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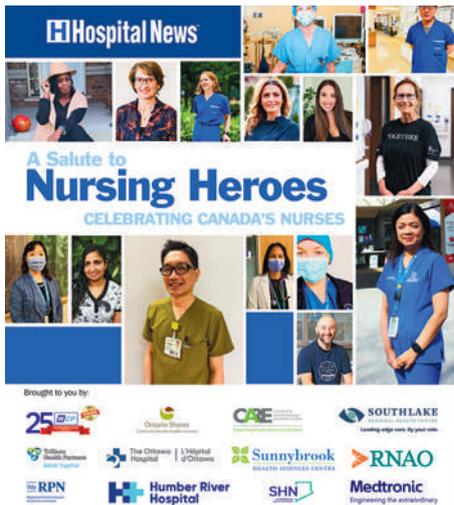
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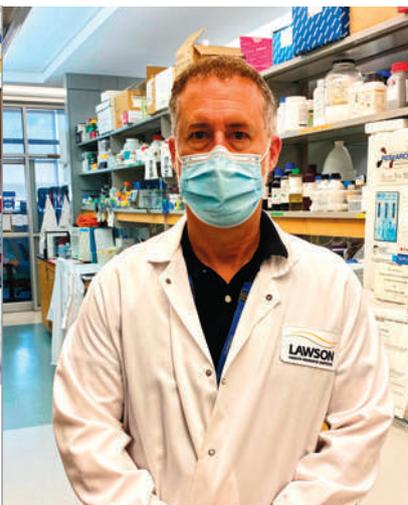
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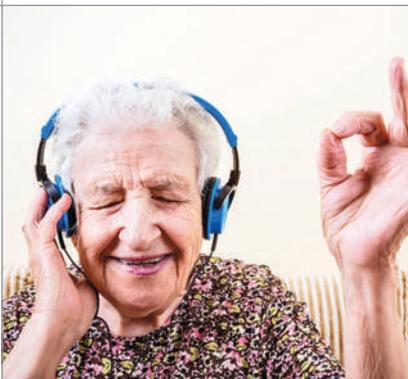


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# There is no health care without health care workers

**L**ike many nurses in Canada, I welcomed this month's announcement that Prime Minister Justin Trudeau and NDP Leader Jagmeet Singh had reached an agreement with health care at its heart. As nurses, we have long advocated for national pharmacare, long-term care standards and dental care, and we recognize affordable housing as an essential social determinant of health.

While these measures will most certainly improve Canadians' health outcomes, the deal fails to recognize the perilous state of our health care system. A decades-long health care worker shortage continues to grow unabated and has left our health system on life support and on the verge of collapse.

Nurses are now hinging their hopes on the agreement's promise of immediate "additional ongoing investments" in Canada's health system, including more nurses. They are desperately hoping to see significant targeted funding aimed at proven retention and recruitment initiatives, reinforced by real accountability measures.

Yes, we need more health care workers, nurses, and doctors. At the same time, we also need to keep the nurses we have in their jobs to train, mentor and retain a new generation of nurses. Retention and recruitment are two sides of the same coin.

In the fourth quarter of 2021, Statistics Canada reported 126,000 vacancies in the health care and social assistance sector, an all-time high. Nationally, the number of vacant nursing positions surpassed 34,000, a 133 per cent increase over a two-year period.

Late-career nurses are revising their retirement plans. Meanwhile, new nurses are shocked by the untenable working conditions on the front lines and are reassessing their career choices.

Grueling workloads and staffing shortfalls have taken their toll. A national Viewpoints Research Poll commissioned by the CFNU found that severe burn-out among nurses had risen to 45 per cent. Nurses are grappling with high levels of stress. Polling indicates that just over half of nurses are considering leaving their jobs this year. Of those, one in five may leave nursing altogether. Even if nurses don't leave immediately, over 20 per cent of health care workers are eligible to retire by 2026.

Along with more than 60 other health care organizations, the CFNU also supports the agreement's commitment to better data, which we hope will inform a robust approach to health human resources planning. To this end, the federal government must establish a dedicated coordinating body to address critical health workforce data gaps.

Without a commitment to better data collection, coordination, analysis and planning tools, we can expect inadequate planning to continue now and in the future.

Health workers represent a significant public investment. In 2019 this amounted to nearly eight per cent of GDP. More than 10 per cent of all employed Canadians work in health care. And yet, we know very little about our health workforce. We lack the most basic data and tools needed for planning.

*Continued on page 6*

## UPCOMING DEADLINES

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# Scientists create novel test that could easily diagnose repetitive blast injury

By Celine Zadorsky

**O**n a world first, researchers at Lawson Health Research Institute, together with Scientists from Defence Research and Development Canada, have developed a breath test that could be used to diagnose repetitive blast injury – a mild traumatic brain injury resulting from pressure changes that occur during explosions. The device will soon go through clinical trials to validate its efficacy.

“A pressure wave is sent through the head and brain after an explosion, resulting in effects similar to a concussion,” says Dr. Douglas Fraser, Scientist at Lawson and Professor at Western University’s Schulich School of Medicine and Dentistry. “Examples of individuals who are most at risk of this condition include military personnel, police, individuals in the mining industry and tragically the public, who are currently experiencing this first hand through the war in Ukraine.”

The test leverages findings from a new peer-reviewed study in the Journal, *Frontiers in Neurology*. The research team examined blood biomarkers in members of the Canadian Armed Forces who have experienced repetitive blasts.

“When we looked at these service personnel there were certain metabolites in their blood that had changed quite dramatically compared to those who had not been exposed to blast injury,” explains Dr. Fraser, who is also a Paediatric Critical Care Physician at London Health Sciences Centre. “What was remarkable about these metabolites is that some of them are expelled in a person’s breath.”

Currently there is no accurate way to diagnose repetitive blast injury other

than relying on a patient’s history and symptoms. Using their findings, the research team has identified a combination of metabolites that can be measured in breath as a diagnostic test.

“The individual would blow into what looks like a straw and the breath would go into a device which would measure the metabolites of interest,” adds Dr. Fraser. “The device would then determine if the person is in the danger zone, or if they have been exposed to too many blasts.”

Dr. Vivian McAllister, Director of the Office of Military Academic Medicine at Schulich Medicine & Dentistry says this discovery could be a game changer when it comes to this condition.

“The symptoms of blast injury overlap with other neurological conditions, especially depression, so accurate diagnosis is essential,” says Dr. McAllister. “Early diagnosis allows for interventions that we know to be successful in reducing the symptoms and consequences of mild traumatic brain injury.”

The test has been developed and patented with WORLDdiscoveries, the technology transfer and business development office for Lawson and Western, and licensed to NeuroItix Inc. for development. The next steps will be to confirm the efficacy of the test through upcoming clinical trials.

“We hope to validate the breath aspect of the test, which could then be used as a health surveillance tool,” says Dr. Fraser. “Once validated through clinical trials, this portable device could be easily developed and it will allow us to determine who has been over exposed to blast injuries and how we can protect them in the future.” **H**



Dr. Douglas Fraser is a Scientist at Lawson and Professor at Western University’s Schulich School of Medicine and Dentistry.



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# Unvaccinated people increase risk of SARS-CoV-2 for vaccinated people even when vaccination rates are high

**U**nvaccinated people threaten the safety of the vaccinated even when SARS-CoV-2 vaccination rates are high, according to a new modelling study published in CMAJ (Canadian Medical Association Journal).

“Many opponents of vaccine mandates have framed vaccine adoption as a matter of individual choice,” writes Dr. David Fisman, Dalla Lana School of Public Health, University of Toronto, with coauthors. “However, we found that the choices made by people who forgo vaccination contribute disproportionately to risk among those who do get vaccinated.”

Researchers used a simple model to explore the effect of mixing between unvaccinated and vaccinated people to understand the dynamics of an infectious disease like SARS-CoV-2. They simulated mixing of like-with-like populations in which people have exclusive contact with others of the same vaccination status as well as random mixing between different groups. When unvaccinated mixed with unvaccinated, the risk to vaccinated people was lower. When vaccinated and unvaccinated people mixed, a substantial number of new infections would occur in vaccinated people,

**“HOWEVER, WE FOUND THAT THE CHOICES MADE BY PEOPLE WHO FORGO VACCINATION CONTRIBUTE DISPROPORTIONATELY TO RISK AMONG THOSE WHO DO GET VACCINATED.”**

even in scenarios where vaccination rates were high.

The authors’ findings remained stable even when they modelled lower levels of vaccine effectiveness for prevention of infection, such as in those who have not received a booster dose

or with new SARS-CoV-2 variants. These findings may be relevant to future waves of SARS-CoV-2 or to the behaviour of new variants.

“Risk among unvaccinated people cannot be considered self-regarding,” the authors write. In other words,

forgoing vaccination can’t be considered to affect only the unvaccinated, but also those around them. “Considerations around equity and justice for people who do choose to be vaccinated, as well as those who choose not to be, need to be considered in the formulation of vaccination policy,” the authors conclude.

“Impact of population mixing between vaccinated and unvaccinated subpopulations on infectious disease dynamics: implications for SARS-CoV-2 transmission” is published April 25, 2022. ■

## Children older than 5 at higher risk of COVID-19-related multisystem inflammatory syndrome

**A** new study found that older children and those with high blood markers for inflammation (ferritin) were at highest risk of severe multisystem inflammatory syndrome in children (MIS-C) and admission to the intensive care unit (ICU). The research is published in CMAJ (Canadian Medical Association Journal).

The international study included 232 children younger than 18 admitted to 1 of 15 centres – 13 in Canada, 1 in Costa Rica and 1 in Iran – for suspected MIS-C between March 1, 2020, and March 7, 2021. The patients met the World Health Organization’s definition for MIS-C, which includes fever persisting for at least 3 days; elevated C-reactive protein, which indicates inflammation; illness involving 2 or more systems with no obvious microbial cause of inflammation; and positivity for COVID-19 or suspected contact with a positive case.

Most patients (89%) had gastrointestinal symptoms such as pain and dermatological problems like rashes and swelling (85%). Cardiac involvement was common (59%), as were abnormalities in blood coagulation (90%). Of the 232 children, 73 (31.5%) were admitted to ICU, and 47 (64%) of them needed treatment for very low blood pressure.

The risk of admission to the ICU was higher in children aged 6-12 years (44%) and 13-17 years (46%) than in children aged 0-5 years (18%). As

well, children admitted to hospital later in the pandemic (between November 2020 and March 2021) were more likely to be admitted to the ICU (50 of 112, 45%) than those hospitalized earlier (23 of 120, 19%).

The authors note challenges in diagnosing MIS-C.

“Multisystem inflammatory syndrome in children is a new diagnosis, with differing diagnostic criteria that have not been validated,” writes Dr. Joan Robinson, a pediatrician at the University of Alberta, Edmonton, Alberta, with coauthors.

“Most of these children lacked a history of contact with a person with proven SARS-CoV-2 infection. Identifying exposure can be difficult as infected contacts may be asymptomatic or may never have been tested.”

The authors call for international consensus on MIS-C diagnostic criteria to enhance clinical care and research.

“Predictors of severe illness in children with multisystem inflammatory syndrome after SARS-CoV-2 infection: a multicentre cohort study” is published April 11, 2022. ■

Continued from page 4

## Health care workers

To plan for the future and build a responsive health care system, we need the ability to forecast how the workforce will change.

The federal government must assume a leadership role by collecting better and more complete data. Meanwhile, the provinces, territories and regions will benefit from a

more strategic and holistic approach to health workforce planning.

Throughout this pandemic, nurses have shouldered the burden of a short-staffed and under-funded health care sector.

It’s time to do right by health care workers and invest in a stronger health care system. ■

*Linda Silas is a nurse and President of the Canadian Federation of Nurses Unions, representing nearly 200,000 nurses and student nurses across the country.*

# New research ties popular pain killer to serious health risks

**R**esearchers at Arthritis Research Canada have found that people with osteoarthritis who started taking tramadol, an opioid pain medication, were at a 20-50 per cent greater risk of mortality, 70 per cent greater risk of blood clots, and 40-60 per cent greater risk of hip fractures when compared to people who started using drugs like aspirin or ibuprofen.

“These are incredibly important findings because tramadol use is on the rise globally – especially by people living with osteoarthritis,” said Dr. Antonio Aviña-Zubieta, a rheumatologist and senior scientist at Arthritis Research Canada.

Previous studies have found that tramadol is associated with nausea, dizziness, constipation, tiredness,

**“THIS RESEARCH, COMBINED WITH EVIDENCE FROM PRIOR STUDIES, SUGGESTS CURRENT GUIDELINES ON TRAMADOL USE NEED TO BE REVISED TO ENSURE THE HEALTH AND SAFETY OF PATIENTS – ESPECIALLY SINCE THERE IS NO DIFFERENCE IN PAIN RELIEF COMPARED TO DRUGS LIKE ASPIRIN AND IBUPROFEN,” AVIÑA-ZUBIETA SAID.**

headache, vomiting, and drowsiness, and when compared with use of non-steroidal anti-inflammatory drugs like aspirin and ibuprofen, tramadol is associated with a greater risk of mortality, heart attacks, and hip fractures in people with osteoarthritis. A recent study also found

that it is no better than aspirin and ibuprofen in relieving pain for those with OA.

Tramadol is recommended by the 2013 American Academy of Orthopaedic Surgeons guidelines and recommended conditionally by the 2012 American College of

Rheumatology guidelines for knee osteoarthritis.

“This research, combined with evidence from prior studies, suggests current guidelines on tramadol use need to be revised to ensure the health and safety of patients – especially since there is no difference in pain relief compared to drugs like aspirin and ibuprofen,” Aviña-Zubieta said.

In the United States, 44 million tramadol prescriptions were given in 2014. In the United Kingdom, the prevalence of osteoarthritis patients with a tramadol prescription increased from three to 10 per cent from 2000 to 2015. In British Columbia, tramadol has been the second most commonly prescribed opioid agonist since 2008. **■**

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# Game changer: St. Michael's is first hospital in Canada to acquire clinical portable MRI scanner

By Marlene Leung

**S**t. Michael's Hospital, a site of Unity Health Toronto, is the first hospital in Canada to acquire a portable Magnetic Resonance Imaging (MRI) scanner for patient care that can generate clinical images of the brain at the patient's bedside, helping physicians answer critical questions and make decisions about treatment in a timelier manner.

The Hyperfine Swoop portable MRI is the first portable MRI scanner that has been approved for use by Health Canada, and St. Michael's is the first hospital to use the scanner in an acute inpatient care environment. Two other institutions, Queen's University and the University of British Columbia, recently acquired the scanner for research purposes.

The Hyperfine Swoop will be integrated into the portable imaging services offered by the Department of Medical Imaging at St. Michael's Hospital and will be integral to care pathways in Neurosurgery, Stroke, Trauma, Emergency Medicine, and Neurology. It will help speed up care and minimize demands on staffing levels, as hospitals across Ontario address backlogs caused by the pandemic.

The acquisition of the machine is an example of how St. Michael's Hospital and its clinical leaders continue to drive innovation, and aligns with the institution's goal of being a global leader in brain health.

"This is disruptive technology for the good. It will help every department that uses it to better care for their patients," said Dr. Tim Dowdell, St. Michael's radiologist-in-chief. "This is a game changer."

## HUGELY IMPACTFUL

Traditionally, MRI is a procedure that's performed in a separate medical imaging department, in magnetically shielded rooms, due to the size of the scanners and the powerful magnets they house.

Portable MRI



When a critically-ill patient needs an MRI, several staff members have to prepare the patient for transport, and bring the patient safely to and from the scanner. The process can take hours and requires extra staff and resources. There are also risks involved for the patient, should they become unstable during transport.

"If I have a patient in the intensive care unit, in the old days I used to have to get my intensivist to pack them up, put an oxygen tank on the bed, get the elevator, get two to three people to take them down to MRI, wait hours to get the scan, then take them back up," said Dr. Julian Spears, chief of the division of neurosurgery and co-director of the neurovascular program at St. Michael's.

By contrast, the new portable MRI uses lower strength magnets, which make it safe to operate in regular patient-care areas, such as the ER, the ICU and the OR. This means that the scanner can be brought to the bedside of critically-ill patients, and images can be produced quickly to give physicians the information they need.

Dr. Spears also sees a future role for the scanner in ambulatory care, where

patients who come into the Multiple Sclerosis clinic, for example, can have an MRI done on the spot rather than waiting weeks for an appointment.

"Instead of waiting to go downstairs for MRI, we bring it to them," he said.

Dr. Aditya Bharatha, division head of diagnostic neuroradiology at St. Michael's, anticipates that this technology will help reduce overall MRI wait times by freeing up precious time on the conventional MRI machines.

"It will be hugely impactful on wait times," added Dr. Spears. "If you need brain imaging on an urgent basis in the emergency department, you can instantly have it. If you do one of those scans, you've freed up two to three outpatient spots in the MRI downstairs."

It's also an example of HUMAN-CARE in action – St. Michael's Foundation's historic \$1-billion movement to reinvent Canada's patient care experience with a vision of delivering an experience where patients and their loved ones feel comforted when they're at their most vulnerable, connected to the teams that care for them and confident in their treatment.

For patients who experience anxiety or claustrophobia, the open concept of the portable MRI eliminates that problem. Conventional MRIs mean you have to leave patients alone in the MRI scanner, including those who are critically ill, and monitor them through glass from the control room.

"With this technology, you are right at the bedside with them. A family member can be right there holding their hand," said Sonya Canzian, executive vice president, clinical programs and chief nursing and health professions officer at Unity Health.

## COMPLIMENTARY ROLE

There are some limitations of the current Swoop MRI scanner, which means that it will be used in a complimentary role alongside conventional MRI machines, said Dr. Bharatha. The current version of the portable MRI only produces images of the brain. As well, the images produced by the Swoop scanner, while detailed enough to give doctors critical information they need, are not as detailed as the images produced by conventional MRI.

*Continued on page 12*

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# Adapting to accommodate growth in patients seeking cancer treatment during pandemic

By Catalina Guran

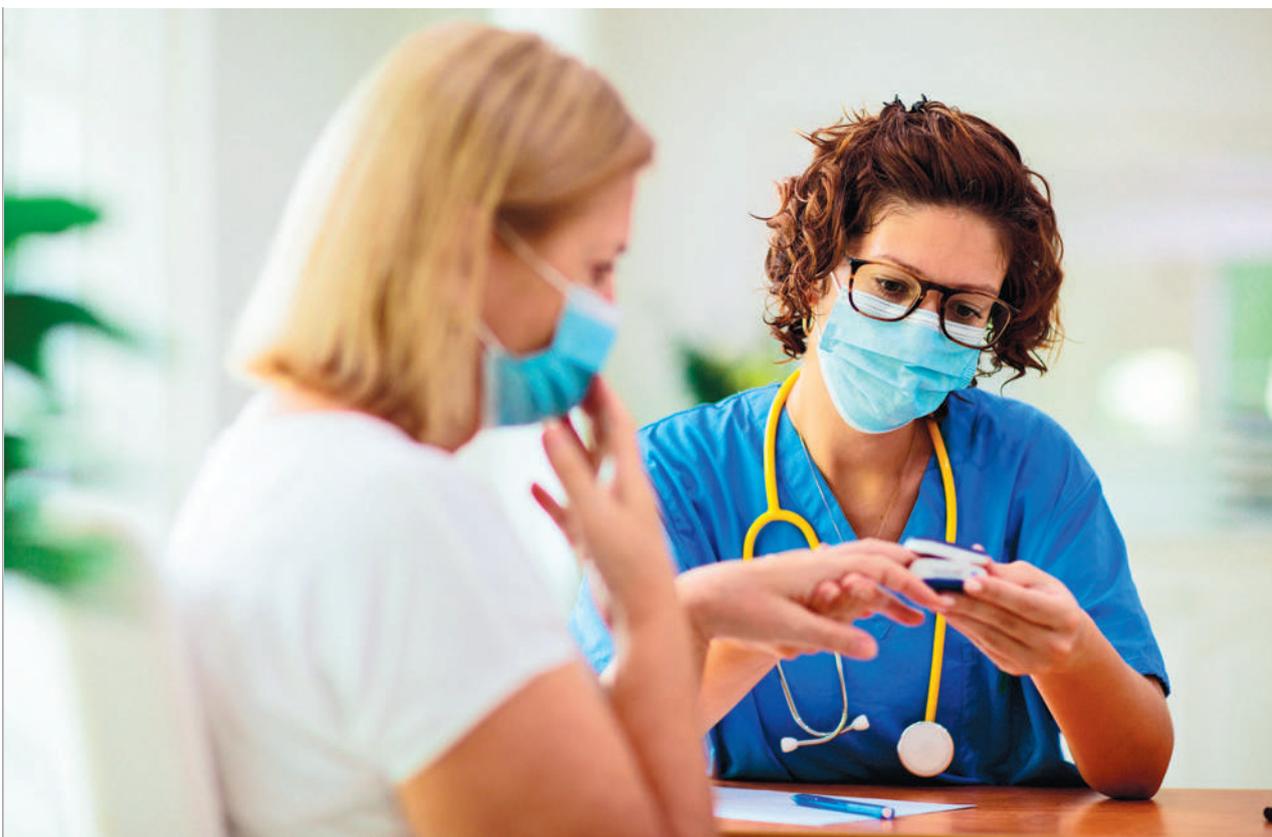
**T**he last thing a patient with a cancer diagnosis wants to hear is that their treatment is going to be delayed.

Fortunately, that wasn't a message that Dr. Parneet Cheema and her oncology colleagues at William Osler Health System (Osler) had to deliver to their patients, thanks to an organizational commitment to continue to prioritize cancer care throughout the COVID-19 pandemic.

What the team hadn't anticipated, yet wasn't surprised by, was a 14 per cent growth in the number of new case consultations for systemic treatment (i.e., chemotherapy, immunotherapy), in 2020/21 compared to 2019/20. The program also experienced a 19 per cent increase in the number of intravenous chemotherapy visits in 2021/22 compared to the previous year.

As Osler's Medical Director of Cancer Care, Dr. Cheema attributes the growth of new cases to several factors, including a burgeoning population and an increased awareness within the community of Osler's comprehensive cancer care services. Additionally, due to the COVID-19 pandemic, some patients either did not seek, or delayed cancer screening and/or treatment, which often led to more advanced disease and complexity when they eventually did present at their appointments.

"I'm proud of our entire oncology team that has really stepped up to manage the increasing patient volumes, and who continue to ensure patients feel confident and safe when accessing care," says Dr. Cheema, whose team acted quickly to adopt COVID-19 safety protocols and a mix of face-to-face and virtual options to assess and treat cancer patients. "Our team was quick to support the pandemic response as our oncologists, nurse practitioners and nurses safely managed the complex care of inpatients with both a cancer and COVID-19 diagnosis."



