesn't want anyone to have to die alone.

A champion of advanced palliative care, DeLuca is a Registered Practical Nurse at Huron Lodge, a municipal long-term care facility; she also sits on the facility's palliative care committee and quality of life committee.

While the committees on which she sits discuss various day-to-day suggestions and decisions regarding the care of the elderly and terminally ill, part of her job has been to provide consistent companionship to a resident nearing death. "Family members can't always be there, so between our staff and a team of fantastic volunteers, there's always someone by (a dying resident's) side, 24 hours a day," says DeLuca. "No one should ever have to die alone."

DeLuca's compassion is a result of her own childhood experiences with nurses. A patient at a burn unit when she was a youth, she was inspired by the dedication and commitment of the nurses who stood by her side while she underwent treatment. "I just saw how much they loved what they did, and how devoted they were to providing care," says DeLuca. "To this day, my own most rewarding moments are when I can make a patient or a resident feel as pain-free and as comfortable as possible, from the minute they join us to the last moments of life."

At Huron Lodge, DeLuca is credited for the implementation of a valuable tool in palliative care called PPS (Palliative Performance Scale). It is the ruler upon which residents are measured; based on their individual ratings, nurses and caregivers are better informed and equipped to care for them. As far as DeLuca knows, hospitals have long used this scale, which was developed at Victoria Hospital in London, ON. Huron Lodge is the first and only long-term care facility in the area to implement it.

"Palliative care isn't like end of life care," explains DeLuca. "For example, a person could walk in at 70 per cent on the scale, but as they deteriorate or as their condition changes, our staff knows to alter their care. As they progress farther down this scale, we're able to offer families a booklet on the end of life, educating them and really making them a part of their loved one's care… at the end of life, the families feel really good, like they were a part of the process."

When asked if she feels drained at the end of the day, dealing with death on a regular basis, DeLuca's response is hopeful and remarkably positive. "I get energy from the work we do," she says proudly. "Dealing with matters regarding the end of life doesn't have to be a negative thing. It's part of life. I'm happy to be a part of the lives of our residents."

KIM McALPINE, Nurse Practitioner

Kim McAlpine's career began in 1991, when, shortly after graduation, took on a position at Harper Hospital in Michigan. Her career flourished, and she soon moved forward to become a nurse at Karmanos Cancer Institute, one of the most highly regarded cancer centers in the United States. "I'd always worked in oncology," says McAlpine, who says that throughout her studies was always drawn to that particular area of medicine.

In 2000, McAlpine made the decision to return to school for a masters degree; while she was in the process of completing her masters, she came across a program that further peaked her interest. "I started my masters," she remembers, "and a year later, started a program to become a nurse practitioner." In 2004, she completed the nurse practitioner program; she celebrated the completion of her master's degree a year later, in 2005.

Photos: Ed Goodfellow

Kimberly A. McAlpine RN (EC) Nurse Practitioner checking the ear of a patient at the Sandwich Community Health Centre.

"When I started working as a nurse, I had every intention to come back to Canada," says McAlpine, who admits that she recognized her new role as a nurse practitioner would bring with it several new challenges, having never worked in Canada or in primary care. But they were challenges McAlpine was ready and willing to face.

During her first year as an NP, and with a master's degree under her belt, a position in teaching mental health nursing came up at the University of Windsor, which McAlpine accepted without hesitation, and in which she remained for six years. A position opened up in therapeutics, and, excited for change, McAlpine made the move.

Currently a nurse practitioner at the Windsor Essex Health Unit, McAlpine approximates that an NP performs about 50 per cent of what a physician does for a patient, although she does admit that estimate is often argued. "I do the majority of care on my own, but I have a physician partner to consult as needed, which is about once every two or three weeks," says McAlpine, who works both out of the Windsor unit as well as a satellite office in Leamington.

In a region that struggles with physician shortages, McAlpine recognizes the importance of nurse practitioners, and is grateful to be available to the community. "I think NPs play a vital role in the industry, and are valuable collaborative team players," she explains. "For new Canadians, those with no OHIP, those who may not be able to afford (health care), I'm available, and able to provide free care.

"That's not to say people settle for (nurse practitioners). We provide quality care. For those who don't have the luxury of a primary care giver, we are there. And happy to help."