Investments in additional skilled nursing and clerical staff have been instrumental in enhancing Osler's program to meet the demands of the community. That support has also been key to continuing cancer-related surgeries during the pandemic through the use of an ethical framework.

As one of Canada's busiest community hospitals, Osler serves more than 1.3 million residents across five sites, in one of the fastest growing and most culturally diverse regions in Ontario. Over the next 20 years, the number of cancer cases in the region is expected to double.

This rapid growth is one of the many reasons Osler has built up its cancer care services in recent years to include innovative immunotherapy, advanced surgical techniques, and access to global clinical trials for new anticancer treatments. Osler is also proud to be the first community hospital in the world to offer genetic

testing through rapid comprehensive next generation sequencing which can provide important information on how to treat one's cancer in days instead of weeks. This technology was amazingly developed during the pandemic under the leadership of Osler's Dr. Brandon Sheffield, Pathologist and Physician Lead, Research.

Many of these advancements were supported by the fundraising efforts of Dr. Cheema and Dr. Sheffield, both of whom are actively involved with William Osler Health System Foundation (Osler Foundation), where Dr. Cheema also sits on the Board of Directors. As co-chairs of Osler Foundation's Gala Benefit Concert fundraiser in 2019, which focused on cancer care at Osler, the pair helped raise more than \$978,000 to help purchase equipment across Osler's three main sites.

"Referrals are growing as word of Osler's comprehensive cancer care services continues to spread and patients

increasingly seek cancer care closer to home," says Dr. Cheema, who notes that Osler recently received \$3M from the Ontario Government to support planning for expanded cancer care services in Brampton that would address the growing need for radiation therapy in the region. "As we work towards the vision of cancer care closer to home, we remain grateful to our partner radiation facilities that have continued to ensure Osler patients have uninterrupted access to radiation therapy throughout the pandemic."

Dr. Cheema also praises her team for their dedication to cancer care for patients. "Everyone has gone above and beyond during this pandemic to see and assess patients, book them into treatments, sustain those treatments and maintain the necessary COVID-19 protocols to ensure immune-compromised patients feel safe throughout their care. Their commitment is truly inspiring." **H**

Catalina Guran is Senior Manager, Public Relations | Strategic Communication at William Osler Health Centre.

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Continued from page 8

## Portable MRI scanner

“If it’s a question that can be answered with the portable machine, then we use the portable machine. If it’s a question that requires more detail, then we focus the detailed conventional imaging on the patients that need it,” said Dr. Bharatha. “It will allow us to better align delivery of care to meet our patients’ needs.

“But most importantly,” he added “this revolutionary technology will unlock point-of-care MRI for the patients who need it the most, some of whom are too unstable to transport down for a regular MRI scan and who might otherwise not get a scan at all.”

### CLINICAL CHAMPIONS

The fact that St. Michael’s Hospital is the first hospital in Canada to be using the Swoop scanner in an acute inpatient setting is testament to the “clinical champions” at the hospital who understand its value, said Dr. Ed-

mond R. Knopp, senior medical director at Hyperfine. “They immediately understood it and moved forward, full speed ahead,” he said.

These “clinical champions” at Unity Health Toronto, including Dr. Spears, Dr. Bharatha and others, worked to arrange for a demonstration of the scanner at St. Michael’s last December, and then crafted and delivered a compelling case on why the hospital should move to acquire it.

With support from a generous donor, St. Michael’s secured the scanner just a few months after that initial demonstration, something Dawn-Marie King, senior director of laboratory medicine and medical imaging, credits to the overall culture at Unity Health Toronto and its emphasis on patient care.

“It’s reflective of the concept of ‘bench-to-bedside,’” she said. “Other hospitals have purchased this on a research basis, but we knew right away



Photo credit: Yuri Markarov, Unity Health Toronto

Dr. Aditya Bharatha and Dr. Tim Dowdell

the clinical impact and wanted to see it benefit our patients.”

Dr. Dowdell added that it’s the collaborative culture across Unity Health that ultimately paved the way for the new scanner.

“The whole culture of our initiative is that all of our groups, from those

in administration and procurement to those that are going to be using it clinically are at the table,” he said. “It’s a story of St. Michael’s, its people coming together and working collaboratively at all levels to come up with something that really matters for our patients.” **H**

Marlene Leung is a communications advisor at Unity Health Toronto.



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# Harnessing technology to modernize organ donation and transplantation

By Barry Burk

**T**echnology can enable innovation and continuous improvement by reshaping how we work, exchange information, detect problems and approach solutions. It can also be used to improve line-of-sight on organizational, jurisdictional and national levels of performance. Yet while technology has become nearly pervasive, it is not evenly distributed across health care delivery organizations, nor is it fully integrated across care pathways.

You may be surprised to learn that in many parts of Canada some of the most sensitive information processes and sophisticated clinical procedures, such as organ donation and transplantation, still rely on old technologies. These include phone, fax, email and paper charts to communicate among interdependent organizations and clinicians, exchange critical information to inform lifesaving decisions and document patient records.



Barry Burk

## FRAMING THE CORE CHALLENGES

Implementation of a pan-Canadian information system for tracking donation and transplant activities was deemed essential by the Organ Donation and Transplantation Collaborative (ODTC), a collaboration between federal, provincial and ter-

ritorial governments and Canadian Blood Services.

A primary challenge was the need to solve for data standardization across Canada to ensure that consistent, high quality and timely data was available for analysis and system performance reporting. Another equally important challenge was to determine an approach to solution interoperability such that record-level data could be securely and privately transmitted among organ donation and transplantation (ODT) operators, and from these operators to the Canadian Insti-

## COLLABORATING FOR SYSTEM IMPROVEMENT AND SOCIAL GOOD

For the past three years, Canada Health Infoway (Infoway) has been co-leading an initiative with CIHI to modernize Canada's ODT data and system performance reporting capabilities. Infoway and CIHI have extensive experience in convening stakeholders to tackle common challenges, achieve consensus on technology, interoperability and data management strategies, and drive modernization initiatives at scale to enable improved service to patients and health systems.

Dr. Joseph Kim, Director of the Kidney Transplant Program at Toronto General Hospital and Chair of the ODT Data System Working Group, says this work will be of tremendous value. "Working in close collaboration with federal, provincial and territorial agencies, this initiative will improve consistency and quality of ODT data across Canada and will expand its use for decision-making. The new data and reporting systems will enable improvements in the supply of solid organs, access to transplantation services, and health outcomes for transplant patients and living donors."

## STREAMLINING SOLUTION PROCUREMENT

Infoway is leading the procurement of a deceased donation management solution that has involved seven provinces: Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador. Collaboration has created the conditions to acquire a common solution that all organ donation organizations would use to manage their referral cases.

Normalizing the technology platform and data specifications will go a long way toward resolving the functional, structural and semantic interoperability challenges the ODT sector collectively faces.

Harmonization can also lead to other benefits including creation of Canadian solution user groups that can inform product roadmaps and share governance over common technology assets, as well as pooling of human and capital resources to support future strategy creation and execution.

## LOOKING AHEAD

Infoway and CIHI have successfully collaborated with ODT stakeholders to tackle system-wide challenges in data standardization, solution interoperability and performance measurement and reporting. With much of the planning completed, the ODT community in Canada can now focus on implementing new technological capabilities to enable improved service to patients, caregivers and families and health system decision-makers.

Seven organ donation organizations will migrate from paper records and custom-built databases to the use of modern, commercially supported software to manage their deceased donor workflows. They will also use their new software and an integration hub to securely and privately transmit data for a range of uses including out-of-province organ donation offers, listing of donors on the Canadian Transplant Registry, and analyses and performance reporting by CIHI. Authorized users will access the ODT data reporting system to monitor their performance over time and among peers in other provinces.

And while these first building blocks will lay a strong foundation, the ODT modernization journey is far from complete. We are confident that Canada's ODT stakeholder community will continue to collaborate to harness the power of technology to innovate and improve. ■

**ACCORDING TO THE CANADIAN ORGAN REPLACEMENT REGISTER, APPROXIMATELY 250 CANADIANS WILL DIE EACH YEAR WAITING FOR TRANSPLANT SURGERY BECAUSE OF THE PERSISTENT SCARCITY OF ORGAN DONORS.**

According to the Canadian Organ Replacement Register, approximately 250 Canadians will die each year waiting for transplant surgery because of the persistent scarcity of organ donors. Several countries have made substantial strides in increasing their rates of deceased organ donation through policy such as presumed consent (opt-in). Many countries, including Canada, have introduced innovative approaches to expanding donation rates including regional and national coordination, live donation and paired donation exchange programs.

Barry Burk is Executive Vice President, Virtual Care Programs at Canada Health Infoway

# Unity Health joins forces with Signal 1 to revolutionize healthcare by delivering AI solutions developed at St. Michael's to hospitals around the world

By Robyn Cox and Hayley Mick

**U**nity Health Toronto is collaborating with Signal 1, a company led by Canadian entrepreneur Tomi Poutanen, to improve patient outcomes and transform healthcare using artificial intelligence (AI).

AI solutions developed at Unity Health have emerged from a unique model that brings together healthcare providers and data scientists to design, develop and implement data-driven AI solutions in a clinical setting. Signal 1 will build on and commercialize the AI systems already in use at St. Michael's Hospital, which are reducing mortality among high-risk patients and improving patient care.

"Unity Health has quickly established itself as a national leader in applied artificial intelligence in the hospital setting," said Dr. Muhammad Mamdani, Vice President of Data Science and Advanced Analytics at Unity Health Toronto. "While we've developed a number of AI solutions that are showing considerable patient benefit, our next step is to deploy these into other hospitals so that patients all over Canada and around the world can benefit from these technologies. This is where the collaboration with Signal 1 comes into play."

Signal 1 also has a strategic collaboration with TD Bank Group (TD) and its world-leading applied AI division, Layer 6. Tomi Poutanen, a co-founder of Layer 6, will serve as the CEO of Signal 1.

Signal 1's agreement with TD will enable the venture to leverage the award-winning AI technology platform that has been developed by TD's Layer 6 team. Poutanen will continue to advise TD's AI strategy and talent recruitment efforts as the bank further develops its market-leading AI capabilities.

"While the potential for AI to transform healthcare is enormous, progress to date has been limited to a few se-



lect places, like St. Michael's Hospital. By combining St. Michael's clinically validated and deployed AI applications with the power of Layer 6's enterprise-grade AI platform, Signal 1 is positioned to be the company that responsibly deploys clinical AI, at scale," said Poutanen.

The launch comes as healthcare providers face unprecedented pressure from the COVID-19 pandemic. Healthcare decisions are highly data- and information driven, and AI can dramatically improve the way data is processed and guide providers and institutions in achieving the best possible health outcomes for patients. Unity Health has already developed multiple AI applications that are changing how the hospital network cares for patients and improving care outcomes.

One of the solutions Signal 1 will work to commercialize is CHART-Watch, an AI tool developed at St. Michael's during the COVID-19 pandemic. The tool serves as an early warning system for doctors and nurses caring for internal medicine patients, and preliminary data show the tool has led to a significant drop in mortal-

ity among high risk patients. Signal 1 teams are working to scale and commercialize the technology so it can be used to improve patient outcomes beyond Unity Health's walls.

For this and all other projects, strong protections and constraints are in place around data and access to information to preserve security and patient privacy.

"Signal 1 has skill sets that will enable even better algorithms with improved accuracy, and that's going to benefit patients," said Dr. Mamdani. "Our rich clinical data and collaborative clinical environment will drive development of highly effective AI solutions with Signal 1 and there are constraints and guardrails in place around data and access to preserve security and privacy for patients."

Conversations around the potential of AI and how influential it could be in health care started many years ago at St. Michael's. Through the early support of St. Michael's Hospital Foundation's visionary donors and volunteers, and their foresight about the enormous opportunity that existed in this space, Unity Health became

the only hospital network in Canada with a dedicated applied AI team. Donors have continued to invest in the talent, infrastructure as well as the research and development of AI solutions.

"Unity Health's leadership in this space is fueled by our legion of donors who were on the ground floor, supporting visionary AI inventions all with the intent of reinventing the patient experience by improving diagnoses, making medicine more precise and tailoring treatments for better patient outcomes," says Lili Litwin, President, St. Michael's Foundation.

AI is now embedded in Unity Health's strategic priority to revolutionize care through digital transformation. It is also one of the driving forces of HUMANCARE – the St. Michael's Foundation's \$1-billion movement to reinvent Canada's patient care experience.

This is a historic moment for Unity Health, and for healthcare in Canada. This collaboration with Signal 1 will strengthen Unity Health's work in AI, and accelerate our pursuit of the best care experiences. **H**

Robyn Cox and Hayley Mick work in communications at Unity Health Toronto.

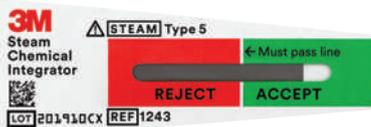
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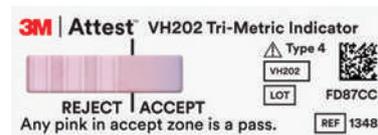
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# Why a hospital employee donated part of her liver to a stranger

## Thanks to a new policy, Unity Health employees receive full pay while recovering from surgery after becoming a living donor

By Jessica Cabral

**A**s a regular blood donor and a registered organ donor, Fiona Byrne has lived by the belief that the commitment to donate can help change a life. Then, last year, Byrne, a Project Coordinator in Unity Health Toronto's Redevelopment Office, learned of a new corporate policy offering up to 13 weeks of full paid leave to employees who become living organ donors.

Months later, Byrne donated 60 per cent of her liver to a stranger.

"For a few weeks of inconvenience, I was able to save someone else's life," she says. "To me, it was completely worth it."

The policy, introduced in March 2021, applies to any full-time employee at Unity Health who undergoes surgery to donate all or part of one of the following organs to another person, including kidney, liver, lung or pancreas. A person who donates an organ while they are still alive is called a living donor. Living donors can donate an organ, most commonly one of their two kidneys or a portion of their liver, and still live a fully functional life.

With this new policy, employees who become living organ donors receive 100 per cent of their normal pay for up to 13 weeks, plus benefits coverage, for the purpose of donating all or part of a designated organ(s) to another person.

With the support of her manager, Byrne connected with Human Resources to begin planning how she could use the policy.

"One of the biggest barriers to organ donation is the financial barrier," says Byrne. "Most people would have to take vacation time or an unpaid leave in order to donate and recover. This



Fiona Byrne

policy is great because it alleviates the financial stress and instead provides financial security so that donors no longer have to worry about loss of income."

Jonathan Fetros, Senior Clinical Program Director, helped spearhead the new policy at Unity Health to position the organization as a leader in organ donation and provide support to staff who were considering donation.

"When the Canadian Society of Transplantation introduced a new program called the Living Donor Circle of Excellence that recognizes employers who support living donation by removing financial barriers for staff, I realized that this should be something we strive towards as an organization. Introducing this policy demonstrates Unity Health's commitment to living donation and to supporting the health and wellbeing of our staff," says Fetros.

Trillium Gift of Life Network, the government agency responsible for

delivering and coordinating organ and tissue donation services across the province, reports that there were 1,501 Ontarians waiting for an organ transplant last year with 263 in need of a liver donation. With only 36 per cent of Ontarians registered as donors, the need for organ and tissue donation remains critically important.

After a series of blood tests, x-rays, ultrasounds and consultations with physicians, social workers and transplant coordinators, Byrne matched with a patient in need of a transplant and returned to the hospital a month later for scheduled surgery. She was admitted on a Monday, and discharged on the following Saturday. Out of the 13 weeks of full paid leave offered, Byrne needed two to recover.

"My recovery was great. I had no pain and no complications. I spent the first week of recovery in the hospital to complete some testing, and the second week at my aunt's house so that I could have someone to support me because I live alone. After two weeks, I started working from home and then gradually returned to the office," says Byrne.

On average, the recovery period for liver donors ranges between eight to 12 weeks. Fortunately, Byrne quickly returned to her normal routine. By week three, she could move around and climb the stairs to her third floor unit. After week five, she completed a 5k run and went swimming at a friend's cottage.

The liver is the only organ in the body that regenerates. It is able to replace lost liver tissue from remaining tissue to return to its full size. Within three months, Byrne's liver was back to 100 per cent.

"The biggest challenge during recovery was my breathing. My lung capacity was down approximately 50 per cent due to the incision. I would walk short distances and be out of breath, which was a bit of a surprise, but overall it wasn't a big deal. I didn't have to change my diet or shape my life around the donation," says Byrne.

Although Byrne's decision to donate was met with a combination of surprise and amazement from friends and family, some people expressed hesitation towards the idea of her donating to a stranger.

"Some people asked me, 'What if your liver goes to an alcoholic?' My mother was an alcoholic and passed away from liver cancer. If a transplant could have saved her and if none of my family members were a match, I would have wanted someone to donate. I didn't have any stipulations on who should receive it," says Byrne.

Byrne believes that other organizations should implement an organ donor leave policy as it provides an opportunity for healthy people to donate organs without bearing the burden of financial loss.

As of March 2022, Byrne is the only employee at Unity Health Toronto to use the organ donor leave policy.

"I am so happy to hear that this policy was accessed because it means that someone's life was saved as a result of receiving an organ donation," said Fetros. "Fiona's decision was an incredibly altruistic act and it demonstrates her character, selflessness and courage."

For those who may be considering donation, Byrne says: "Just do it. If you're able and healthy, you can donate your kidney or parts of your liver and still live a fully functional life." ■

Jessica Cabral is a communications advisor at Unity Health Toronto.



# A Salute to Nursing Heroes

## CELEBRATING CANADA'S NURSES



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# List of Nominees

## 2022 Nursing Hero Awards

**Mary Ackie**

Trillium Health Partners

**Bonita Aphan**

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**Genet Angesom**

Mackenzie Health Partners

**Rozeny (Jing) Argus**

Mackenzie Health Partners

**Felipe Azevedo**

Unity Health

**Jessica Baillargeon**

St. Thomas Elgin Hospital

**Laura Bandstra**Oak Valley Health Markham  
Stouffville Hospital**Jennifer Belen**Louis Brier Home and  
Hospital**Chris Bell**

Hospice Vaughan

**Gly Boatwain**Scarborough Health  
Network**Martha Bowden**

The Ottawa Hospital

**Kelly Carroll**

The Ottawa Hospital

**Sandy Carruthers**

Mackenzie Health

**Sophie Charlebois**

The Ottawa Hospital

**Virginia Choi**

Trillium Health Partners

**Fortuna Clipa**

Mississauga Halton LHIN

**Jessica Colmenares**

Trillium Health Partners

**Christie Cowan**

The Ottawa Hospital

**Vanessa Currie**

University Health Network

**Harpreet Deol**

Trillium Health Partners

**Angie Deptuk**

Alberta Health Services

**Jamie Desbiens**

The Ottawa Hospital

**Emily Desy**Scarborough Health  
Network**Jessica Diprose**

Alberta Health Services

**Lori Norris Dudley**

Osgoode Care Centre

**Sydney Endicott**

The Ottawa Hospital

**Lenka Falatova**

University Health Network

**Karen Ganchua**

Trillium Health Partners

**Kathryn Griffin**

Trillium Health Partners

**Karen Guillermo**

Trillium Health Partners

**Gihad (Jay) Haround**Hotel Dieu Grace  
Healthcare**Mark Hatt**Ontario Shores Centre  
for Mental Health**Terry Huynh**

The Ottawa Hospital

**Natalia Ignatskaya**

Trillium Health Partners

**Tracy Ingram**

Mackenzie Health

**Fiby Jacob**

Trillium Health Partners

**Rana Jin**

University Health Network

**Milly Kandathil**

Alberta Health Services

**Barbara Kavanagh**Scarborough Health  
Network**Ruby Kerr**

Trillium Health Partners

**Kathryn Kim**

Trillium Health Partners

**Joseph Kranz**

Unity Health

**Sally Kwan**St. Paul's Hospital,  
Providence Health BC**Pursha Lawrence**

Trillium Health Partners

**Joyce Lee**University Health  
Network**Irene Li**University Health  
Network, Princess  
Margaret Hospital**Kurdistan Mahmood**London Health  
Sciences Centre**Kelvin Mak**University Health  
Network (TGH)**Nikki Marks**University Health  
Network**Jackie Marquez**

Trillium Health Partners

**Camilla McMauliffe**

Unity Health

**Shannon Mitchel**

Alberta Health Services

**Barb Mitchell**

Trillium Health Partners

**Nicanor (Nic) Molina**

West Park health

**Marianna Marrocco**Mount Saint Joseph  
Hospital, Providence  
Health BC**Linda Mohr**

Alberta Health Services

**Jennifer Mostowski**

Trillium Health Partners

**Patricia Naval**

Trillium Health Partners

**Donna Ngo**

Unity Health

**Maria Pasca**

Trillium Health Partners

**Karen Paul**

The Ottawa Hospital

**Lucia Pereira**

Trillium Health Partners

**Arlen Romasanta**

Trillium Health Partners

**Indira Rooney**

Trillium Health Partners

**Rival Maria Rosalie**

Trillium Health Partners

**Renata Sadkowski**

Trillium Health Partners

**Adam Schmidt**Thomas Elgin General  
Hospital**Bincy Shajan**William Osler Health  
System**Gail Shedlosky**

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**Katherine****Smith-Eivemark**

Trillium Health Partners

**Rozina Somani**

University of Toronto

**Wendy Stephenson**

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**Corinne Swift**

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**Faiza Tahalil**

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**Maria Tanguilig**

Toronto Rehab, UHN

**Henrietta (Rita) Tay**William Osler Health  
Centre**Helen Thompson**

Alberta Health Services

**Natalie Trudel**

The Ottawa Hospital

**Kaley Turner**

Trillium Health Partners

**Candice Turrin**

Trillium Health Partners

**Sonya Wajdie**Saint Elizabeth Health  
Care**Maryia Yanekina**University Health  
Network (PMH)**Frances Yeung**

University Health Network

**Anita Zienkiewicz**St. Paul's Hospital,  
Providence Health BC

## Dankjewel. Grazie. Danke. Obrigado. Salamat. Gracias. Merci. Thank you.

**W**e could say thank you to our nurses in every language and it still wouldn't be enough. The last two years have been unlike anything we have seen in our lifetime.

Lockdowns, mask mandates and public health restrictions have taken a toll on everyone. This virus has impacted everyone in the world – but nobody more than our health professionals.

Nearly four million Canadians have contracted COVID-19 and nearly 40,000 have died. Many of them alone, unable to have family at their bedside due to visitation restrictions. I have spoken with many nurses over the last two years and not one of them complained about the long hours and overtime, the rashes and skin conditions from extended periods of wearing PPE or the exhaustion. Most of them said the hardest thing about being a nurse during the pandemic was watching patients die alone.

Many of you (our nurses) were the ones at the bedsides of patients when they took their last breath. Providing care and comfort that their families were unable to provide. You worked around the clock, spent time away from your families and put yourselves

at risk staring this virus right in the face. You did all of this while some refused to wear masks and even protested outside of your hospitals – yet you still came to work.

Over the years there has been a lot of talk about how broken our health care system is. Through-out the pandemic we were warned of a health care system at the brink of rationing care for COVID-19 patients. Fortunately, that didn't materialize. That is in large part because of you. Our nurses. You showed up everyday. Many of you came out of retirement to aid in the battle. Thank you.

To every single person who has worked in a hospital/long-term care setting over the last two years – thank you. You are all heroes.

The next 32 pages are filled with stories of heroism. Stories of everyday people going above and beyond to help strangers. If you are on our list of nominees and want to read your nomination, please email me at editor@hospitalnews.com and I will happily share it with you.

You are brave. You are strong. You are heroes.

Thank you just doesn't seem adequate. 🙏



Kristie Jones  
Editor, Hospital News

CONGRATULATIONS TO THE WINNERS OF OUR

# 2022 NURSING HERO AWARDS



1<sup>st</sup> prize

**Jennifer Belen**  
Louis Brier Home and Hospital

**\$1500**  
Cash Prize



**Christie Cowan**  
The Ottawa Hospital

**\$500**  
Cash Prize

3<sup>rd</sup> prize



**Kelvin Mak**  
Toronto General Hospital, University Health Network

**\$500**  
Cash Prize

3<sup>rd</sup> prize



2<sup>nd</sup> prize

**Nicanor Molina**  
West Park Healthcare Centre

**\$1000**  
Cash Prize



**Nikki Marks**  
Ajmera Transplant Centre  
University Health Centre

**\$500**  
Cash Prize

Thank you to our GOLD sponsor HCP

# Jennifer Belen

## Louis Brier Home and Hospital

**I**t is with great pleasure and honor that I write this email in support of Jennifer Belen's nomination for the "Nursing Hero Award".

Jennifer Belen is a Registered Nurse at Louis Brier Home and Hospital, a 215-bed long term care facility located in Vancouver, BC. I have worked alongside her since I was hired as an Infection Control Practitioner, more than 4 years ago. We both belong to the Interprofessional Team, seeing each other during our daily huddles. Jennifer has been with Louis Brier for 19 years, started as a unit nurse and later promoted as a Clinical Nurse Leader (CNL). Jennifer moved to Canada from the Philippines in 2002. It took her a year to complete the requirements of the Canadian Board of Nurses examination. Despite the attractive opportunities that the acute care hospitals offer, Jennifer chose to stay in long term care, taking care of the residents who can be more vulnerable, frail and with high needs.

When the pandemic was declared in March 2020, the situation was particularly "chaotic" as the first COVID-19 outbreak in a long term care facility in BC was declared, and the first death reported in BC being a resident of that facility. The first case of community transmission (not related to travel) was reported to be a healthcare worker from a long term care facility. This was followed by series of orders and restrictions being placed by the Ministry of Health. All healthcare workers in the long term care sector were made to choose to work only in one facility, from two-three facilities for some employees. All of these restrictions, uncertainties, and "unknowns" about the novel disease have brought fear and anxiety to all of our fellow employees, to a level that has never been experienced before. Staff were afraid to bring the virus to the vulnerable residents, at the same time, they were also afraid to be bringing it back to their

homes. With this level of psychological turmoil experienced by our staff, the role of the Clinical Nurse Leader (supervising majority of the employees) was very crucial. Despite of all these, Jennifer has shown strength and resilience by being there for her team whenever they need her, doing regular rounds and huddles to answer questions and deliver whatever support they need, assuring her team that they will weather the storm together, and always reminding them of the very essence of resident and family-centered care. She doesn't ask from them what she cannot give herself....she is their role model and also their mentor. She was always responsive to and available for them.

She has the uncanny ability to show vulnerability yet display courage, strength and resilience. Jennifer is fair with her dealings...not being afraid to speak up if something is not right but at the same time not withholding acknowledgement and recognition to those whom she thinks deserve them.

After long hours at work, she would go home to her family and still manage to follow up on her teenage daughter's school needs and activities. She would spend quality time with her family, knowing that sometimes she would fall short because she is called to work on her days off when the facility is short of staff, such as when there is a COVID-19 outbreak.

Jennifer is not just well loved by her colleagues but also by the residents and their families. Her calm demeanor and compassion make our residents and their families comfortable to approach her. They trust that whenever they raise their con-



cerns, Jennifer will always take time to address them. Jennifer has been instrumental in attaining almost 100 per cent COVID-19 vaccination rate of our residents by taking the time to provide them education for their informed decision. She was involved as a vaccinators in numerous in-house vaccination clinics we conducted onsite. She

has been a huge contributor in various quality improvement projects such as the Physician Neighborhood Project, 5S in Nursing Units, Clinical Systems Transformation, to name a few.

In 2020, Jennifer received the "Florence Nightingale Award" highest award for Nurses in our organization. This year, she received the "Mission Vision Values Advocate Award." These awards were earned through peer nominations. Through her loyalty

# Nicanor (Nic) Molina

## West Park Healthcare Centre

and commitment to the organization, she was given a “Long Service Award” in 2018 for her 15 years of service. Well-deserved accolades and validation of her dedication, professionalism, quality of service, and stability amidst the challenges.

When asked about what brings her fulfillment as a nurse, Jennifer said, “being able to help and make a difference in other people’s lives and build a trusting relationship with residents and families. Ultimately being able to provide comfort, care, kindness and respect to our residents.”

Jennifer also says that the pandemic has taught her to always be prepared because life takes us in different directions and to live the moment day by day. Everything doesn’t have to be perfect in our lives for us to be happy. Appreciate what we have and always be grateful. Give love and kindness to others.

Almost two years have passed since the pandemic started and everything still seems very uncertain. What I am certain of is that Jennifer will continue to play an important role in our journey towards excellence in giving exemplary care to our residents and families and in spreading positivity to our nurses, care aides, and everyone she meets. I am also certain that she will always take extra steps to pass by my office and ask me how I am doing or take extra time to listen to me as she does to anybody who needs it.

I believe that Jennifer Belen, RN, deserves to receive the “Nursing Hero Award” because she brings it to life, without any expectations in return. This letter of support is my way of showing her my gratitude and acknowledging her hard work and dedication to our residents, families, and staff of Louis Brier Home and Hospital as we all strive to be the centre of excellence in seniors care.

*Nominated by Lunadel Daclan, CIC, Manager, Quality and Risk and Infection Prevention and Control and Louis Brier Home and Hospital and Weinberg Residence.* **H**

**W**est Park Healthcare Centre is known for the provision of excellent post-acute care across our offering of specialized rehabilitation and complex continuing care services and our success is in large part, owed to dedicated clinical professionals like Nicanor (Nic) Molina, RN. Members of the West Park community regularly sing Nic’s praises because of his substantial contributions across the Centre, but what makes Nic unique is that he seems to be able to support those around him in ways that leave them feeling just how much he genuinely cares.

Nic’s 12 years at West Park have been predominantly dedicated to the care of patients on our Musculoskeletal Rehabilitation Unit. Over the course of his tenure he has developed a reputation as a clinician who provides excellent patient care, is a reliable colleague and mentor and expresses excitement about participating in initiatives that will have a significant and lasting impact on patients and the organization.

From a patient care perspective, Nic is described patient-centred, working to understand the physical, emotional and cognitive needs of patients and truly listening. In fact, staff across his home unit, are often asked by patients, when he’ll be working next. He is someone that they genuinely look forward to seeing on a daily basis, and fundamentally trust.

Nursing students (and new staff) who have the opportunity to be mentored by Nic express sincere gratitude for his openness, leadership, approach to patient care, and his willingness to provide guidance. The example he sets has a long-lasting impact on those who have the opportunity to learn from him.

The reputation he has established across the organization is what often leads him to be approached to contribute to important projects. Over the last number of years he has been involved in user groups that provide input into the design of the new hos-

pital (opening in 2023), he’s been a super-user helping to lead the implementation of automatic medication dispensing units, he’s a member of the Safe Medication Practice Committee and has been a member of West Park’s Best Practice Implementation Committee since its inception. While all of this, in addition to his role on the unit seems like more than one person could possibly take on, he also contributed to the COVID-19 response by vaccinating staff and members of the public at our vaccine clinic.



By all accounts, Nic has a desire to contribute to any aspect of our clinical (and non-clinical) operations that will improve the care and services that patients receive. On behalf of everyone at West Park, we submit our official nomination for the 2022 Nursing Hero Award.

*Sincerely, The staff and patients of West Park Healthcare Centre  
Judith Mulder. Recently discharged patient, MSK Rehabilitation*

Judith recently submitted an ‘Applause Card’ after he went above and beyond his responsibilities to assist the patient. The comment Judith stated, “Nick is # 1 in every way that demonstrates excellence, respect, trust, collaboration, and accountability [West Park’s core values]. He is a very kind and empathetic caregiver.”

*Nomination by Leona Skilling-Di Stasi, Service Manager, MSK Rehabilitation*

Nic is a knowledgeable, accomplished and compassionate Registered Nurse who unfailingly demonstrates respect and professionalism in the

care of our patients at West Park. He promotes Patient Centered Care and for this his patients admire him.

Nic continually participates and seeks opportunities to advance the nursing profession by coaching and mentoring colleagues and students to achieve their goals and promote the nursing profession. He possesses strong problem solving and critical thinking skills, a trait that makes him a natural leader and positive role model. Nic has taken part in many West Park initiatives, most recently collaborating with Campus Development and Pharmacy and regularly shares his excitement of new technology with his colleagues. Lastly he gives selflessly as he shares his gifts with all!

*Nomination by Priya Muthukumarasamy, RN, BScN, MN, Clinical Nurse Educator, Professional Practice*

Nic supports his colleagues and patients in multiple ways. He is a strong communicator and is able to collaborate effectively to create positive change on the unit. For example, during the ADU implementation Nic worked with Professional Practice to become a superuser for his unit. He was able to communicate and advocate for better workflow processes and troubleshoot problems on multiple units. Not only is Nic an incredible team player, he also provides excellent care for our patients. I am lucky to be able to work with him on MSK!

*Nomination by Brie Dalton, Recent RN student mentored by Nic*

He is such a great educator and embodies what it means to be a Nursing Hero. Nic takes time to show you new skills and ensures you understand the rationale to each practice. During my time learning from Nic he has thought me great patient communication skills, practical nursing skills and what it means to be empathic. Nic makes you feel so comfortable asking questions and is a very supportive team leader. Nic is an inspiration to all around him and creates such a positive nursing environment.

*Nomination by Lisa Dalton, Physiotherapist, MSK Rehabilitation*

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# Nicanor (Nic) Molina

Nic is kind and compassionate towards his patients. He demonstrates excellent clinical skills and professionalism. Nic is the first to volunteer to participate in Rounds or in meetings pertaining to Best Practice, Campus Redevelopment, etc. He readily and patiently teaches nursing students. He is always eager to assist if challenging patient issues arise. Nic is a pleasure to work with and we are very fortunate to have him on 3EA! Great job, Nic!

*Nomination by Trish Mizzau, Patient Flow Coordinator*

It's not hard to find people with positive things to say about Nic and his passion for Nursing and West Park. Simply put, he is involved in more initiatives than almost anyone, cares deeply for his patients and is a constant support system for his colleagues. He is focussed, compassionate and knowledgeable but somehow finds the time to ensure he asks you how your day is and is never too busy to lend a hand. I trust him implicitly and am thankful that he has always made himself available for me to ask him questions and bounce ideas off of him. His radiates positivity to the point that I can't recall ever having seen him in a bad mood.

*Nomination by Gulzar Karmali, Manager IPAC and Pharmacy*

I've always enjoyed working with Nic but the implementation of our Automatic Dispensing Unit this year was definitely a highlight. As an implementation super-user Nic was a support to our Pharmacy team and nursing staff to become comfortable with the technology and processes. Conversely, Nic was known to bring honest and valuable feedback from the unit to the implementation leads. By acting in this role it allowed positive changes to take place quickly and improve implementation. In this way, Nic was, as he always is, a positive voice for change.

*Nomination by Martha Harvey, RN, Director, Operational Readiness*

As we build our new hospital, input from our stakeholders is crucially important and we call upon nurses, physicians, allied health staff, support

staff and patients. Over the course of the last number of years, one of the individuals who has been eager to lend his experience and insight into the process has been Nic Molina.

One of the wonderful things about Nic is that he has become a 'go to' person who can be relied upon to bring his clinical experience to advocate for clinicians and patients, offering his expertise to address nursing-specific questions and challenges. He's been a significant contributor, helping to plan the details of the patient unit from a design and organization perspective and that has translated in the physical mock ups.

Even with the important contributions that Nic has made and

continues to make, he remains kind-spirited, pleasant, unassuming, responsive, always makes time for others. He simply wants to make a difference.

*Nomination by Angela Dowd, Director Professional Practice and Clinical Education*

Nic has been a key member of our Safe Medication Practice Committee. During the past year, we implemented automated dispensing units on all of our clinical units. Nic provided important front line perspective and feedback regarding the nurses' experience of medication administration within the organization that helped to shape our approach to planning and

implementation of the ADUs. Nic is a strong passionate nurse whose integrity is second to none. His role as advocate both for his patients as well as his nursing colleagues is apparent in his actions, feedback and participation in organizational initiatives. The implementation of the ADUs occurred during the fall wave of COVID-19 and Nic went above and beyond to support his fellow colleagues to learn the new technology. Nic worked additional shifts and made himself available to the nurses across the hospital to address any learning needs or provide just-in-time support.

Nic has also been a member of our Best Practice Implementation com-



# Kelvin Mak

## Toronto General Hospital, University Health Network

**K**elvin Mak is one of our most dependable nurses and informal team leaders. The pandemic brought upon many uncertainties and stressors, and having Kelvin present, as a permanent charge nurse, brought a sigh of relief. He emerged as one of the leaders due to his wide breadth of knowledge, experience and skills and his ability to critically think. He volunteered during the first covid wave to form a permanent group of charge nurses to ensure information flow “on the fly” gets communicated consistently. As soon as there was a policy, guide or practice change (which was common during the first wave), all staff were informed seamlessly and in a timely manner.

His unit transitioned from a surgical cancer unit to a covid medical unit. At least half of his colleagues were redeployed to two other units at the hospital. Kelvin always ensured when he worked (on the covid unit where he volunteered to stay) that he took some time to round on the other units to check on his colleagues and their wellbeing. He calmly listened to some of their needs and escalated opportunities to his manager.

He is a mentor to his fellow nursing colleagues and is currently in the process of training future in-charge nurses

with hopes that they can follow in his footsteps. He is often referred to as the father of the unit. Although he may not always express his feelings, you can sense how much he truly cares for the team and for the patients.

When he notices that the unit may be understaffed in the upcoming shifts, he goes above and beyond to ensure every shift (not just his own roster) is adequately staffed. He has his own method of persuading staff to help. He has great relationships with other units as well where he also helps with their staffing needs. No one stays short staffed.

One particular example to mention was when Kelvin was on his day off with his two kids. He was called to work since he had added his name on our availability list. Since he could not leave his kids alone to come to work, he felt the need to secure staff for the unit. He communicated with a few of his colleagues and secured a nurse for the unit. This is how dedicated he is to his patients and colleagues.

He emanates a feeling of calmness and has a positive vibe that is a reprieve for staff during stressful situations. When he’s on the unit, you get a

mittee since its inception. The focus of the committee is to implement RNAO Best Practice Standards across all services. Our focus this past year is on Person and Family Centered Care and Falls Prevention. Nic’s patient centered approach to care is apparent in his ability to seek understanding with his patients that helps to inform his approach to care. Nic has provided invaluable front line perspective to our commitment to and the implementation of RNAO best practices. Nic’s truth telling and transparency provides a valuable lens through which our organization can view the reality of nursing care during the COVID-19

pandemic. Nic actions takes courage, strength and integrity, he is truly a nursing hero.

*Joanna Johnston, Occupational Therapist, MSK Rehabilitation*

I’ve worked with Nic on 3EA for many years; he is an incredible RN. In addition to being highly skilled, he is extremely compassionate, empathetic and always focused on patient centered care. Patient feedback is consistently overwhelmingly positive. He exudes positive energy that puts patients, family members and staff at ease. He is always extremely collaborative, encouraging and focused on fostering a cohesive team environment. He is a joy to work with! **H**



feeling that despite whatever happens, you know that you’ll make it through the

shift with his guidance. One example was when Kelvin and his colleague noticed signs of a patient deteriorating. He calmly approached the medical team and our outreach team for a consult. Ensured the patient was looked after and quietly helped the patient transfer to the Intensive care unit. It was extremely organized and controlled.

He collaborates with the allied health staff to implement care plans that benefit the patient and always advocates for the right things. He supports our surgical residents and makes them feel very welcomed on our unit. He ensures that they are aware of our processes, which ensures safe delivery of patient care improves the efficiency of the team. He continuously builds relationship with all the 5 different surgical services to ensure our patients and their essential care partners are safely taken care of. Kelvin has also coached other consult services and their residents on our unit about processes to ensure that patients receive timely care. Kelvin is collaborative individual who takes into consideration

the holistic needs of the patients, the nurses, allied health as well as our residents and staff surgeons.

As a closing example about Kelvins caring personality and going above and beyond:

Nursing shortages and recruitment across hospitals, the province, and the globe has been a challenge. With his positive personality and through promoting our unit’s team mentality, Kelvin makes every effort to ensure students, staff and everyone who touches our unit is well supported. Kelvin took the extra time to find out what staff need at a professional and personal level. He recruited over 10 nurses in the last six months and ensured they have a seamless transition from orientation to being independent practitioners. Our nurses feel more inclined to stay as we have strong role models that are approachable.

We nominate Kelvin Mak for the Nursing Hero Award for his dedication to patients and to his commitment to UHN over the past eight years of his career.

*Nominated by:*

*Marleine Elkhouri, RN and Jeus Cabaluna, RN Inpatient Manager, Surgical Oncology, Registered Nurse, Surgical Oncology **H***

# Nikki Marks

## Ajmera Transplant Centre University Health Centre

**N**ikki Marks has received nominations from several of her supervisors, UHN leadership and colleagues. Her work during the COVID-19 pandemic was highlighted at the Ajmera Transplant Centre magazine. Her work ethic and dedication to patients and colleagues are remembered in several of the testimonials below.

Thank you for your consideration in awarding Nikki.

“Nikki never turns away from a challenge – always ready to look at innovative ways to care for patients and willing to develop improvements in care and communication. Whether it’s developing a system to communicate remotely with lung transplant patients or monitoring COVID patients at home, Nikki always moves to the front line to lead for her team.” – Dr. Shaf Keshavjee, UHN’s Surgeon in Chief and Director of the Toronto Lung Transplant Program

“Over the past 18 months, Nikki has been an innovator, clinical leader and as a passionate advocate of COVID+ patients in ensuring they receive the best care possible. As one of the NP leads of the Connected COVID Care clinic, a cornerstone of the COVID Integrated Care Pathway, she has helped to support thousands of patients who have been referred to the clinic through the five waves of the pandemic. Her leadership in this integrated model of care also helped in the delivery of the antiviral and monoclonal antibody infusion therapies that have helped to protect the most vulnerable patients in the city. Through this work, Nikki has used her clinical expertise to not just treat patients but be a critical clinical voice to develop these novel models of care. Specifically, she has authored order sets, developed clinical workflows and supported the rapid PDSA cycles to implement in the initial program in under four weeks.” – Shiran Isaacksz, Vice Pres-

ident, Altum Health and UHN Connected Care

“It is a great pleasure to write a testimonial for Nikki Marks for her nomination. Nikki is a nurse practitioner at the Ajmera Transplant Centre at the University Health Network. She has dedicated her career to looking after lung transplant recipients who are one of the most complex patients in medicine. During the COVID pandemic, organ transplant patients are one of the highest risk populations to get severe disease from COVID with hospitalization occurring in more than 50% of patients that contract COVID. Since the beginning of the pandemic, Nikki took responsibility for ensuring that this vulnerable population gets the best COVID care possible. In the last two years, she has become our ‘go-to’ person for COVID care in transplant recipients. She virtu-

ally assessed hundreds of transplant outpatients with COVID. She went above and beyond her call of duty to provide them with the best care possible including arranging testing when it was not readily available, arranging early treatment, ensuring patients received home oxygen saturation monitors, communicating with physicians and nurses all over the province of Ontario and at times across Canada, to ensure that patients received treatment, advising patients to go to the hospital when they did not sound well, and working closely with the physicians.

Moreover, Nikki’s leadership skills are second to none. She has been a leader in the development of the monoclonal antibody clinic for transplant recipients with COVID. She has developed detailed processes for the



early treatment of transplant patients with COVID. It is through her diligence that we have been able

to prevent hospital admissions and reduced the burden on our healthcare system. Nikki epitomizes what it means to be a Nursing Hero.

I can attest that without her expertise it would have been impossible for our transplant program to look after COVID patients. She worked tirelessly 24/7 including holidays to make sure patients were taken care of. I am certain that her incredible efforts prevented hospital admissions and deaths. Nikki is a natural leader and problem-solver and is an inspiration not only to the nursing profession but all healthcare professions. I cannot imagine a better candidate for the Nursing Heroes award.” – Dr. Deepali Kumar, Director of Transplant Infectious Diseases at UHN’s Ajmera Transplant Centre.

“Nikki Marks’ career in the nursing profession has been remarkable. She comes from multiple generations (Grandmother, Aunt & Mother) of nurses dedicated to patients and helping those most in need. Nikki’s day is never predictable and she balances being an accomplished triathlete, mother, wife and daughter in a way that is truly admirable.

She starts her day off typically participating in handover rounds where she receives critical information about Lung Transplant patients to help set the plan for the day. As Nurse Practitioner, she is the most responsible practitioner for patients who have just come from critical care following a lung transplant and patients who may be encountering signs of organ rejection or a complex infection.

With the most recent COVID-19 wave, the Ajmera Transplant Centre, who provide ongoing care to over 7000 transplant recipients, saw a surge in COVID-19 amongst the population. Working along side infection disease specialist Dr. Deepali Kumar,



Nikki virtually assessed and provided critical advice and treatment for early intervention of COVID-19 to prevent worsening of symptoms and acting to prevent the need for hospitalization. At the peak of COVID-19, the ATC was seeing upwards of over 30 transplant patient consults.

Nikki's impact on patients, their families, colleagues & learners demonstrates what care truly means in the word Healthcare." – Joanne Zee, Senior Clinical Director, Ajmera Transplant Centre, Nephrology, Endocrinology & Hepatology, UHN

"Over the past 24 months, in addition to the many clinical contributions that colleagues have described, Nikki has truly enacted leadership and capacity building in her support of many peer NPs, which included the developed of a resource repository. In building capacity in peers, this allowed for exponential growth of a network of expertise to build system capacity for the care of COVID and COVID recovering patients." – Leanna Graham, Senior Director, Professional Practice & Policy, UHN

"I am pleased to support the nomination of Nikki Marks, MN NP for the Hospital News' 2022 Nursing Heroes Award.

I have worked with Nikki as part of the multi-disciplinary lung transplant team within the Ajmera Transplant Centre at UHN. As a nurse prac-

itioner working with this complex clinical population, Nikki has showed committed leadership in the development, implementation and evaluation of new care delivery models including transitions between acute, inpatient rehabilitation and ambulatory care.

Over the past three years we have collaborated closely as clinical leads on the development and implementation of an ambulatory virtual care strategy with remote patient monitoring to support care closer to home, facilitate surgical transition and support self-management following hospital discharge. Our early pre-pandemic work was rapidly scaled up to provide continuing quality care when on-site ambulatory visits were restricted during the various waves of COVID-19. In addition to this evolving care delivery model, she played an integral role in UHN's Connected Care COVID Care team to provide symptom monitoring and follow-up in this emerging population.

In addition to her clinical role, Nikki has strong academic interests and has presented at international conferences and organized internal research days centered on patient-centred care across the care continuum. She is enrolled in the Doctor of Nursing program at the University of Toronto, which will further facilitate the creation and mobilization of knowledge into practice and lead healthcare system improvements." – Lisa Wickerson,

PT, Physiotherapy Discipline Coordinator, Clinician-Investigator, Toronto Lung Transplant Program, UHN

"Please consider Nikki Marks, Nurse Practitioner within the Ajmera Transplant Centre, UHN, for the Nursing Hero Award. I am very pleased to nominate her and believe she has demonstrated exceptional commitment to patients UHN wide, not only in the Transplant realm but also with countless people managing their COVID illness.

Nikki's leadership over the past 2 years has been exceptional. As transplant activity decreased during the first major COVID wave, Nikki quickly pivoted to assist with the management of UHN COVID patients, particularly those at home, through outpatient clinics and assessments as well as volunteering to assist on the COVID unit. She helped develop strategies and problem solve to keep patients out the Emergency rooms and manage their illness at home. I have heard testimony from one family in particular who stated they felt very scared and alone until Nikki contacted them and helped them manage the situation remotely. They were so appreciative of the calm, clear and practical help that was provided. On top of this work, Nikki continued to practice with the Lung Transplant Team, managing both inpatients on the COVID unit and patients on the Transplant unit.

In the midst of developing COVID management strategies and assisting people with COVID, Nikki has been heavily involved in working groups regarding EPIC. In these groups she has provided excellent feedback and suggestions, bringing forward issues not considered previously and contributing to solution focused problem solving.

Nikki has been a strong force in the education and mentorship of transplant nurses for many years and has continued this over the past hectic two year span. She is involved with Transplant orientation for new nurses as well as coaching and mentoring in the moment on the ward with nursing staff. She has also has trained many NP students over the years.

Nikki is truly an inspiration to nurses at UHN. She is compassionate to patients, thoughtful in her practice, and a real change agent. She has lead several major change initiatives, such as the adoption of Clinical Message within the Lung Transplant group and other practices to improve patient care.

It would be easy to write more about the work that Nikki has contributed to UHN over the years and I would be happy to speak to anyone who has questions or would like to hear more." – Susan Kiernan RN, MN, Nurse Manager, 7AB Transplant Unit, Ajmera Transplant Centre, UHN. ■

# Christie Cowan

## The Ottawa Hospital

I am nominating Christie Cowan, RN, NSWOC for the incredible nurse award.

Christie works at The Ottawa Hospital, Civic Campus for 13 years in medicine, critical care and is now a nurse specialized in wounds, ostomy, and continence.

In April 2021, Christie volunteered to return to the ICU during the 3rd wave while balancing her 3 young children doing virtual learning. In a matter of 2 weeks her and her family changed their entire schedule to accommodate

her redeployment. Christie learned the electronic charting in 2 days and had her own assignment after her first set helping the workload in the ICU tremendously in a high time of need.

During her redeployment, Christie started a blog about her experience including how much death she saw along with many issues and feelings that came along with the third wave. It started as being therapeutic for her but the feedback she was getting from her peers is that it was therapeutic for us as well. Christie was giving us a voice. As the summer went on and Christie went

back to her normal position, she continued to be involved and speak more publicly about issues and gaps in the healthcare system in Ontario, like Bill 124 and the nursing shortage. Christie found that the public did not really understand how the healthcare system worked or what nurses really did on the job and decided the public needed to be better educated in how the system works and its issues before they vote in June.

In the fall of 2021, she created a podcast called Beyond the Bedpan – where health care is never with-

in normal limits. Her podcasts have been really inspiring to many nurses at TOH as well as across the province of Ontario. She talks about issues in the nursing profession from new nurses, retaining mid-career nurses and recruiting retired nurses. She also talks to friends who have been patients to get their experience and how the healthcare system can improve from a patient point of view.

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# Christie Cowan

This mirrors The Ottawa Hospitals values of putting the patients first and treating them like they are our own. Understanding their experience is critical to being motivated in providing world class care. What I like best about the podcast is how it encourages nurses to stay in the profession, changing the emphasis to how we can improve it instead of leaving it all together.

What the most enjoyable thing is about how Christie advocates for our profession is how she does it in a positive and encouraging way. Other nurses do their anger, whereas Christie takes an approach that I feel is more listened to. It focuses on, “how do we fix it?” and not, “we hate it!” Her podcast and the way she speaks is so relatable, she really portrays that we are human and not heroes, and that we are equal and important. She empowers every single one of us.

Christie really has gone above and beyond. Her redeployment had her putting her ICU team and covid patients first during a difficult time at home balancing the complications that came along with school closures. Once that was over, she kept going, she supported nurses everywhere, empowering and encouraging us to continue with our career and find our love for what we do again. Her podcast is really enjoyable and inspiring, and her positive attitude is a breath of fresh air when it comes to politics and healthcare advocacy.

Basically she’s super nurse and I think it’s crazy she hasn’t been recognised before now.

*Thank you, Hayley*

I would like to nominate Christie Cowan for this honor. Christie has been with TOH for over 10 years as well as has a successful podcast advocating for nurses.

*Kimberly Hoggard*

I would like to nominate my colleague Christie Cowan. She is professional, compassionate and has just the right amount of spark. Her accomplishments include nursing for over 10 years on surgery & critical care units, a successful nursing podcast and a specialty in Wounds & Ostomy. Throughout this pandemic she has shown an incredible resilience and fortitude.

Christie and I work on a Wound & Ostomy specialty team. She is one of the smartest people I know. Working as an ICU nurse and raising 3 children has given Christie an intuition for when things go awry parallel only to Peter Parker’s Spidey-sense. I have seen her diagnose fistulas and other conditions “based on a feeling” while doctors

were still scratching their heads over CT imaging. She is strong advocate for her patients and is frequently sought out by medicine and surgery teams for advice. She is a great mentor and has taught myself as well as many of the staff nurses advanced wound & ostomy skills, from negative pressure wound therapies to advanced pouching techniques.

Christie really showed her bravery during this pandemic. When our ICU was critically short staffed, she volunteered for redeployment. Despite the uncertainty of what she would be dealing with and fears of bringing COVID home to her children, Christie volunteered to go. Even though it had been a while since she did critical care, she readily took charge and took on care for the sickest Covid patients. It was hard for her and her colleagues to see such a large amount patients not recover in such a short period of time. But Christie didn’t leave, she found her grit and kept on delivering the best possible patient care available. This was of course amid trying to juggle 3 children who consistently



**CHRISTIE REALLY SHOWED HER BRAVERY DURING THIS PANDEMIC. WHEN OUR ICU WAS CRITICALLY SHORT STAFFED, SHE VOLUNTEERED FOR REDEPLOYMENT.**

needed covid tests or to stay home from school. Of course, she was amazing and still goes back to assist when she can.

I think the most important work Christie does is through her podcast “Beyond the Bedpan”. The podcast features guests from different parts of the medical field as well as every-day citizens who have interacted with the health care system. Important issues are discussed such as bill 124, staff retention and what other options are available to nurses than bedside. Many nurses have lost hope and are looking to leave the profession altogether, but this podcast tells them about other opportunities

within nursing. Wondering what it is like to work as a specialist nurse or start your own business? Wonder how to advocate for yourself and nursing? Curious about the patient experience? Answers can finally be found through “Beyond the Bedpan”. There are nurses who have stayed in the profession because of Christie. Truly nothing is more important right now than keeping the spark alive in nurses.

I am so grateful to work with Christie at our hospital. It is inspiring to watch her make such positive changes in the nursing field. It is an honor to be her colleague and friend.

*Kind regards, Kimberly Hoggard* 

# Sally Kwan

## Providence Healthcare (BC)



**O**would like to nominate Sally Kwan, registered nurse, at the Post-Kidney Transplant Clinic at St. Paul's Hospital, Providence Healthcare for the nursing hero award. Kidney transplant recipients are assigned to a nurse who is essentially their 'case manager'. Because transplant recipients need to take anti-rejection medications that deliberately suppress their immune system from attacking the transplanted kidney, they are at a higher risk for infections and cancers. Ongoing surveillance with regular bloodwork and cancer screening, along with adherence to their medications and medical appointments, is critical to enable these patients to enjoy a normal life with their new kidney, free from the burden of dialysis. The Post-Kidney Transplant nurses have the important tasks of ensuring patients do their bloodwork and have their results reviewed in a timely manner, triaging inquiries from patients and their other care providers and referring any critical bloodwork or queries to the responsible providers.

Sally is not only one of those hard-working nurses who just ensures all her patients' issues are taken care of, she is also caring, empathetic and a strong patient advocate. There are so many stories but I recall this one which highlighted how she just went about doing her daily work but what transpired had a huge impact on the patient and his family. Sally followed up on a missed bloodwork for one of our non-English speaking patients who then mentioned to Sally in broken English that he had difficulty walking to get his bloodwork done because of a 'rash' on his foot; however, he didn't tell any of his care providers due to the language barrier nor to his children. Sally got hold of his son to send a picture of his 'rash' to her. After seeing how serious and extensive the lesion was, Sally expedited a dermatology consult and the lesion turned out to be a serious skin cancer (Kaposi Sarcoma) and could be a complication of his kidney transplant.

As the patient was normally very independent, his children were not aware of how sick the patient was but gladly stepped up once Sally brought this to their attention. The patient was quickly referred to oncology and is currently receiving chemotherapy. His children were extremely grateful of her ongoing care and support during his chemotherapy but more importantly for the extra time she took to coordinate the picture and to involve them in his care as they had not realized that their once healthy independent father was getting frailer. This story highlighted Sally's active listening skills. It would be easy to dismiss his complaint or refer him back to see his primary care provider given the busy workload in the kidney transplant clinic but Sally did more than listened to this patient's concern, she persevered to find out what it was that caused this patient so much pain, advocated to get urgent dermatology consult, and helped the patient navigate the complex healthcare system.

Sally is not only a nurse to the transplant patients; she is truly their angel. She knows all her patients and their families well and is the consistent go-to person they turn to for advice and support. Attached below is a supporting letter from another patient's family. I believe Sally is truly worthy of this nursing hero recognition.

*Submitted by Marianna Leung, Clinical Pharmacy Specialist, St. Paul's Hospital, Providence Healthcare*

### SECOND NOMINATION

Our family would like to nominate Sally Kwan as a nursing hero. A nursing super hero really, whose super powers include overflowing selflessness, kindness, patience, compassion and thoughtfulness supercharged by a gigantic heart.

In 2016 my husband and daughters' father was the recipient of a kidney transplant and Sally was assigned as his post-transplant nurse. It didn't take long to realize that Sally was not just a nurse, not even just a super hero

– she was something greater, an angel.

For over five years, up to my husband's death, Sally was my husband's greatest life saver, quite literally. His post transplant life wasn't an easy one. He suffered many unexpected complications, endured too many hospital stays, encountered endless frustrations with his fragile health and experienced all the low points that naturally accompany the situation.

But through it all Sally was there. There for him. There for me, there for my daughters. With gentle reassurances, a wonderful sense of humour, and a calm, kind disposition she was there. And she genuinely cared. Deeply. She celebrated the little wins with us and she supported us with love and compassion during all the tough times. And we saw how she did the same for all of her patients. Somehow, some way she was able to juggle it all – about a thousand balls in the air – and yet made the time to warmly comfort and help every "ball" she held in her hand.

It was not unusual for me to hear the phone ringing long after Sally's day was supposed to have come to an end

to provide an update and sometimes just to lend some kind words and a knowing that she cared. Even after my husband's death, she still finds the time to call regularly and check in on me.

When I say that she saved my husband, I mean that in so many ways. Of course it was her medical expertise that did that, she was consistently providing education and advice. Consistently ensuring his tests were run and results were delivered. Making sure every box was ticked and nothing was left undone. But it wasn't just her meticulous medical care – no. It was something more. It was Sally herself. Despite my husband's condition, he looked forward to his hospital visits. Because Sally made him feel like he was her highest priority, like she wasn't just his nurse, she was his friend. She laughed at his silly jokes, gave him sympathy, encouragement and all the time in the world. But most of all, she gave him hope. And that gave him life.

We truly hope Sally can be recognized as the nursing super hero she truly is. Please consider her, she deserves this special honour.

*Thank you, The Jones Family* 📧

*Congratulations to our nominees and winners!*

**Hospital News™**

# Mark Hatt

## Ontario Shores Centre for Mental Health

**I**t is with great pleasure that we nominate Mark Hatt for the National Nursing Hero Award on behalf of Ontario Shores Centre for Mental Health (Ontario Shores).

Mark began his career at Ontario Shores in one of the Complex Psychiatry inpatient units seven years ago. He was later a member of the team that established the Adolescent Eating Disorders Unit. He has also been a member of the Nursing Relief Pool, a team member in Professional Practice, and is now a member of the Infection Control and Prevention team. Mark is also pursuing higher education. He is currently an RPN with the intention

of becoming an RN once his studies are completed.

Mark continually goes above and beyond that call of duty. In addition to his role, Mark has been an active and valuable volunteer member of Ontario Shore's Safe Workplace Committee. He works with members of the committee to foster a psychologically healthy and safe work environment by improving workplace violence prevention programs and implementing activities from the annual work plans, incorporating proactive and preventative program elements for employees to use to support a recovery approach and improve patient safety outcomes. As part of the committee, they evaluate the effectiveness



of Ontario Shores' workplace violence prevention and psychological health and safety programs in this capacity.

As a recipient of Ontario Shores' Innovation Fund Program, Mark developed a Staff Peer Support Program for staff peers to support one another, discuss events, and achieve a more objective self-reflective debriefing practice. Their plan is currently in the draft phase and is undergoing review for implementation.

Mark has been instrumental in the hospital's pandemic response efforts. The COVID-19 pandemic has been difficult for all those who provide direct patient care, but the added challenge of patients' mental health complexities has been extraordinarily difficult for our nursing and frontline staff. Mark has been the primary person in charge of performing PCR tests for both patients and staff. Throughout the waves, he has come in on weekends, vacations, and holidays to assist with testing requirements.

Mark truly embodies Ontario Shores' core values: striving for excellence through leadership and learning, achieving exceptional performance, and fostering an environment of optimism, hope, and recovery. supporting

the advancement of mental health care through research and creative approaches to innovation. He prioritizes safety by providing clients with a safe and healing environment as well as reassurance to patients' families, teammates, and the community. Mark understands that we are a community, working together as one team and with families, providers, and the public as our partners while maintaining mutual trust, transparency, and a shared purpose to improve our patients' quality of life.

Mark is inspired by the people at Ontario Shores, and he is proud to be a part of their recovery. When reflecting on the last few years, he says, "Seeing the numerous barriers clients overcome to achieve their goals is a humbling experience. Our team has fostered exceptional resilience levels to be able to help people in very difficult situations. Seeing their skills in communication and advocacy is well above expectations and is an encouragement to continually improve on my skills."

We are honoured to nominate Mark Hatt for a National Nursing Hero Award.

*Nominated by Julie VanHartingsveldt*

### Nursing Week - Let's Celebrate You!

On behalf of the Health Care Providers Group Insurance Plan, let's celebrate all of the nurses across Canada for their commitment and dedication!

You made such an impact on the healthcare system the past couple of years and we are grateful for the positive differences that you make each and everyday keeping Canadians healthy and safe. The stories of the nurse that made all the difference are inspiring!

Thank you for your continuous compassion and care!



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# Chris Bell

## Hospice Vaughan

**H**ospice Hero. Have you ever worked with someone who you knew was exceptional?

The world has been watching in awe as nurses and other health care professionals answer the call to care for people in a system reeling from a pandemic. As people ran from the system, Chris ran toward it at a time we needed her most.

During the first and second year of the pandemic, Vaughan was preparing to open a new Hospice. Chris came out of her retirement to help with the start up in 2021. Chris has been a registered nurse since 1986, and has specialized in hospice palliative care for 20 years. Chris showed up to help open our new program that provides safe, timely, and compassionate end of life care to a community that never had access

to this kind of service before. She said she would work part time however, she worked full time hours and beyond since she started. She was asked to be our clinical resource nurse, but she also informed our work around educating a brand new clinical care team, day-to-day operations, community navigation and intake coordination. Wherever we needed an expert opinion or leadership Chris shifted her attention. If we needed an extra set of hands on the unit, Chris joined the team.

“She not only worked tirelessly behind the scenes to help start up a new 10 bed Hospice Residence, she did this by stepping out of her retirement. Chris is the epitome of a passion-



ate, professional nurse!” (Manager, Residence)

The systems and structure that may have prevented us from being innovative are now dependent on it. Chris took our ideas about how we could open during COVID-19, expanded on them, and allowed us to showcase our services without pause. We opened in May 2021 and grew from 5 staff to 55 in a year. We grew from serving clients in the community to caring for over 100 new clients in our residence, impacting 1000 family members/caregivers of those residents in our first year.

Many of us are exhausted while Chris has continued to offer a kind and gentle direction for our new clinical care team which the team needed. She led the development of processes, tools and procedures that enabled palliative clients with less than 3 months to live to enter a calm, quiet care environment that felt like home.

She coached a multi-professional care team who faced a complex system

of COVID-19 directives and guidelines to rise above the complexity and simply focus on caring for a client and their family at the most vulnerable period in their lives.

“Chris goes above and beyond the call of duty without being asked, she is very empathetic/sympatric with both family members and clients.” (Intake Coordinator)

We believe that future generations of nurses will learn about how our profession led in this moment. This is already a defining moment for nurses. Let it also be one that helps the world see individuals in the profession the way we see Chris.

“Chris shares her immense experience and wisdom with us as a team. She is passionate about providing high quality care to our clients and families, and she leads her team with kindness, respect, and confidence.” (Manager, Volunteer Services)

Nominated by: Barb Fitzgerald, Executive Director (and team)



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# Lucia Pereira Trillium Health Partners

I want to nominate my hero my mom Lucia Pereira Registered Nurse. All nurses are special but my mom has gone above and beyond the call of duty. I see how hard she works and with so much compassion and love for nursing. She loves her job. She has always wanted to be a nurse since she was 10 years old when she would go with her dad visit her sick mother in the hospital. She would watch and admire the nurses taking such good care of her and for that she was very grateful.

She started her nursing career in 1996, she currently works full time at Trillium Health Partners, Mississauga site, 100 Queensway West in the Intensive Care Unit for 22 years. When the pandemic started I was scared for her but she said she wasn't afraid and wanted to help it was a call of duty she said. During the last two years she has been caring for critically ill covid patients needing life support, IV medications, proning and un proning and bedside dialysis. She goes out of her way to call

and update worried family members and video calling so family can see their loved ones when they could not visit.

She purchases and bring hair brushes and hair ties for her female patients and shaves her male patients. She provides music therapy for her patients when appropriate. Her co workers adore and respect her. She is always early and prepared for her shifts and is always assigned students and new hires to train and mentor as she is so calm, patient and professional. She helps the unit and works extra shifts when they are short staffed.

When my grandfather became very sick with Covid it was very difficult for her. He was hospitalized for 10 days at her hospital and she could not visit. It was hard for my grandfather as he was isolated and scared. He begged her to take him home to die surrounded by his family. She brought him home on 6L of oxygen very weak and frail to

palliate. She looked after him and my grandmother all while working full time. She helped him get stronger with medication and nutrition including vitamin and protein drinks. She did daily exercises with him and made sure he had all the safety equipment needed such as a shower chair and walker. Because of my moms loving care my grandfather improved and did not die. She weaned him off oxygen and even took him last summer on a trip to his homeland of Portugal one last time. He was lucky to have my mom his private nurse. He lasted one year and unfortunately died on December 12, 2021 from covid complications. She has been through a lot of emotional pain not only from losing her father but from seeing a lot of suffering and the loss of her patients to covid and other diseases. She says the hardest thing she has had to deal with is seeing her sick patients suffering alone without their



families at the bedside. She spends as much time as she can holding her patients' hands and giving them hope and comfort during difficult times.

In addition, she has the scars to prove it after having to deal with a bad case of cystic mask acne and needing a dermatologist to drain them to her lower face as a result of long hours (12 daily) donning and doffing masks and PPE. I believe my mom has gone above and beyond her call of duty and deserves to be nominated. She is my hero and I admire her and her profession. I am also following in her footsteps and am in my first year of Nursing BSCN at York University.

Nominated by: Sarah Pereira



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# Milly Kandathil

## University of Alberta Hospital Medicine Program, Alberta Health Services

It is with great pleasure that the University of Alberta Hospital Medicine Program would like to nominate Milly Kandathil as a Nursing Week Hero for 2022.

Her resiliency, kindness and commitment complement precisely the outstanding community of past recipients, and make her highly deserving of the honor and opportunity bestowed by this award nomination.

Milly is a nurse within the University of Alberta Hospital's Medicine Department's Pulmonary unit with nearly twenty years of experience in nursing. She is a caring and considerate nurse. She is nurturing leader on the unit that takes the time to talk

with the staff and let them know how well they're doing. She utilizes her senior experience to assist new grads and junior staff with their learnings and professional development.

Any patient who is assigned to Milly is guaranteed excellent care. She always demonstrates her commitment to their safety and care pathway. From the moment she meets her patient she demonstrates an interest in their comfort and experience. She is friendly and makes her patients feel comfortable and important with every interaction.

Recently the unit was struck by tragedy when a member of the teams passed away. Milly lead the unit through this difficult time with compassion, empathy and grace and mod-



elled the kind of humility, vulnerability and kindness that helps heal and subsequently creates a culture of safety and family on the ward.

Milly is a leader in caring for pulmonary patients fighting respiratory illnesses. She proves every shift that leadership has little to do with titles and positions but about how one life influences another. She treats every patients with the utmost dignity and respect along with all of her colleagues and peers.

Quality improvement has always been a focus for Milly. Whether is it to advocate for patient safety or Workplace Compensation Board issues or take the lead on an initiative, Milly is always ready and willing.

Recently she was the champion for introducing the telemonitoring project on the unit. The goal of this project was to prevent adverse events related to the inadvertent removal of oxygen delivery devices and reduce caregiver burden by providing reassurance that patients are being constantly monitored while they sleep. A trained technician monitors up to 4 patients on the unit during the evening hours. If safety concerns are observed then real time

resolution can be made. Milly continues to help lead this project to ensure the safety of her and the units patients at all times.

Milly exhibits all of the Alberta Health Services core values of compassion, accountability, respect,

excellence and safety in her everyday practice.

Nurses are definitely the heart of health-care and Milly shows this every day in every discussion or encounter that she has whether it is compassionate

patient-focused care or empathetically listening

to a peer discuss their challenging day.

Maya Angelou said, "As a nurse, we have the opportunity to heal the mind, soul, heart and body of our patients, their families and ourselves. They may forget your name, but they will never forget how you made them feel." Anyone who meets Milly, never forgets how she made them feel. Important.

Thank you for your consideration of this candidate for the 2022 Nursing Hero Award.

Nominated by:

Nicole Zahara – Unit Manager for Medicine Program UAH 



The Ottawa  
Hospital

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d'Ottawa

More than 4,000 nurses provide compassionate, world-class care to each patient who comes through our doors – and I invite you to join our growing team.

As the largest hospital in Eastern Ontario, our nurses can choose from a variety of roles, specialties and clinical areas, including trauma, neurosurgery and thoracics. We also lead many regional programs including cancer, stroke, bariatrics and nephrology. We are affiliated with the University of Ottawa and work closely with our colleagues at the Ottawa Hospital Research Institute to drive learning and innovation forward and bring new therapies to patients.

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- Suzanne Madore, Executive Vice President & Chief Clinical Officer, The Ottawa Hospital



# THANK YOU



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**Inspiré** par la recherche. **Guidé** par la compassion.

# Jessica Colmenares

## Trillium Health Partners

**I**would like to nominate Ms. Jessica Colmenares, RN for this year's Nursing Hero awards.

Ms. Colmenares is a cherished colleague in the M site ICU.

I have worked with Jessica in the ICU for the past two years. I immediately noted her to be a caring, hard-working, and friendly ICU nurse. She is always the first person to help a colleague, to approach a patient or family in their time of need to reassure them, and to spend time with them to explain the details of their medical care and ensure they understand their diagnosis and treatment.

I remember caring for a young woman who was admitted to the ICU after suffering a seizure. She was intubated and her husband was worried she might not survive, leaving him to care for their young family alone. The cause

of her seizure was unclear, and I did my best to explain our hypotheses about the potential causes to the patient's husband. I tried to explain the treatments that would be necessary in each case. Jessica was this patient's bedside nurse. I witnessed Jessica taking extra time to go over the potential causes of the patient's seizure, the treatments we had implemented, and the various pieces of equipment in the ICU with the patient's husband. She also communicated with the patient, who despite being intubated and on some sedation, was also somewhat conscious. She was very caring in her approach to the patient and husband, she was empathetic, and provided emo-



## The Humber River Hospital-Intellijoint Program

The Humber River Hospital-Intellijoint program is the first program in Canada to use Intellijoint-HIP for real-time navigation leading to precision-based surgery. This innovation is simple to use and provides intraoperative measurements for accurate implant alignment, as well as leg length and offset restoration for a total hip replacement. Humber River Hospital performs over 600 total hip replacements each year, and Intellijoint-HIP will aid in establishing efficiencies to allow for more surgical and diagnostic imaging cases to be completed, supporting a reduction in the surgical and diagnostic imaging backlog.



Premier Doug Ford, Minister Stan Cho and Humber River Hospital team

tional support to both. I am certain her care that day made all the difference to that patient and her family. Importantly, Jessica also provided excellent nursing care to the patient and contributed directly to the patient being extubated successfully and seizure-free. This is simply one of countless examples of Jessica's compassionate care that she provides to all her patients and their families.

Jessica does not simply reserve her care and compassion for patients and their family members. I was struck by how she looks out for her colleagues and their wellbeing as well. All of us in the ICU have been through a very difficult and trying time the last two years during the pandemic. As an early-career physician starting practice only shortly before the global pandemic was declared, I faced many challenges I never could have imagined. During the particularly difficult third wave Jessica picked up immediately on my look of exhaustion and the fact that I was struggling mentally and emotionally. She pulled me aside and asked if I was OK or if I wanted to talk. We ended up going for a coffee together during one of her breaks and shared some of our feelings about the way the

pandemic had affected us. To be honest, before she took me aside, I hadn't even realized how much the pandemic had affected me, because I had not yet had time to process everything. Thanks to her I was able to begin to process some of the feelings surrounding the pandemic, and I knew I had her support if I ever needed it. I cannot tell you how much it meant to me to have a nursing colleague who would go out of her way to offer me support in that way at that time. It is truly rare, and I am very grateful for her support that continues to this day.

Jessica goes above and beyond for her patients, their families, and her colleagues (nursing and otherwise). I feel lucky to have her as a colleague, I know I can always count on her to take excellent care of the patients, and I know the patients' families appreciate the time she takes to support them in their most difficult times in the ICU. Jessica Colmenares represents the values of Trillium Health Partners, and I hope you will recognize her as the Nursing Hero she is.

Thank you for your consideration!  
Sincerely, Dr Amanda Young, MD  
FRCPC, Critical Care Medicine, Trillium Health Partners 



**Humber River  
Hospital**

# **Nursing Week 2022**

Humber River Hospital would like to thank all of our resilient, dedicated and compassionate nurses who have touched the lives of so many during the COVID-19 pandemic.

**Thank you!**

# Helen Thompson

## University of Alberta Hospital



It is with great pleasure that the University of Alberta Hospital Medicine Program would like to nominate Helen Thompson as a Nursing Week Hero for 2022.

Helen's commitment, compassion and resiliency complement precisely the outstanding community of past recipients, and make her highly deserving of the honor and opportunity bestowed by this award nomination.

Helen has been a true inspiration and leader in all aspects of her practice on the Medicine ward of 5E4. She has displayed resiliency with a very upbeat approach that is always willing to help her colleagues. She is self-managed and actively seeks opportunity and challenges for growth, character building and personal learning.

She continually supports newly hired staff and relief staff to ensure their smooth transition to the new

graduate role, by guiding their professional development. She achieved this by always being willing to share her skills, knowledge and expertise. She treats all unit staff members as equals, which makes it easy for her colleagues to approach her for any questions they may have. Helen is always looking for ways to help & support wherever is needed in the unit.

She engages others to support and challenges them to achieve their own personal and professional goals by listening well and by creating engaging environments where others have meaningful opportunities to contribute.

Helen achieves results by setting her direction, taking action, then assessing and evaluation to compare what her results where against established key performance indicators. She focuses on the quality of the care to her patients. As well as the quality of the

leadership to the team she works with both directly and indirectly.

She develops connections, trust and networks with the multi-disciplinary team on 5E4 so that she can work collaboratively to enhance patient safety, ease patient concerns and raise efficiencies across the department.

Helen is able to adjust her leadership style with her team/relief staff based on the situation to identify the need. She is able to direct, coach, support or delegate as appropriate depending on the circumstances.

Helen also has infinite amounts of compassion and is able to navigate difficult conversations so that she can assist in de-escalating situations easily. She excels in conflict resolution by giving the person she is dealing with her undivided attention, is always nonjudgmental and focuses on their feelings rather than just the facts.

Helen is a strong advocate for both her team mates, patients and families, very much demonstrating AHS val-

ues and Patient Centered Care. Strong clinical skills and critical thinking. Patients feel heard and very well cared for.

Helen will be our champion for the unit spearheading our behavior/violence strategy within the medicine program, supporting the team on 5E4 in this new initiative.

She has overcome some of her own personal struggles over the last two years, and is the most courageous person I know!

She is a true nurse hero by not only providing compassionate patient-focused care to our patients & their families, and her ability to be flexible and adapt to changing scenarios quickly, but also by showing her kindness, fairness and mutual respect to all the interdisciplinary healthcare teams she interacts with every step of the way.

Thank you for your consideration of this candidate for the 2022 Nursing Hero Award. **H**

## 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*

## Maria Tanguilig

### Toronto Rehab, University Health Network

On March 16, 2020, Maria Tanguilig came into work, a few hours after learning her brother Virgil passed away in the Philippines from COVID-19 related illness. It was the beginning of what would become a very difficult time for people all over the world. Maria's own loss was made even harder by the restrictions preventing families from gathering and providing a proper burial. But Maria continued to do what she does best. Care for others. She is a nurse on the Stroke unit at Toronto Rehab and

through this indescribably difficult time, Maria has shown an indescribably bright spirit.

It goes without saying that Maria's care is exemplary. She provides personal care to patients in need, of course, and she also offers moral support and encouragement when they are having trouble finding hope. She helps them and their caregivers along the challenging path of recovery. But there are little nuances and idiosyncrasies to Maria that help inspire her colleagues as well. Here are 3 examples.

**Continued on page 42**



# Thank You THP Nurses

Thank you to the almost 4,000 nurses at Trillium Health Partners for your unwavering dedication throughout the pandemic and for living our values of compassion, courage and excellence in making health care better for everyone.

THP nurses are clinical experts and patient advocates. Educators and innovators. Mentors and team members. Leaders and change makers. We are incredibly proud of your commitment to always answer the call and drive our mission of building a new kind of health care for a healthier community.

**Happy National Nursing Week:** May 9 – May 15, 2022

# Irene Li

## Princess Margaret Hospital, University Health Network

I've been on various trial medications over the years now and I've dealt with various nurses during that time and they all have been fantastic individuals.

Irene has been looking after my case for a while now. As with any new procedure or trial new symptoms always come up. Irene has been meticulous in looking after my needs and how to best deal with these symptoms.

When things don't go well and my frame of mind is not very positive she tries hard to get me back on track to keep fighting.

I've started a new trial recently and whether she's at the hospital or working from home, she will call to see how I'm doing. She will email with all the necessary processes that need to be followed, confirms blood results and ensures I don't forget appointments.

I find that in the last couple of years my mind has gone through some changes. I'm more forgetful, more anxious and stressed and I rely more on her feedback. I can contact her by email if I need to verify something as my mind doesn't seem to grasp everything when it's being said.

Irene is a very kind, patient person. She's very encouraging and will use her experience to bring you back to focus. She is a very dedicated person and make you feel that she really cares. I totally trust and appreciate her effort.

Every person I have dealt with at Princess Margaret have been tremendous, kind hearted individuals. I have never had any negative issue with anyone. Irene, however, has been a godsend. I love her positive attitude, her encouragement, her selflessness. She appears to love her job and it comes through when dealing with her patients.



I'm very grateful to have her as my nurse even though I have no say in the matter. I just wanted to take the opportunity to show her my appreciation.

*Nominated by: Amalia Da Silva*

### NOMINATION 2

I met Irene Li in early July 2021 while going through the pre-screening process for a Clinical Trial. The process was lengthy and stressful. Complicating matters at the time was the fact I lived three hours away from the hospital.

Irene explained everything I needed to know as well as gave me written instructions about the pre-screening tests and appointments making things

a lot easier to navigate including scheduling tests back to back to minimize my time away from home.

From the very beginning, I felt supported by Irene. She was (and is) my cheerleader with her positive attitude and reassuring manner.

Since starting the Clinical Trial, it amazes me how quickly Irene responds to my calls/emails. Once when I was having treatment, I emailed Irene with a concern. I received a vacation alert message and was just about to email her colleague when my phone rang. It was Irene. Despite being away on vacation, she had already spoken with another nurse to arrange for me to take a test to address my concern.

When I attend in-person visits every three weeks, Irene is the first per-

son I see, the liaison between me and my Doctor. She treats me with compassionate, individualized care. I am never made to feel like just a number.

Irene (Ying) Li is a kind and knowledgeable Healthcare Provider who gets that human connection is key and goes above and beyond the call of duty. She is an excellent communicator and friendly Professional, someone I know has my back!

*Nominated by: Kim Honsberger*

### NOMINATION 3

I would like to enthusiastically nominate my clinical trials nurse, Irene Li, from Princess Margaret Hospital for this honour.

Irene has been taking good care of me for the past 3 or 4 years, oversee-

ing my participation in a clinical trial, and keeping tabs on all aspects of my wellbeing.

In instances when I have shown concern concerning symptoms, Irene is a quick connection to my doctor, and often arranges for scans or specialist appointments for me in a very speedy manner, as needed.

On one occasion, when I was detained in the urgent care department of PMH, Irene came down to visit and check on me on a number of occasions during the time I was there, and even brought me some of her lunch!

I get frequent follow-up calls checking on my well-being after any odd symptoms have occurred.

Irene Li is very thorough in her work, and her care is always delivered with warmth and compassion. Being in this trial, I get to see her once every four weeks, and she is always available if I need anything or have any concerns in the time between visits. I am always greeted with a warm smile, and genuine interest in my state of being.

Irene is incredibly good at her job, and a huge asset to the Clinical Trials

department. She is incredibly knowledgeable and keeps the huge body of data she manages for each patient well organized. There is very clearly a personal touch to the way she delivers her care. I feel so incredibly fortunate to be her patient, and always leave our monthly appointments feeling encouraged and supported.

It is easy to see that Irene is a very important part of the Clinical Trials team and PMH, and that she gets on very well with her co-workers. This wonderful synergy comes across very well (from my vantage point as a patient) and becomes a source of comfort in what is often a challenging state to be in.

I could go on and on about how sweet, caring, efficient and effective Irene Li is in her work as a nurse at PMH, and would be happy to answer any questions you may have.

I hope you will consider her as a candidate for Nursing Hero, as she is truly a hero to me, and her other patients.

Thank you very much for reading my nomination  
*Ritsa (Eleftheria) Gourmis*

#### NOMINATION 4

I would like to nominate Irene Li for the nursing hero award.

I have been a patient at Princess Margaret for over a year and a half, and she's made the experience the best it can be.

Irene Li is a clinical trials nurse who I have grown to trust with navigating me through two different clinical trials. The cancer journey at times feels like you are in rapid waters and you wonder where and when the nearest shore is going to appear. Irene has always been a calm presence in my care. Someone to look forward to seeing during my hospital visits. Irene would remember the details of my 9 year old daughter at each visit and I feel a genuine interest and caringness for me as a person. I appreciate her ability to bring humanity and compassion to my experience.

In her role as a clinical trials nurse, Irene excels in her communication skills. She always provides information to me in a way that is easy to understand. I feel very comfortable asking Irene questions I don't know. When things unexpectedly occur, Irene has

an ability to problem solve very quickly. When she calls me, she has a plan and I have found her to be a reassuring guide. She has given me the opportunity to be able to focus on the things that matter most to me: my family, my puppy Cedar, and my artwork.

*Nominated by: Tan-yar Ling*

#### NOMINATION 5

I gave a lot of thought as to when Irene went above and beyond the call of duty and why I wanted to nominate her. Pinpointing an extract instance puzzled me at first and then I realized why Irene stands out. It's not one occasion that can be noted. It's Irene steady constant care. I'm not a number or just another patient. Irene remembers my name and my family members. She always asks detailed questions about my symptoms. She gives sound advice and doesn't take my resistance as the final answer. She continues to treat me with care and comes up with alternatives if there are any.

Sometimes, it is the ones that are steadfast that are our quiet heroes. Irene is my nursing hero.

*Nominated by: Anh Sam*

## Thank you SHN nurses for answering the call!

Nurses affect the lives of our patients, families, and community — now and always. During National Nursing Week 2022, Scarborough Health Network (SHN) celebrates our nurses and the many roles they play in our patient's health care journey, including:

- Delivering exceptional treatment and clinical care;
- Providing support and compassion;
- Focusing on patient safety and quality patient experiences; and
- Promoting best practices, improving processes and providing ongoing leadership.

Our Board of Directors, CEO and Senior Leadership Team, staff, physicians, and volunteers proudly recognize and applaud our SHN nurses, and salute all nurses answering the call across the country.

Happy Nursing Week to our incredible nursing teams, and thank you for shaping the future of care for our Scarborough community.



Give a shout out to nurses on social media by tagging @SHNcares and using the hashtags:

#CNA2022 #NationalNursingWeek #IKnowANurse #WeAnswerTheCall #IND2022 #Nurses2022



ANSWERING THE CALL



CARING FOR SCARBOROUGH



SHN SUPERSTARS



STRONGER TOGETHER



# Sandy Carruthers

## Cortellucci Vaughan Hospital, Mackenzie Health

**S**andy Carruthers is a Registered Nurse at Mackenzie Health and is a steadfast model of the values of our organization – Excellence. Leadership. Empathy. Each day, Sandy comes to work with determination to make a profound difference in the lives of our patients and their families. Sandy first started her career at Mackenzie Health in 1999 as a staff nurse, in 2010 transitioned to the Patient Care Coordinator role assigned to the Orthopaedic Unit in our Surgery Program at Mackenzie Richmond Hill Hospital and in November 2021 moved to Cortellucci Vaughan Hospital to serve in the same capacity. What makes Sandy stand out is her ability to always balance the art and science of nursing in her everyday interface with the patients in our care.

Additionally, Sandy's patient care philosophy is to approach care as a

holistic model of service, where care is carefully designed and delivered to meet the needs of the patient's physical and psychological health. Caring is taken to another level with her approach. Sandy also advocates for patients based on strong ethical values of autonomy and non-maleficence and views the patient as a whole and not just the sum of parts.

What sets Sandy apart is she genuinely cares about patients as individuals and treats each one based on who they are as a mother, father, grandmother, grandfather, wife, husband, son or daughter. She will make rounds every evening, even going over her scheduled hours to



## We Thank You.

**We RPN**  
Registered Practical Nurses  
Association of Ontario

On behalf of Ontarians everywhere, we the Registered Practical Nurses Association of Ontario (WeRPN) want to take this opportunity to express our deepest gratitude for the ongoing sacrifice you're making every day to keep us safe. You're still at the front lines of a fight against a global pandemic, and yet through it all, your hope, professionalism, and compassion inspires us all.

During these continued uncertain and difficult times, our healthcare system has been pushed to its limits and health professionals are working courageously despite tremendous sacrifice. We understand - now more than ever - the importance of connection and community. Together, we act as a strong voice for RPNs and champion innovative ideas so we can improve care for our patients, and better support our fellow health professionals.

Today, more than 50,000 RPNs support patients throughout the healthcare system in Ontario. When any of those RPNs encounter barriers to patient care, they can count on our support.

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

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connect with each patient on a personal level to learn about them and the lives they live outside the hospital environment. With this information, she addresses their specific health care needs, and uses available resources that would best fit their healing process upon discharge. She will relentlessly make as many calls as possible to our external partners to ensure patients have a safe discharge plan to the care of their families and caregivers.

Further, Sandy was instrumental at the start of the COVID-19 pandemic, at a time when we didn't know what this virus was or what its impact to our community would be. Sandy spearheaded the opening of the first COVID-19 unit at Mackenzie Richmond Hill Hospital. This was uncharted territory, and we were all on heightened alert, not knowing the trajectory of this journey and what we were about to face. Sandy exemplified what it meant to be a hero in a time when we needed our frontline to be strong. Sandy has never wavered in her

dedication to patients, their families and our community.

Through it all, Sandy was there each day on the frontline supporting and working with staff in collaboration with unit managers. She worked tirelessly to ensure that her colleagues were well supported both mentally and physically. She stayed after her shift to ensure that staff were feeling consoled and safe, she advocated for much-needed resources for frontline staff so that they could continue to do the work needed to keep patients and our community safe.

We are ever so lucky to count Sandy among our nursing heroes and she approaches new challenge as an opportunity to drive measurable impact in our health care system. Sandy is kind, compassionate, respectful and very professional – she is an asset to the team at Mackenzie Health. She is deserving of this nomination, and I salute her as a Nursing Hero – she answers the call.

*Nominated by: Khem Persaud, Patient Care Manager*

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# Kelly Carroll

## The Ottawa Hospital

**K**elly Carroll has been a nurse at The Ottawa Hospital for nearly 20 years. In the Civic Emergency Department, she is one of those hard-working nurses who ‘flies under the radar’ but deserves to be recognized for so many reasons.

A personable nurse with an excellent work ethic, Kelly leads by example in her day-to-day routine at work as she does her best to ensure patients, their families, and colleagues have the best experience. A ‘go-to’ senior nurse, Kelly helps mentor others, readily sharing her knowledge and expertise in an approachable and kind manner. Often using her sense of humor to lighten the mood and reduce anxieties, Kelly treats patients as if they were a member of her own family. With a confident and reassuring presence, Kelly puts others at ease and can of-

ten be heard calling elderly patients in her care by their first names in an endearing manner that makes them feel special.

As the pandemic continues to take a toll on hospital staff throughout the organization, Kelly continues to come to work with a positive attitude and takes everything in stride. She treats every member of the team with respect and is the first one to let others know they’ve done a great job. Kelly is always open to trying new things, sometimes offering ‘out of the box’ suggestions! Early in the pandemic, our ED focused on finding a way to more quickly ‘offload’ patients arriving by ambulance to allow the paramedics to get back to serving the community. Kelly’s positive attitude and matter of fact ‘just do it’ attitude cut through all barriers, and she was instrumental in the success of this initiative.

A peer supporter and sounding board for her colleagues, Kelly’s no-nonsense approach to issues lightens the mood at times when others are feeling overwhelmed. When a colleague is feeling down or stressed at work, Kelly is there with a humorous, sometimes sarcastic comment to change the focus and ensure those around her are uplifted. While Kelly follows policies and procedures to the best of her ability, she has also been known to ‘bend the rules’ to do what is best for her patients. Recently, during a particularly busy night in the ED ambulatory care area, Kelly was caring for an older gentleman who truly needed to see the emergency physician. The wait was long, and he was tired, frustrated, and hungry. Knowing the food offerings after hours were limited, Kelly placed and

paid for a McDonald’s meal delivery in order to make him more comfortable and

entice him to stay and be seen. There were numerous other patients also waiting on this night and Kelly handed out hamburgers to many of her shocked and very grateful patients who benefitted from her compassion and generosity that night.

Kelly is truly an incredible emergency nurse, but it is her ability to maintain a positive attitude and create a fun and cheerful workplace, especially over the past few years, that makes her especially deserving of this recognition!

*Nominated by: Betty (Elizabeth) Clark, MN, RN, Clinical Manager, Emergency Department, The Ottawa Hospital, Civic Campus* 



Continued from page 36

## Maria Tanguilig

First, on Thursday mornings, at our weekly rounds, when it is Maria’s turn to report, she always begins with “good morning everyone”. While we are all busy pushing the customary rapid pace of rounds, this brief and simple act of decorum brings a smile to everyone’s face and reminds us of our worth. Even when we are busy and moving quickly, there is always time to acknowledge one another.

Next, once a year, on or around February 22, Maria celebrates her birthday by celebrating those around her. She brings US treats for HER birthday. Prior to COVID, it was buffet. During COVID, individually wrapped sandwiches has been the fare. This act of generosity boosts and sustains her team from day to day and year to year. She encourages those around her with her warmth, care and empathy.

Lastly, too shy to sing, Maria was not too shy to offer a musical suggestion to the TRI-Hards, a musical group consisting of some of her colleagues that formed during the

Pandemic. Maria’s suggestion was Bill Withers’ “A Lovely Day”. “When the day that lies ahead of me, seems impossible to face... Then I look at you and the world’s alright with me”.

That sums up our view of Maria. The past 2 years and more have been difficult for

everyone. But even with hardship and loss, there are people around us that we can look to for comfort, for the reminder of the strength within us and for the reassurance that, somehow, things will be alright. Maria is one of those persons. For her admiring patients, their caregivers, and most certainly for her fortunate colleagues, through good times and rough ones, the world is alright with Maria around. 



# Sunnybrook

## HEALTH SCIENCES CENTRE

Every year, our world looks a little different, and Nursing Week 2022 at Sunnybrook Health Sciences Centre is no exception. Despite the fact that our lives and our work have been unmistakably altered by historic events—both foreign and domestic—our nursing community has not faltered in answering the call to provide care.

While this year has brought unique challenges, some find strength in the practice of wellness, take pride in excellence and innovation, or feel comfort in knowing that we do not meet these challenges alone.

It has not been easy, but day after day and night after night,  
Sunnybrook nurses Answer the Call!

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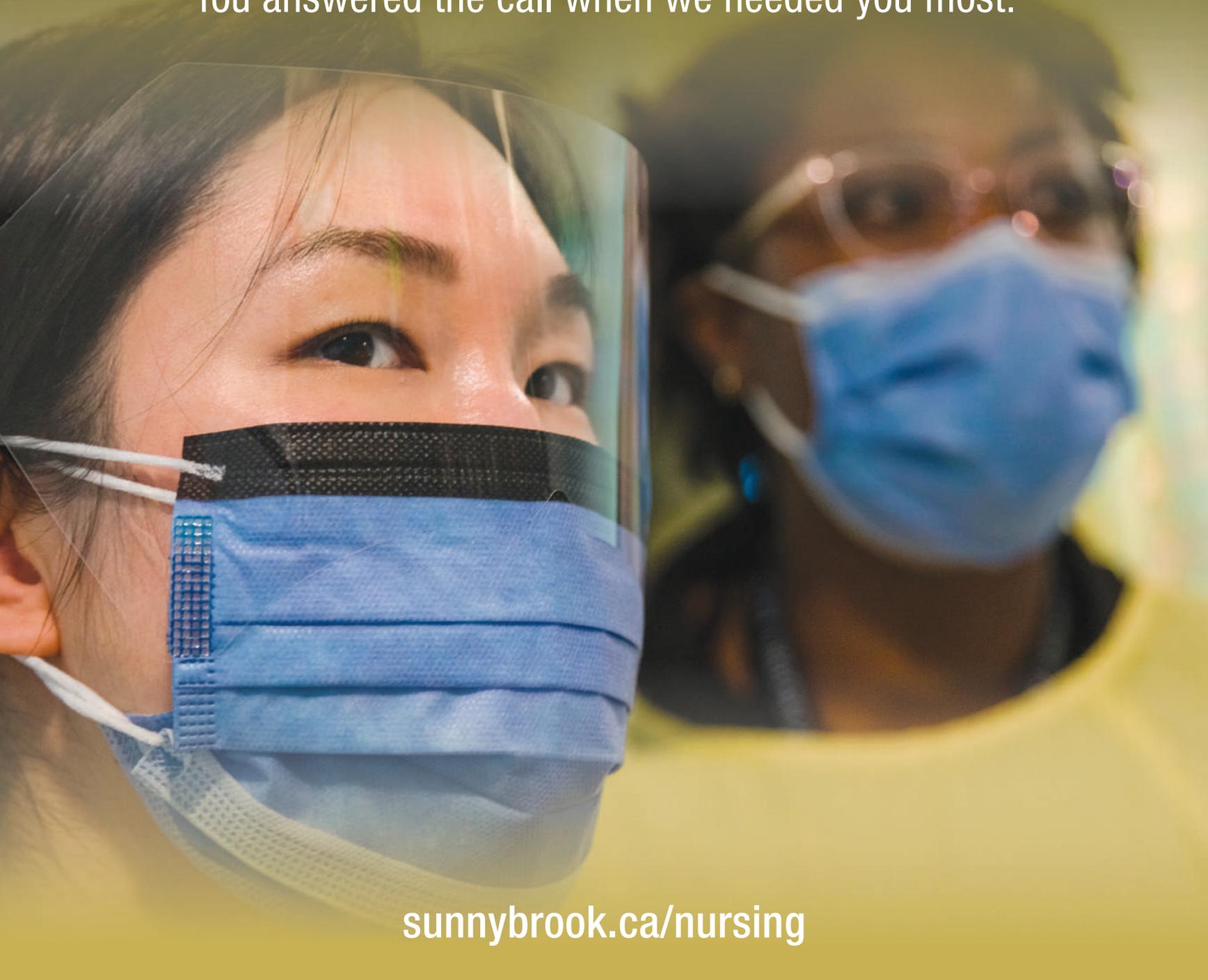
**YOU ARE VALUED.**

Wishing a very happy Nursing Week  
to all of our Sunnybrook nurses!

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# Laura Bandstra

## Markham Stouffville Hospital

**W**hen I heard about the nursing hero awards, without a doubt, I thought of Laura. She is one of those people who you can always count on. She is the first to volunteer and to step up to help her colleagues and her team.

She has worked at Oak Valley Health's Markham Stouffville Hospital since 1998 – 24 years in the operating room (OR). Throughout her time at the hospital, she has been the urology surgery resource nurse for more than 10 years and volunteered to become the Trillium Gift of Life Network (TGLN) lead, resource and mentor for the OR. Working with TGLN she has been involved with many donor cases over the years, which is almost exclusively in the middle of the night or on the weekend, lasting several hours. But, in Laura's usual fashion, she al-

ways has a smile on her face and is truly happy to be helping others.

She represents the voice of the patient during high-intensity situations in the OR, ensuring physicians and nurses have the patient's perspective in mind, and helps mitigate any type of risk.

The past two years of the pandemic have been a challenge for everyone. With each wave, people were more tired, more worn out and, at times, more hopeless. But not Laura, during wave two, three and four she volunteered to be redeployed to the Intensive Care Unit (ICU).

Although the ICU was a department Laura was not familiar with, having always worked in the surgical department, she learned the ins and outs and became extremely helpful in providing very compassionate patient



care. Laura is a very well-rounded, skilled nurse and was able to overcome many difficult situations. She has become a mentor to all OR nurses, especially new staff, helping them navigate difficult, complex cases.

Laura continues to volunteer in the ICU and she always does it with a smile on her face, even when she's had a tough day, she always tries to make it positive for everyone around her. She does this on top of her regular OR shifts, during mostly night shifts or on the weekend – with a smile, a laugh and no hesitation!

She is very empathetic and always a kind and keen listener. She is the first one to volunteer and her can-do attitude is inspirational to all in her pro-

fession as well as her personal life. She willingly will do a double shift to help out the ICU as required.

Although this nomination isn't about one specific event, rather its about 24 years at Oak Valley Health where she has consistently gone above and beyond to provide our patients with an extraordinary care experience, supporting her team and other departments, provide leadership to those who need guidance and always putting the patient first in everything she does.

I can say with confidence that all of her colleagues, including myself, feel Laura is deserving of this award and so much more!

*Nominated by Firouzeh Payami, Patient Care Manager* **H**

# Genet Angesom

## Mackenzie Health

**G**enet Angesom goes above and beyond for her patients and her fellow nurses at Mackenzie Health each and every day. As a Registered Practical Nurse in C4 Medicine Purple at Mackenzie Richmond Hill Hospital, she cares for patients with a wide range of illnesses requiring different levels of care. On any given day she can be found doing anything and everything from preparing patients for dialysis treatments to stopping a nosebleed.

Genet is one of kindest and most compassionate nurses I have ever encountered. She is one of the leaders on this unit and is a wealth of knowledge and experience, priding herself on giving back and being a good example for the next generation of nurses. She is always ready to help train those just

starting out in their careers, in fact, Genet always has a student by her side, listening and learning how to provide compassionate care. While all health care workers have struggled through the challenges of the pandemic, Genet has faced more challenges than most. Losing both her brother and her father overseas this past year with travel restrictions preventing her from being able to say a proper goodbye, she also cared for her entire family here in York Region when they all came down with COVID-19 early on in the pandemic.

During the Omicron wave, Genet too became ill with COVID-19 when an outbreak hit her unit. Despite all of the challenges she has faced in her more than 20-year career at Mackenzie Health, none tougher than these past two years of the pandemic, Genet still

comes to work with a smile and continues to have a passion for what she does – caring for her patients with her big heart, bringing joy and comfort to those in need. She has never considered giving it up and choosing to take on another role to do something less exhausting or stressful. Genet feels as though nursing is her calling and that she's here to play an important role in her patients' journey to recovery while they spend time on her unit. Indeed, her patients and her colleagues are better for having Genet in their presence.

"Nursing... is like an angel coming to someone who's really in need," says Genet, and she's proud to be able to provide care to her patients when they

need it the most. When asked what her message to the community might be, Genet notes how gratifying it is to be a nurse and always takes

an opportunity to encourage young people who are beginning to choose their path in life to choose nursing. "I would say... be a nurse... nursing is rewarding." While Genet will be the first to shy away from being called a hero – she's known for saying that nurses are just ordinary people – that's exactly what she is to her patients and those who work with her. That's why she was highlighted in a recent feature in the Toronto Star and why I'm pleased to nominate her as a nursing hero!

*Nominated by Peng Nie, Patient Care Manager, C4 Medicine Purple at Mackenzie Health* **H**



# Pursha Lawrence

## Trilium Health Partners



**A**s soon as I got the email about nurse nomination, I knew I had to write about a nurse I had the pleasure of working with, Nurse Pursha Lawrence.

Recently, a mom and her four kids rushed into the Emergency Department...she was escaping her abusive partner. I'm a screener so I was the first person they came in contact with and while I was handing them new masks to change into, I noticed that the oldest child, around 13, was beaten up. I realized his mouth was bleeding so after I showed them to their room, I asked the son to step outside and follow me back to front door so I could get him gauze and another new mask, as the one he put on already had blood spots.

While I was walking him back to the room, I asked if he had eaten anything today to which he responded back with "no." When I got him to the room with his mother and three younger siblings, with the youngest being just a few months old, I found nurse Pursha already there. That is when I pulled her aside and told her they have not eaten anything and asked if I could get them something from Tim Hortons as I felt so sorry about their situation. I was really anxious about asking the nurse if I could bring food into the room as I did not want to break any protocol that I was not aware of and get her in any trouble.

*Continued on page 48*



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Thank you to our nurses for #RisingUp throughout the pandemic and for providing exemplary care for our patients through their recovery journey.

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#CNA2022



Photos taken at various times and various states of restrictions

# Rana Jin

## University Health Network

**W**e are delighted to provide this reference letter for Ms. Rana Jin's application for the Hospital News Nursing Hero Award. Rana has played an integral role in the success of the Older Adults with Cancer Clinic (OACC) at the Princess Margaret Cancer Centre since June 2016. In fact, we feel strongly that the care our program provides would not have been possible without her clinical skills, her dedication to patient care, her scholarship and commitment toward promoting the role of nursing in geriatric oncology care, and her leadership within our program and the institution at large.

The OACC provides supportive care to some of the most vulnerable and complex patients seen at Princess Margaret. Our nurses are responsible for completing at least half of our extensive clinical assessment, including reviewing active and past

medical problems, medication history, functional and social history and functional assessment. This requires excellent clinical acumen and superb communication skills. She does this so well that our visiting medical residents frequently cite the incredible nursing collaboration as a highlight of their experience learning in our clinic.

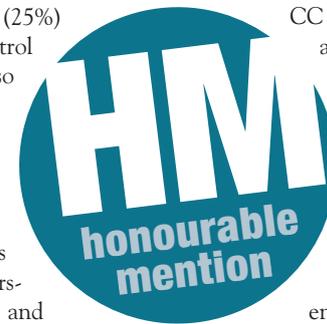
Rana has received countless accolades from patients and families for her care. She won the Esther and Saul Baker Award in Geriatrics at University Health Network and Mount Sinai Hospital in 2019, only the second time such an award has been given out to an oncology nurse in 25 years, attesting to her strong skills in this area.

Rana has demonstrated an ongoing commitment to learning and scholarship in oncology nursing. She is pursuing her Doctorate of Nursing Practice, though which she led a quality improvement project evaluating

the impact of proactive nurse-based telephone calls to patients to assess for common complications of systemic therapy. Using a pre-post design, she found 17 per cent reduction in unplanned health care use in the intervention group (25%) compared to the control group (42%). She also made specific recommendations on ways to standardize and improve our nursing and medical follow up for these patients. Rana has advanced oncology nursing locally, nationally, and internationally.

Locally, she presented at the multidisciplinary Person-Centred Care rounds, hosted visiting nurses from Sunnybrook hospital and observers from Singapore to learn about our model of geriatric oncology nursing.

She has published a book chapter reviewing best practices for radiation oncology nursing in patients with cognitive impairment and presented over 20 workshops, oral presentations and posters at CANO, SIOG, MAS-



CC and other national and international cancer conferences. She is a frequent collaborator on multiple research projects within our program. Rana participates in reviewing research protocols to ensure they are clinical-

ly feasible, recruits patients for clinical trials and contributes to manuscript preparation for submission to publications. This has resulted in at least 11 published papers in international geriatric oncology and oncology nursing journals.

## NURSING WEEK MAY 9 - 15, 2022

# NURSING

through  
CRISIS

With the world in crisis for more than two years battling COVID-19, it is fitting that "Nursing through Crisis" is the theme for Nursing Week 2022 (May 9 - 15). Nurses and other health-care workers around the world have endured unprecedented pressure and stress as a result of the pandemic. And, as nurses always do, we have risen to the task and stayed committed to delivering and advocating for quality care.

As nurses, we have demonstrated strength, knowledge and courage. We have endured the day-

to-day challenges in a system driven to its limits, many times at our own expense. We have overcome concerns and worried more about Ontarians than our families. Our motivation has been the public good and the health of our profession.

We have stepped up like never before. We have continued to provide patients, residents and clients across all sectors and specialties with our commitment to get through the crisis. Our profound pride in our nursing community through this crisis continues to give us the strength to keep pushing for



improvements in healthy public policy and nursing human resources that will carry us through this relentless pandemic and beyond.

RNAO thanks each and every nurse, always, and especially during Nursing Week. As an association, we remain on guard and on duty to support the public and each nurse during and after the pandemic.

We thank every nurse, and especially the 48,500 RN, NP and nursing student members of RNAO for your unwavering commitment to Ontarians and to our profession.

You have carried Ontarians through this crisis. Together, we have carried one another. It is this strong commitment that gives us hope for brighter days to come.



Morgan Hoffarth,  
RN, MScN  
President



Doris Grinspun, RN, MSN,  
PhD, LLD(hon), Dr(hc),  
FAAN, FCAN, O.ONT  
Chief Executive Officer

Finally, Rana has demonstrated strong nursing leadership. She trained two additional clinical nurse specialists who joined our program over the past 6 years. She has developed strong linkages between our clinic and other clinics at Princess Margaret, especially the malignant haematology nurse practitioners and the radiation oncology nursing clinic, who frequently collaborate on delivering optimal patient.

Rana often takes the lead in optimizing and streamlining clinical processes: she revamped the referral process to our clinic and reorganized our patient and family education library, among many other efforts. All this and more has led to continually increasing referrals to our clinic, reduced wait-times to be seen in our clinic, has reduced patient burden and ultimately resulted in better patient care. Her leadership led to a

recent invitation to present at an international webinar on geriatric oncology models of care hosted by the Nursing and Allied Health section of the International Society of Geriatric Oncology (SIOG) and the Young SIOG group. Of note, she was the only nurse among the presenters. In summary, we believe these examples demonstrate Ms. Rana Jin's excellence in all aspects of nursing. She is a constant advocate for our patients, is advancing the field of geriatric and oncology nursing locally and internationally through scholarship and quality improvement, and is ultimately an example of nursing at its very best. We hope you will give her candidacy for the Nursing Hero strong consideration.

*Nominated by: Lindy Romanovsky, MD, MSc (HQ); Shabbir M.H. Alibhai, MD, MSc, FRCPC; Arielle Berger, MD; Richard Norman, MD, MSc, FRCPC* ■



Now in our 21st year of service, CARE Centre was created to address a critical healthcare human resources issue – a nursing shortage amidst the barriers confronting Internationally Educated Nurses (IENs) in achieving registration and becoming part of Ontario's healthcare system. That reality is even more acute today. Since 2001, CARE Centre has supported more than 5,000 nurses from over 100 countries to become licensed to practice and obtain rewarding jobs as Registered Nurses and Registered Practical Nurses. We established a Pre-Arrival Supports and Services program (PASS) to help nurses preparing for immigration to Canada to start their registration process in their destination province and be ready to gain Canadian nursing employment. We are grateful for the commitment of our funders, the Province of Ontario and Immigration, Refugees and Citizenship Canada. We are guided by a dedicated board of directors, and a strong and knowledgeable staff, who work one-on-one with our clients throughout their journey of integration. We recognize our partner organizations who have helped build CARE Centre into an exemplary and essential bridging program. We especially thank the employers who have consistently opened doors to our member IENs and collaborated with us to better the regulatory and nursing professional environment. We are proud of our internationally educated nurses' determination throughout the COVID-19 pandemic and celebrate them this Nursing Week and beyond. They truly are our superheroes!

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# Jessica Diprose

## Alberta Health Services

**M**y name is Teresa, R.N. at RAH surgery program since 2000, seeking to nominate an awesome R.N.

Central booking, FAST program (Facilitated Access to Surgical Treatment) is located in the OSC. General practitioners and other services send referrals here for patients seeking specialized opinions and or/surgery. ENT, General Surgery, Gynae, orthopedics, upper limb and plastics. These referrals are received via fax and triaged by RNs on this unit, and sent to appropriate surgeons in different services so patients can get the care that they need.

Jessica Diprose is the team lead on this unit, the longest serving member of the team currently. She previously worked out of the surgery float pool in the ATC. I work on Jessie's unit on a casual basis since end of October 2021. Jessie trains new hires to the unit. She

is a gracious, tireless, extremely knowledgeable buddy, mentor. Hers is an open door policy, never too busy to help. We are always asking her questions, all 7 of us when the unit is fully staffed. At times one has to wait their turn. Rarely is there a question she cannot answer. She is well informed about the program and how it works, the various conditions we come across. She encourages us to brain storm, ask her for advice/guidance. There is certainly a void when she is not at the office.

She is the eyes and ears of the unit manager, consulting on many issues pertaining to the unit. She goes over and above her duties by attending stake holder meetings, updating correspondence used to facilitate timely processing of the referrals, tracking appointments no-appointments and related program issues. She is currently busy

testing out a new database, and previewing new forms, referral guidelines, for the program is soon expanding to include more services.

Did I mention she is also the OCL Co-ordinator? OCL stands for Orthopedic Consult Line. Patients are seen in ER after say, fracturing an ankle, an elbow, and they are deemed fit to wait at home for surgery.

They are put on a wait list via Rapid North. Jessie's unit facilitates day surgery off this list through the week whenever possible, but within certain guidelines and care provider availability.

She has delegated duties to the other 3 RNs so the work load is shared, and remains a supportive go-to re-

source. She is very passionate about this program and its purpose, delivering care to patients in a timely manner, albeit behind the scenes.

I do not know Jessie outside of work, but at the office she does mention her parents, her husband and her pets. She has a unique looking beautiful cat whose coat has different shades of color

on each leg We share our passion for in-door plants and she gives me tips on good growing. She is also a gracious resource for UNA members injured on the job, for the journey can be quite stressful.

I nominate Jessie. She is awesome at the Alex.

*Thank you, Teresa Thuku-Hatim* 



Continued from page 45

## Pursha Lawrence

Not only was Pursha on board right away, but she went as far as asking the entire family what they want to eat, and insisted on getting something for everyone, including an assortment of doughnuts for the little kids.

She did not even think twice about it.

As soon as I quietly asked if I can bring some food in, her face lit up and turned to the family to ask what they would like to eat. This was the first encounter Pursha and I ever had, yet we clicked so fast to the point where the kids in the room made a comment about how we act like sisters. Not only that, but she even went as far as physically going to Tim Hortons to place the order as it was not going through on her phone. The great extent that nurse Pursha Lawrence went to did not stop there. Throughout my shift, I witnessed nurse Pursha being attentive to all patients, especially to the mother of that family. Indeed, she reassured me that I made the right decision in dropping out of my program to sign up for nursing in the fall. I want to work in

a rewarding environment and Pursha showed me just how rewarding working as a nurse is.

This is not so relevant to the story as to why I am nominating nurse Pursha Lawrence, but rather, a note I would like to mention. Having the daughters of that sweet mother look up to Pursha and ask her questions about nursing was so wholesome to witness. Representation matters. And while it may have been for just a few hours, Pursha Lawrence was a great role model. I am positive all four children left the hospital that day knowing that not only do they have a whole community of people that care about them and their wellbeing, but also, that they are capable of reaching the stars, as cliché as that sounds. I still think about that family and about how if everyone could have Nurse Pursha's kindness, the world would be a much better place.

She deserves all the recognition that she can get.

*Nominated by: Dania Aljeilani* 

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# New Interventional Radiology suite is first in Canada

By Melissa Londono

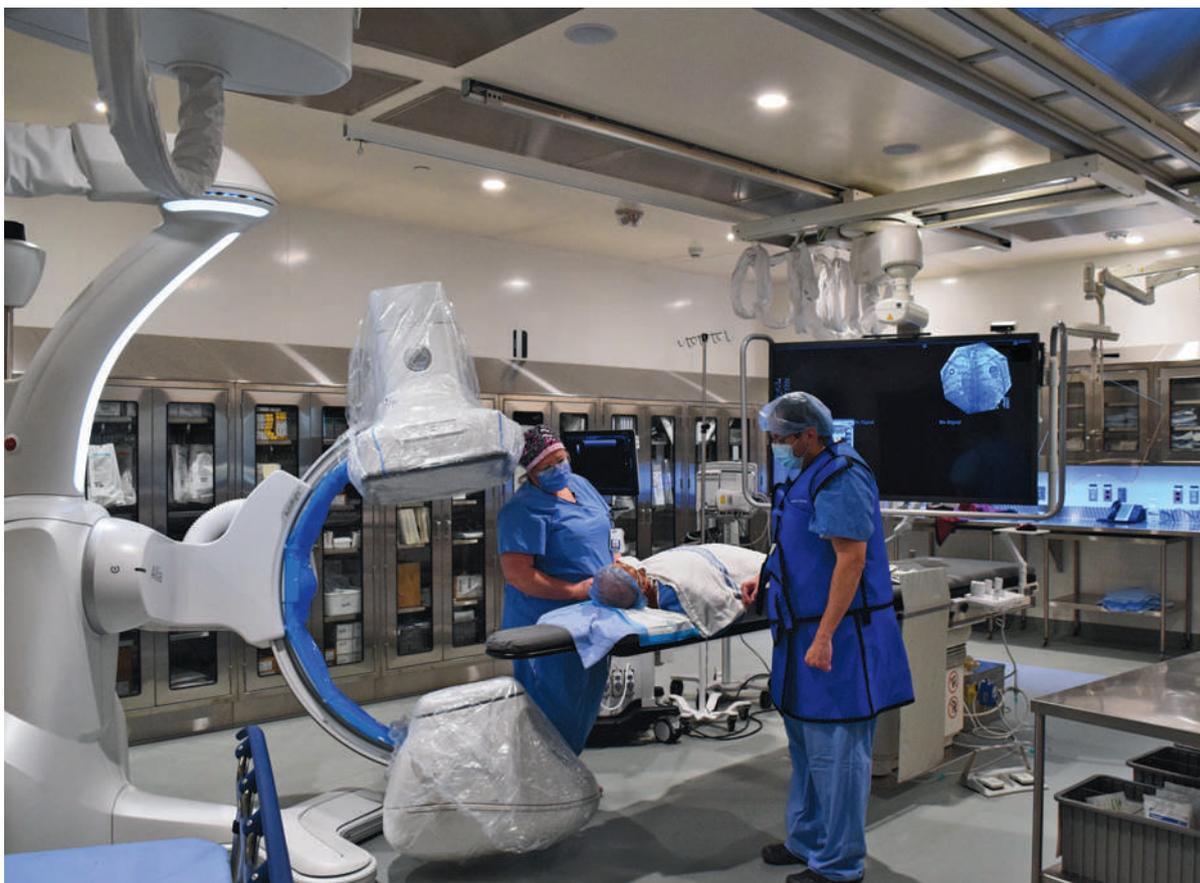
**O**ak Valley Health's Markham Stouffville Hospital officially unveiled its new Interventional Radiology (IR) suite on April 8, 2022. The newly constructed 2,465 sq. ft. suite houses a state-of-the-art GE Healthcare Interventional Radiology System – the first to be installed in a Canadian hospital. The new suite has the latest image acquisition system, the Allia™ IGS 7, integrating three modalities for image guidance – Fluoroscopy, Computerized Tomography (CT) and Ultrasound. With its laser-guided mobile robotic gantry, the Allia imaging system enables patients to be precisely positioned for minimally invasive techniques.

“Our community will receive the highest quality care in a comfortable, spacious and modern environment,” says Lynne Campkin, Director, Diagnostic and Laboratory Services. “The suite is equipped with the latest technology and was designed to reduce patient anxiety and promote safety for both patients and staff.”

The new suite welcomed its first patients in early March 2022. The suite gradually opened to allow fully trained staff to seamlessly transition to the new suite and equipment.

Bibi Fazela Hussain, one of the first patients to inaugurate the IR suite, had her husband drop her off early in the morning for her scheduled IR appointment. She was nervous about her procedure but once she was in the waiting area she was feeling more relaxed. “The staff here are so awesome, everyone treats you with so much compassion and really makes you feel at ease.”

Her procedure took about 40 minutes, once everything was done and Bibi was back in the recovery bay, she had a big smile under her mask. “The procedure went so fast, I didn't feel a



thing,” says Bibi. “I have lived in the community for 36 years – this is my hospital and I've seen it grow over the decades. I feel so honoured to be one of the first patients to have access to this technology.”

Sharing her same sentiment was Giovanni Spataro, a resident in the community for the past 18 years. He was also one of the first patients to inaugurate the new IR system. “I've had this appointment for a few weeks and I feel so lucky to be using this new machine,” says Giovanni. “I've seen this place become a great hospital.”

Bibi and Giovanni are two of the many patients that will have access to life-changing care in Oak Valley Health's new IR suite. The new suite will be able to see over 2,000 patients

annually, using minimally invasive techniques that will improve patient outcomes.

“The backlog in non-urgent patient care, combined with today's growing disease burden demands new solutions to help clinicians manage today's evolving needs,” says Heather Chalmers, President & CEO, GE Canada. “Powered by GE Healthcare's Edison™ intelligence platform, the Allia imaging system offers the first AI-driven imaging chain that may reduce radiation dose and contrast for interventional procedures. Ultimately, this will enable the team at Oak Valley Health to increase patient access and surgical capacity for the regions of York, Durham and beyond.”

The IR suite is self-contained and has a procedure room, control room, patient care station, six recovery bays, a radiologist office, clean and soiled storage, a washroom and an equipment room.

As part of the redevelopment, an ultraviolet light sterilization system was installed within the ductwork, in addition to the already stringent air filtration systems found in modern hospitals. Also a first in Ontario is the use of a UV Room Disinfectant, mounted at ceiling level, using smart sensors to disinfect the room after every use. The disinfectant in combination with effective cleaning protocols increases confidence that we are eliminating the spread of hospital-acquired infections while conducting invasive procedures. **H**

*Melissa Londono is a Senior Communications Specialist at Oak Valley Health.*

# Helping your patient beyond the hospital

By Lisa Fraser and Michelle McLeod

**Y**our patient who is ready to be discharged from hospital comes to you about their concerns related to their ability to access benefits and treatment in the community. Below are some treatments and benefits which may be available to your patient that would be worth discussing with them.

If your patient's discharge from the hospital is occurring following treatment of injuries from a motor vehicle accident regardless of who is at fault, ongoing outpatient therapies and treatment may be funded by their accident benefits insurer (their own insurance company). This can include treatment by occupational therapists, physiotherapists, massage therapists, chiropractors, psychologists, social workers, and other specialized treatment providers. There are many clin-

## FOLLOWING DISCHARGE FROM HOSPITAL, PATIENTS MAY NOT BE IN A POSITION TO RETURN TO THEIR PRE-ACCIDENT OR PRE-ILLNESS OCCUPATION.

ics and rehabilitation facilities in our community who have extensive experience working with automotive insurance claims and can assist patients in navigating the change from inpatient treatment in the hospital to community based services. Depending on the level of benefits available to your patient, a nurse case manager or occupational therapist can assist in this transition of care.

Following discharge from hospital, patients may not be in a position to return to their pre-accident or pre-illness

occupation. It may be wise for patients to determine whether they have access to short term disability or long term disability benefits and to make an application for those benefits, if available. Though each policy is different, these benefits often provide a monthly payment to an individual and is a percentage of their income. If an application for these benefits is denied or if payment of benefits is terminated by the insurer, these patients should consult with a lawyer experienced in this area of law to review and potentially dispute this

denial or termination. In addition, depending on the nature and permanency of your patient's disability and inability to return to work, they may consider applying for the Canada Pension Plan Disability Benefit which they can do with the help of their family doctor.

Treatment and discharge from hospital that relates to a workplace injury may mean that your patient is entitled to access Workplace Safety and Insurance Board benefits (WSIB). Access to these benefits may provide a patient with benefits for loss of earnings or treatment, among other benefits.

Ensuring patients have the knowledge about benefits and supports which may be available to them in the community will go a long way to providing them with comfort as they transition from hospital treatment to community based services. **H**

*Lisa Fraser and Michelle McLeod are lawyers with the Personal Injury Team at McKenzie Lake Lawyers LLP*

## Expanded access to COVID-19 antiviral treatment in Ontario

**O**ntario has expanded eligibility for COVID-19 antiviral treatment and PCR testing to those who may be at higher risk of serious illness. This offers increased protection to the most vulnerable and helps maintain hospital capacity. "Ontario Health, in partnership with the Ministry of Health, is working with health care partners to ensure eligible patients are assessed and able to access COVID-19 treatment medications," says Dr. Chris Simpson, Executive Vice President (Medical), Ontario Health. "For higher-risk patients, it is important to be assessed and begin treatment within the first few days of showing symptoms. By having multiple points of access, more Ontarians can benefit from these treatments."

The following higher-risk groups are eligible to be tested and assessed for antiviral treatments, such as Paxlovid, in Ontario:

- over 18 years old and immunocompromised (have an immune system

that is weakened by a health condition or medications)

- aged 70 and over
- aged 60 and over with fewer than three vaccine doses
- aged 18 and over with fewer than three vaccine doses and at least one risk condition (e.g., a chronic medical condition)

Health care providers may also determine if antiviral treatment is appropriate for patients based on individual circumstances even if they do not belong to one of the groups listed. Anyone who is eligible for an assessment is now also eligible for a PCR test at any testing centre in Ontario. Ontario has also made it easier for eligible individuals with a prescription to access antivirals by expanding dispensing locations to include participating pharmacies across the province.

A list of pharmacies that are dispensing Paxlovid is available at [ontario.ca/antivirals](https://ontario.ca/antivirals). The list will be regularly updated as the list of participating

pharmacies expands. Treatment for antivirals must be started within five days of symptoms in most cases.

Anyone who thinks they might be at higher risk of serious illness and has COVID-19 symptoms should:

- contact COVID, Cold and Flu Care Clinic ([here](#))
- contact their primary care provider (for example, their family doctor)
- visit a COVID-19 clinical assessment centre ([find a location here](#))
- call Telehealth Ontario at 1-866-797-0000
- For those who don't have timely access to a primary care provider or live in community without clinical assessment centres, testing centres may be able to connect people to treatment. Contact a local testing centre for more information

Individuals can access Ontario's antiviral screener tool to help determine if they are at higher risk and should be assessed for treatment. A positive rapid antigen test, PCR or rapid molecu-

lar test is required as part of the assessment for antiviral treatment. Rapid antigen tests remain available for pick up at no charge from over 3,000 retail locations in the province. Ontario Health and the Ministry of Health are working with health system partners and health care providers to also prioritize groups that may be at increased risk due to other health-related factors and barriers to health care including First Nation, Inuit and Métis individuals, Black individuals and members of other racialized communities. Health care providers may also determine if antiviral treatment is appropriate for patients based on individual circumstances even if they do not belong to one of the groups listed above. These treatments are an important tool to protect against serious illness due to COVID-19, but they are not substitutes for vaccines. The best defence against COVID-19 is to get vaccinated. Learn where to get vaccinated and book an appointment today. **H**

# How a state-of-the-art robot is making complex brain surgery easier

**D**ecember 10, 2017 started out like any other day for Tyler Anderson. He'd put in a full day of work – building cottages near Dorset, Ont., for his own contracting business – before heading home to get ready for wing night, a weekly staple for him and his friends.

Hopping into his two-seater truck to make the 15-minute drive into town was routine for Anderson; he could probably reverse out of his steep driveway and onto the roadway blindfolded. But that night, he had about three feet of snow to contend with and when he started backing out his truck, the wintry conditions caused it to slide.

"It was a pretty steep hill... and my tires started spinning out because there was so much snow," Anderson recalls.

Realizing he was losing control of the vehicle, he threw his gearshift into neutral to try counter-steering away from the tree he was sliding into.

He almost missed it.

"I smashed my head off the back windshield behind me," Anderson remembers. "The car wasn't even moving at more than five kilometres an hour." Thinking nothing of it, he freed his truck and continued on to meet his friends for dinner. "I was absolutely fine," he recalls.

But shortly after the accident, the seizures started. "I'd wake up and there'd be chunks missing out of my cheek and tongue (from uncontrollable biting during the seizures). I had no idea what was happening." Sometimes he'd unknowingly suffer multiple seizures in one night, feeling sick, dizzy, lethargic and just plain out of it the next morning. As someone who was rarely home, Anderson suddenly found himself stuck there out of pure exhaustion. "I couldn't really do anything," he remembers.

It wasn't until a hospital trip six months later, after Anderson's father coincidentally moved back in and heard him thrashing around in his bed one night, that they discovered the seizures were the culprit and the accident was to blame. At first, he saw a team of neurologists in Krembil Brain



*Dr. Suneil Kalia (L) and Dr. Taufik Valiante (R) use the neuromate robot (seen here) to assist in complex, time-consuming brain procedures.*

Institute's (KBI's) epilepsy program. About two months later he was referred to Toronto Western Hospital's CenteR for Advancing Neurotechnological Innovation to Application (CRANIA) – a partnership between the KBI and KITE – to receive more specialized treatment.

## LOOKING FOR ANSWERS

The multidisciplinary care team at Toronto Western, comprised of world-class experts ranging from neurologists to neurosurgeons, first set out to determine where Anderson's seizures were being triggered so they could hopefully remove this section of his brain and eliminate his seizures completely. But the results of Anderson's complete Epilepsy Program Workup, which involves tests and scans like the non-invasive electroencephalogram, or EEG, test (where small metal discs with slim wires, or electrodes, are adhered to a patient's head and attached to an interface that records brain activity)

could not specifically identify where the seizures were coming from.

As a result, his clinicians suggested he undergo SEEG or stereoelectroencephalography. "An EEG is like trying to listen to conversations that are happening in the room next to you by pressing your ear against the wall. That's a little bit different than dropping a microphone into the room and hearing every word of each individual conversation," explains Dr. Suneil Kalia, a neurosurgeon at Toronto Western Hospital, scientist at the KBI and Co-Lead of the Neuromodulation Suite Core, of the precise results SEEG procedures can provide. This is because in SEEG procedures, electrodes are implanted inside the patient's brain rather than outside on the scalp.

## THE PROMISE OF TECHNOLOGY

Getting electrodes inside the brain is no simple task, but there is one thing that makes it a little easier: robots. In 2019, Toronto Western acquired the

Renishaw Neuromate with funds from a Canadian Foundation for Innovation (CFI) grant called CRANIA, to assist with invasive brain procedures like SEEG, and to research and develop optimized workflows in the operating room. The robot sort of looks like something you might see in a dental office, but it's far more impressive. It has a sleek, creamy-white design with orange accents and a single mechanical arm to which several accessories can be attached. While the robot doesn't exactly act as a third, automated neurosurgeon, it does help human neurosurgeons like Dr. Kalia and Dr. Taufik Valiante – a neurosurgeon, neuroscientist, CRANIA Co-Director and Director of the Surgical Epilepsy Program at the KBI – carry out safer and shorter SEEG procedures (the robot has assisted with more than 40 now) by facilitating particularly complex parts of the procedure.

Take the electrode insertion, for example, which Dr. Kalia and Dr. Valiante had to do manually prior to using the robot, and, they say, is a cognitively demanding process. "It's actually quite tiring to put in 16 electrodes. It's a very repetitive activity and you can make an error easily," explains Dr. Kalia. The procedure is much easier to complete with the robot. It can be programmed like a GPS, where it's directed to visit specific destinations around a patient's head. This automated process substantially reduces the risk of human error and also results in a quicker procedure (one study says the robot can reduce implantation time per electrode by almost 20 per cent). Shorter operation times mean minimized opportunity for infection and increased comfort for patients like Anderson, too.

The old SEEG procedure method also included a rigid arc that would sit atop the patient's head, limiting access to certain brain locations and creating inconvenient obstacles for neurosurgeons to navigate in the moment (like figuring out an entirely new pathway to a specific brain location in a matter of minutes). But thanks to the robot, these issues have been eliminated entirely. "The robot provides remarkable flexibility in how you can actually tar-

# Living donation opens new doors for colorectal cancer patients in need of liver transplant

get the area where you want to go,” says Dr. Valiante. “You’re not restricted by the physical nature of the arc.”

## FINDING CERTAINTY AND PROVIDING SOLUTIONS

For Dr. Valiante, access to these types of innovative tools is exciting because of their clinical potential. “You could imagine a day when the robot basically does the entire surgery itself, with human oversight.” Not only would this eliminate risk of human error, but it could also lead to richer pools of data and perhaps more efficient electrode implantation. Dr. Valiante looks forward to a time when he might be able to communicate with the robot like another doctor, asking it to consider, based on previous procedures, where electrodes should be delivered in a new patient in order to achieve the best results.

For right now, though, the neuro-mate robot is changing the game for patients like Anderson. In March of 2020, after months of careful planning and data analyzing, Dr. Valiante and Dr. Kalia used it to implant eight electrodes deep into his brain. Not only were they finally able to figure out where his seizures were coming from, but they were also able to determine Anderson’s eligibility for another operation (in which Dr. Valiante actually removed the seizure-causing part of his brain) that has now rendered him seizure-free for over a year.

Anderson has since been able to reopen his contracting business (he had to close it for almost three years due to the seizures) and start playing hockey again, which he had played nearly every year since he was six until the accident forced him to stop. He’s most excited to start driving again and returning to building cars – one of his most treasured pastimes. And while Anderson has Dr. Valiante, Dr. Kalia and the rest of his medical team to thank, he also owes some gratitude to another invaluable team member – the robot. “The procedure changed my life completely,” he says. “I went from not being able to do that much to getting back to it. I got my freedom again.” ■

**A** study published in the *Journal of the American Medical Association Surgery* is the first in North America to demonstrate that living-donor liver transplant is a viable option for patients who have systemically controlled colorectal cancer and liver tumours that cannot be surgically removed.

“This study proves that transplant is an effective treatment to improve quality of life and survival for patients with colorectal cancer that metastasized to the liver,” said study senior author Dr. Gonzalo Sapisochin, a transplant surgeon at UHN’s Ajmera Transplant Centre and the Sprott Department of Surgery at UHN.

“As the first successful North American experience, it represents an important step towards moving this protocol from the research arena to standard of care,” adds Dr. Sapisochin, who is also a clinician-investigator at the Toronto General Hospital Research Institute and an Associate Professor in the Department of Surgery at University of Toronto.

The study, which was conducted at UHN, the University of Rochester Medical Center (URMC), and Cleveland Clinic, focused on colorectal cancer in part because of its tendency to spread to the liver. Nearly half of all patients with colorectal cancer develop liver metastases within a few years of diagnosis and 70 per cent of liver tumours in these patients cannot be removed without removing the entire liver.

Unfortunately, deceased-donor liver transplant is not a viable option for most of these patients because, despite their tumours, their liver function is fairly normal, which lands them toward the bottom of the national organ transplant waiting list. In North America, one in six patients dies each year while waiting for an organ on this list.

Thanks to recent advances in cancer treatments, many of these patients are able to get their cancer under systemic control, which means their liver tumours are the only things standing between them and a “cancer free”

*“This study proves that transplant is an effective treatment to improve quality of life and survival for these patients,” says Dr. Sapisochin, (L), seen here in the operating, performing liver surgery.*

*Photo: UHN*



label. It also increases the odds that these patients – and their new livers – will remain cancer free, which is crucial when balancing the benefit to the patient with the risk to a living donor.

“I’ve seen so many cancer patients, whose cancers were not spreading, but we couldn’t remove the tumours from their livers and we knew they would die,” said study first author Dr. Roberto Hernandez-Alejandro, who is Chief of the Abdominal Transplant and Liver Surgery Division at URMC.

“We hoped living-donor liver transplant could give them another chance.”

Because it offered a last resort, the study attracted patients from near and far. All patients and donors went through a rigorous screening process to ensure they were good candidates for the procedure, and they were educated about the risks of the surgery and the possibility of cancer recurrence.

Patients and donors underwent staggered surgeries to fully remove patients’ diseased livers and replace them with half of their donors’ livers. Over time, both patients’ and donors’ livers regenerate and regain normal function.

Patients have been closely monitored via imaging and blood analysis for any signs of cancer recurrence and will continue to be followed for up to five years after their surgery. At the time the study was published, two patients had follow-up of two or more years and both remained alive and well, cancer-free.

“This [study] brings hope for patients who have a dismal chance of surviving a few more months,” said Dr. Hernandez-Alejandro, who is also an investigator at the Wilmot Cancer Institute. “With this, we’re opening opportunities for patients to live longer – and for some of them, to be cured.”

“We have seen very good outcomes with this protocol, with 100 per cent survival and 62 per cent of patients remaining cancer free one-year-and-a-half after surgery,” said study author Dr. Mark Cattral, Surgical Director of the Living Donor Liver Program at UHN’s Ajmera Transplant Centre and a surgeon in the Sprott Department of Surgery at UHN.

“It is very strong data to support that we can offer this treatment safely and make appropriate use of scarce life-saving organs.” ■

*This article was submitted by UHN News..*

# Surviving COVID-19 – the recovery reality

By Dahlia Reich

**W**endi Heal had heard the horror stories about those who ended up on a ventilator with COVID-19. And here was the lead COVID-19 physician at her bedside explaining her deteriorating condition and just that grim possibility.

“I remember asking him what my chances were for recovery once on a ventilator and I’ll never forget his words. He said he wouldn’t lie to me – that my chances drop to single digits. I asked him if I could have two days to see what happens, and those are the days I made calls to my husband, my son and my two brothers. I wanted to say the important things I needed to say.”

During those two terrifying days, “every time someone came into the room I thought ‘oh god oh god’”, recalls Wendi.

Willing herself to stay positive, Wendi miraculously began improving and avoided the ventilator, but it would only be the beginning of many more dark days and a struggle that persists today – some 10 months after leaving hospital.

## St. Joseph’s Post-acute COVID-19 Program

- Accessible by referral only from London Health Sciences Centre’s Urgent COVID Care Clinic (LUC3) or from St. Joseph’s Health Care London programs.
- Provides multi-disciplinary, in-person care and referrals for lingering COVID symptoms.
- Clinicians address each person’s unique set of symptoms, which can include physical, cognitive, communication, as well as mental health effects. Care may include medical treatment and/or rehabilitation with patients being seen at St. Joseph’s Hospital and St. Joseph’s Parkwood Institute.



*Among a small army of experts helping Wendi Heal (pictured) manage and recover from the lingering symptoms of COVID-19 is speech language pathologist Nadia Torrieri. Through the Post-acute COVID-19 Program of St. Joseph’s Health Care London, clinicians address each person’s unique set of symptoms, which can include physical, cognitive, communication and mental health effects.*

Wendi, 69, is what some refer to as a COVID-19 long hauler, and while she continues to make good strides, problems with fatigue, memory, brain fog, lung capacity, gastrointestinal episodes, pain, and more are only now easing sufficiently to resume her life.

A small army of experts have helped to make that possible. Wendi is a patient of the Post-acute COVID-19 Program of St. Joseph’s Health Care London, which is ensuring her various lingering symptoms are being addressed. The program works in partnership with London Health Sciences Centre’s Urgent COVID Care Clinic (LUC3), a virtual clinic for people with COVID-19 in the London area offering rapid assessment, home oxygen monitoring and follow-up after initial diagnosis. When symptoms persist, patients may be referred to St. Joseph’s.

“Having now worked directly with patients affected by acute COVID illness for more than a year, we recognized that many patients are still suffering from symptoms months after their initial diagnosis,” explains infectious diseases specialist Dr. Megan Devlin. “It has really affected some people’s quali-

ty of life and normal level of functioning. Some patients will have lingering shortness of breath, cough or chest discomfort, others significant fatigue, and others with long-lasting headaches, altered sense of smell, ongoing chest pain, or other symptoms.”

Patients are seen in person at St. Joseph’s where they may receive further breathing tests to help the team better understand if there are lasting changes from their acute COVID illness, and referrals within St. Joseph’s, including Parkwood Institute, for other symptoms. Through the program, Wendi has received care by an infectious diseases specialist, respirologist, occupational therapist, physiotherapist, speech language pathologist, psychologist, and neurologist.

Patients are grateful to be able to share their experience, have their symptoms investigated, and meet with members of the program team, some of whom also helped them along in their acute care journey at LHSC, says respirologist Dr. Michael Nicholson.

“We have captured a few people with underlying sequelae of the COVID infection that include asth-

ma, lung scarring, tachycardia arrhythmias, but also no abnormalities, which can be reassuring to patients with lingering symptoms,” says Dr. Nicholson.

Each individual has a unique set of symptoms, which can include physical, cognitive, communication, as well as mental health effects, adds Saagar Walia, Coordinator, Rehabilitation Program at Parkwood Institute. Anxiety, depression and post-traumatic stress disorder are among a long list of possible side-effects.

“For some, targeted rehabilitation, education and intervention from occupational therapists, physiotherapists, social workers and speech language pathologists is needed in addition to medical follow-up,” says Saagar. “This is crucial for supporting individuals in their pathway to recovery.”

Wendi began feeling symptoms of COVID-19 on Dec. 20, 2020. Her son and his girlfriend had contracted the disease so she feared the worst. But it would take seven days to get an appointment at an assessment centre, by which time she was so ill, she was taken by ambulance directly from the testing centre to the hospital. It was the start of journey she traces candidly, eloquently, revealingly, even humourously in a blog at wendiaheal.ca, providing a striking story of survival and an insider’s glimpse of a disease that has changed the lives of so many.

Wendi, who is thrilled to gradually be “fired” by her various specialists as she improves, ranks fatigue as her most severe symptom.

“It’s like being in a swimming pool and someone has pulled the plug and you can feel the water draining out. That’s how your energy feels. It’s at the cellular level. It’s not like you worked in the garden and you’re tired. As I was recovering, if I was awake for an hour, I would have to sleep for an hour. Just being awake and breathing would use up my energy levels. I still have days where it comes back.”

It’s only been in the last few months that Wendi, an avid walker, hasn’t needed a three to four-hour nap in the afternoon and could begin to venture out for short walks. She is now up to three kilo-

metres – a far cry from her usual seven to 10 kilometres four times weekly.

Also surprising for Wendi was the pain she experienced with COVID.

“I was not expecting the pain. I had one incident in the hospital where it felt like sparklers going off in my head. I had touched my hair and there was an explosion of sparks that went right down my body. I remembering trying to rip the sheets off because anything that was touching was painful. I don’t think people talk about how painful COVID is. Everything hurts – joints, muscles, head. It hurts to blink.”

Yet Wendi’s other challenges have been more distressing – memory issues, an inability to find words, challenges with problem solving and multi-tasking – all of which were strengths before COVID.

“Brain fog is exactly the right word. You feel disconnected, unable to see things clearly - literally and figuratively, explains Wendi.

Particularly crushing for Wendi is an inability to resume what has always given her the greatest joy and energy – singing. A professional jazz singer, her various symptoms make it impossible to perform. But as with all things, Wendi maintains optimism she will get there, and gratitude for how far she’s come.

“I am in awe of all those who have provided care to me and those like me. I had some of the most brilliant, nurturing and caring people, and they were suffering too dealing with such a devastating level of death and destruction and worrying whether they were taking it home to their families.”

Through her blog, Wendi wants people to understand the reality of COVID so they will do their part to curb the pandemic. She has also joined multiple research studies.

“While in hospital, the duality of how I felt was strange,” she says. “I was so glad to be where they could take care of me and I was so unhappy that I had to be taken care of. I was scared to death and willing to do whatever they said to get better. Unlike other illnesses, it was clear no one could say exactly what that was. We have to help people figure out what this disease is all about so others are taken care of just as efficiently and gently as I have been.” **H**

*Dahlia Reich works in communications at St. Joseph’s Health Care London.*



## Study shows fewer higher-dose radiation treatments safe and well tolerated by women with uterine cancer

By Celine Zadorsky

**F**ive high-dose radiation treatments targeting uterine cancer rather than the current standard 25 treatments are safe and well-tolerated by patients, a new study published in JAMA Oncology has found.

SPARTACUS (Stereotactic Pelvic Adjuvant Radiation Therapy in Cancers of the Uterus) – a multi-institutional non-randomized controlled trial – looked to assess the feasibility and safety of using a specialized technique called stereotactic body radiation therapy (SBRT) for women with uterine cancer where instead of 25 treatments over five weeks, five treatments can be delivered over 1.5 weeks.

SBRT uses many precise beams of radiation to target tumours or cancerous cells. It uses a higher dose of radiation in a smaller number of treatments. It can be done on a standard linear accelerator, the machine that delivers radiation treatments.

Sixty-one women were enrolled in SPARTACUS at two centres – Sun-

nybrook Health Sciences Centre and the London Regional Cancer Program (LRCP) at London Health Sciences Centre (LHSC).

“Uterine cancer is a common cancer in women, usually treated with surgical removal followed by radiation and/or chemotherapy to reduce the risk of recurrence,” said Dr. Eric Leung, radiation oncologist at Sunnybrook’s Odette Cancer Centre. “External beam radiation is usually given over five weeks, and that can place a heavy burden on women who have to travel to a radiation centre every day, spend time away from home and work, and incur the financial burden of these factors as well.”

With a median follow-up of nine months, the patients enrolled in SPARTACUS reported an acceptable level of side effects from the radiation that resolved, and also reported a reasonable quality of life during treatment, Dr. Leung said.

“We were interested in examining the toxicity of the higher dose – would it affect the nearby bowels or bladder and place a heavy symptom burden on

patients? We were pleased to find that patients reported their symptoms as manageable.”

“This study represents a novel way of treating uterine cancer in a shorter time. It was conducted mainly through the COVID pandemic and gave women a chance to receive treatment in less time with fewer visits to our centres,” said Dr. David D’Souza, radiation oncologist at LHSC and the study co-lead through Lawson Health Research Institute.

Patients will continue to be followed on the study for late side effects and further research is planned to further compare this more convenient schedule to the standard five-week course of radiation.

“This novel treatment could lead to a practice change that places less burden on patients and on the healthcare system,” Dr. Leung said. “Delivering radiation over the course of a week and half rather than over five weeks for patients facing uterine cancer would open up healthcare resources by reducing visits and usage of the linear accelerators.” **H**

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

# SickKids' Peer Support and Trauma Response Program receives Leading Practice designation

**T**he Peer Support and Trauma Response Program at The Hospital for Sick Children (SickKids) has marked a new milestone with the awarding of a Leading Practice from the Health Standards Organization (HSO).

HSO, along with its affiliate Accreditation Canada, have been identifying and publishing Leading Practices in the Leading Practices Library for more than 15 years. According to HSO, a Leading Practice is an innovative, people-centred, evidence-informed practice that has been implemented by teams in an organization. The Leading Practice has demonstrated a positive change related to care or service that is safe and reliable, accessible and appropriate, and/or integrated. All submissions are subject to a rigorous internal and external evaluation process.

As the first hospital-wide program in Canada, SickKids' Peer Support Program promotes greater psychological health and safety among staff who are experiencing stress and anxiety. Available to all staff and volunteers 24/7, trained peers play a critical role in providing responsive psychological and emotional support through their shared experiences and are instrumental in directing affected colleagues to needed resources. SickKids has been awarded a total of 37 Leading Practices through Accreditation cycles since 2007, with Peer Support being the most recent addition.

Since the program's inception a little more than four years ago, it has grown and evolved in many ways. Kelly McNaughton, Program Manager, Peer Support and Trauma Response, discusses the Leading Practice award and what it means to SickKids staff and the entire organization in this Q&A.

## HOW DOES PEER SUPPORT QUALIFY AS A LEADING PRACTICE?

SickKids is the first hospital in Canada to have developed a hospi-



tal-wide program providing individual support and also trauma response to colleagues. The designation was based on the following HSO criteria: people-centred, evaluation methodology, demonstrated intended results, spread and sustainability, adaptability to other organizations, and innovative/transformative. We are deeply proud that the committee acknowledged our Peer Support Program meets all these criteria.

## WHY IS THE LEADING PRACTICE AWARD A PROUD MOMENT FOR SICKKIDS?

Though we still have work to do, SickKids has blazed a trail in promoting staff mental health. The program is now entering its fifth year and I've had the privilege to speak to hospitals across Canada, the U.S. and internationally who have approached us to learn about our program as they contemplate starting their own. We are leading by example, but as the saying goes "it takes a village." It was the recognition and commitment of leadership in 2015 that propelled the movement to advance staff mental health and led to partnerships and conversations with various stakeholders across

the hospital to support a Peer Support Program. The current generation of services and supports the program provides staff is a testament to the continued support of people leaders, the confidence and engagement of our staff, and the immeasurable dedication of our trained peer volunteers and program team. I feel proud to be a part of an organization that places this high degree of emphasis on mental health and wellness.

## WHERE DOES THE PROGRAM GO FROM HERE?

The program has gained considerable momentum and reach, expanding into areas of training, consultation, education and formal research and publication. We have been engaged by other hospitals for consultation and to train staff for preparation as peers and for certification in Critical Incident Management trauma response. While we began to provide short-term counselling - through myself and our program coordinator, psychotherapists by trade, and graduate interns - we have seen a considerable uptake in requests for this level of support for staff who may need immediate support. That includes those who do not have access

to benefits or may not be ready, or are uncertain about contacting our Employment Assistance Program provider. However, staff mental health and wellness continues to be the priority and, as we continue to assess SickKids' individual, team and organizational needs, opportunities for further program development have emerged.

## CAN YOU OFFER SOME EXAMPLES?

Some examples include a partnership with Quality & Safety in an established protocol of supporting staff involved in the serious safety event process; engagement in Safety Planning Meetings; and early exploration of an app to link staff to the program and resources. I have also had the privilege during the past 18 months as part of a small working group to contribute to the development of the corporate Staff Mental Health and Wellness Strategy.

## HOW DO STAFF GET INVOLVED AND SUPPORT THE PROGRAM?

We recently held a nomination drive in the hopes of adding to our current team of 80-plus peer volunteers. We are currently conducting 46 interviews and personality tests across clinical, non-clinical and research areas. This is a rigorous process of recruitment, with a panel interview and personality inventory conducted, followed by three days of training in peer skill development and certification in trauma response for those selected.

## ANY FINAL THOUGHTS?

Peer Support is an incredible amount of work but has been well worth it for SickKids, especially in navigating the pandemic. We can't take care of our patients and families without taking care of the people - our staff - who take care of them. **■**

# Thinking beyond medications for chronic pain management

By Colleen Donder

**A**pproximately 20 per cent of Canadians live with chronic pain, which is defined as pain that lasts longer than three months. The symptoms of chronic pain can be more than just physical. People with chronic pain typically find that their quality of life is reduced, and they are unable to do normal everyday activities because of their pain. They also often experience mental health-related symptoms.

Chronic pain is difficult to cure, and its management often involves different types of non-drug and drug therapies. Non-drug therapies can fall into different categories, such as physical, psychological, and preventive treatments. With so many different options, it can be difficult to know what therapies work for what type of pain. CADTH – an independent agency that finds, assesses, and summarizes the research on drugs, medical devices, tests, and procedures – looked at the evidence for nine different non-drug interventions for chronic pain.

As an example, one of the interventions CADTH reviewed was exercise, specifically for managing knee osteoarthritis pain. Osteoarthritis is caused by the wearing down of cartilage in the joints of the body and the thickening of the bones underneath. It can cause pain, stiffness, and swelling. Osteoarthritis typically affects the hands, feet, knees, spine, and hips; but the knee is most commonly affected. The pain, joint stiffness, instability, and decrease in function from knee osteoarthritis can cause disability and reduce a person's ability to participate in physical activities.

There are different treatments available for knee osteoarthritis to help decrease pain and improve the joint's ability to move. Common drug therapies include pain and anti-inflammatory medications (e.g., acetaminophen and ibuprofen). In addition to exercise, non-drug therapies include physiotherapy, weight loss or healthy weight programs, and self-management programs. When the damage to

the knee is severe, surgery to replace the joint may be recommended. Even though there are many treatment options, exercise is one of the core non-drug therapies that is recommended for knee osteoarthritis pain, in part because it is considered safer than some of the drug therapy options.

CADTH was asked to look at the evidence to see if exercise for chronic knee osteoarthritis pain is effective and safe. CADTH found two systematic reviews and one systematic umbrella review that were best suited to help answer this question.

Overall, the evidence suggests that exercise may decrease pain and improve function, performance, and health-related quality of life for people with pain from knee osteoarthritis. The individual studies included in the reviews investi-

gated several different types of exercises of different lengths and frequency; therefore, it is difficult to say if there are certain exercises that are better than others for knee osteoarthritis pain.

While the evidence suggests that exercise is effective for managing the pain from knee osteoarthritis, it is important to assess any potential risks. And the evidence CADTH identified related to safety indicates that low-impact exercise that combines muscle strengthening, stretching, and aerobic activity does not appear to cause serious side effects in older adults. Some studies found that there was a temporary increase in minor pain with exercise, but there was no difference in worsening pain, falls, or death.

Exercise is only one example of a non-drug therapy that may help

manage pain from knee osteoarthritis – there are many others that might be effective. Non-drug therapies have also been studied for the management of pain associated with other chronic pain conditions. As mentioned, CADTH has conducted evidence reviews on many of these interventions – including acupuncture, manual therapy, mindfulness, cognitive behavioural therapy, yoga, splints and braces, healthy weight management, orthotics, and exercise. These reviews are conveniently summarized at [cadth.ca/chronicpain](http://cadth.ca/chronicpain).

To learn more about CADTH, please visit [cadth.ca](http://cadth.ca), follow us on Twitter @CADTH\_ACTMS, or speak to a Liaison Officer in your region: [cadth.ca/Liaison-Officers](mailto:cadth.ca/Liaison-Officers). 

*Colleen Donder is a knowledge mobilization officer at CADTH.*

## Unity Health Toronto partners with Kensington Health to address surgical backlog

**I**n an effort to reduce surgical backlogs and improve patient care, Unity Health Toronto has entered into a partnership agreement with Kensington Health's Screening Clinic to perform cancer colonoscopy screening and minor endoscopy procedures at the community-based clinic.

The program, which officially launched December 17, aims to provide close to 1,000 colonoscopy procedures between now and June 31. As part of the program, staff and physicians from Unity Health will bring their patients to Kensington Health for their procedures and will be supported by Kensington staff. Both organizations will also be working with Cancer Care Ontario to collect data as part of this partnership.

"With the enormous backlog in procedures, the Kensington-Unity Health partnership enables us to provide the services that our patients desperately need," said Dr. Ian Bookman, Head,



*Dr. Ian Bookman*

*Photo: Yuri Markarov, Unity Health Toronto*

Division of Gastroenterology at St. Joseph's Health Centre of Unity Health Toronto and Medical Director at the Kensington Screening Clinic. "We hope to continue this partnership for a long time, to treat patients in a timely fashion, with high quality care, in the most appropriate clinical setting, whether hospital or community."

As part of the province's surgical backlog recovery strategy, Ontario is allowing hospitals to operate at off-site locations – called "out of hospital premises." The partnership between Kensington Health and Unity Health

Toronto is the result of a successful proposal to Ontario Health and is the first "out of hospital premises" partnership in the Toronto region. Similar partnerships are in place in Cambridge and Ottawa.

"COVID-19 has created significant surgical backlog for ambulatory surgical procedures," says John Yip, President and CEO, Kensington Health. "Our partnership with Unity strengthens our ability to support patients to get the care they need in the community."

Catherine O. is a patient of Dr. Michael Ko, a Thoracic Surgeon at Unity Health and one of the many physicians who perform procedures at Kensington Health as part of this pilot. Catherine had a seamless experience with Unity Health and Kensington.

"I had my colonoscopy yesterday, and I was very impressed with the people I dealt with," said Catherine. "Everyone was very pleasant and professional. I felt very safe and well cared for." 



Dr. Sayeh Bayat

Photo courtesy of Roe Lab, Washington University at St. Louis

# Understanding the relationship between older adults and their environments

By Annie Atkinson

**A**s a newly-minted Assistant Professor at the University of Calgary, Dr. Sayeh Bayat is already encouraging her students to become AGE-WELL trainees – an experience she calls “incredible” in her own advancement as a researcher in technology and aging.

“It’s one of the first things I tell my students when they are starting in this field: join AGE-WELL’s EPIC (Early Professionals, Inspired Careers) training program,” says Dr. Bayat. AGE-WELL is Canada’s technology and aging network.

“AGE-WELL really helped me with transdisciplinary research, how to connect with older adults and stakehold-

**THE FINDINGS SHOWED THAT THOSE WITH DEMENTIA MOVED ABOUT THE COMMUNITY LESS, WERE LESS LIKELY TO GO TO NEW PLACES OR PARTICIPATE IN SPORTING EVENTS, AND WERE MORE LIKELY TO PARTICIPATE IN MEDICAL ACTIVITIES THAN THE CONTROL GROUP.**

ers to learn about their experiences, and get connected with researchers and other trainees who have similar interests.” Dr. Bayat also received an AGE-WELL-University of Toronto

Faculty of Applied Science and Engineering Graduate Student Award.

During her time with AGE-WELL, Dr. Bayat’s grandmother was diagnosed with Alzheimer’s disease. “I

could see first-hand the changes in her life and the challenges she was facing.”

This further motivated Dr. Bayat’s postgraduate research in biomedical engineering at the University of Toronto (U of T), with AGE-WELL scientific director Dr. Alex Mihailidis as her advisor. Her studies probing the relationship between older adults and their environment have led to published papers and attracted coverage by the BBC and The New York Times.

## INNOVATIVE ‘LIFESPACE’ STUDY

For her PhD thesis, Dr. Bayat delved into the question of whether GPS mo-

bility can be used to explain, influence or even predict dementia. Her study used mobile GPS tracking with older adults – some with dementia (accompanied by family caregivers) and a comparison group of older adults with no cognitive issues – as they moved about the community by car, transit, bicycle or walking.

The findings showed that those with dementia moved about the community less, were less likely to go to new places or participate in sporting events, and were more likely to participate in medical activities than the control group. These findings could have implications for transportation policies and services, and inform community dementia strategies.

It was while presenting her study at an international research conference that Dr. Bayat met a team from Washington University at St. Louis that she and her AGE-WELL/U of T

## “THE MACHINE LEARNING ALGORITHMS WERE ABLE TO IDENTIFY SUBTLE PATTERNS IN DRIVING THAT WERE ASSOCIATED WITH EARLIER SIGNS OF ALZHEIMER’S DISEASE”

colleagues would collaborate with on her second doctoral study.

The researchers wanted to find out if driving habits alone could identify whether or not older adults had pre-clinical Alzheimer’s disease, an early stage of the disease where no symptoms are evident. Dr. Bayat and the team designed a model that could predict with 86 per cent accuracy if an older person in the study had preclinical Alzheimer’s disease based solely on their age and driving data gathered by a GPS tracker in their car, and without the use of invasive or expensive medical procedures.

What the researchers found was fascinating.

“The machine learning algorithms were able to identify subtle patterns in driving that were associated with earlier signs of Alzheimer’s disease,” explains Dr. Bayat, who continues to explore this fertile field of research with the Washington University team. For example, those with early signs of Alzheimer’s were more likely to drive slower, make sudden changes, travel less at night, and drive shorter distances to fewer destinations using more confined routes, among other patterns observed.

Last fall, Dr. Bayat took up her new position at the University of Calgary in the Department of Biomedical Engineering, with a secondary appointment in the Geomatics Engineering

Department. She is also a member of the Hotchkiss Brain Institute in the Cumming School of Medicine, and director of the Healthy City Laboratory.

Dr. Bayat believes that the relationship between older adults and their environments “holds significant information about people’s health and well-being.” Currently, she is working on digital biomarkers that would allow for earlier identification of Alzheimer’s disease.

While pursuing her academic and research career in Calgary, Dr. Bayat intends to stay involved in AGE-WELL, with a special interest in early-career researchers.

“I just want to thank everyone at AGE-WELL for all they do because they have been incredible for me, for my advancement both through graduate school and now as an early-career researcher. It’s great to have that network to rely on – they’re a really good support system.” **H**

Annie Atkinson is a freelance writer. AGE-WELL is a federally-funded Network of Centres of Excellence. AGE-WELL brings together researchers, older adults, caregivers, partner organizations and future leaders to accelerate the delivery of technology-based solutions for healthy aging. For more information, visit [www.agewell-nce.ca](http://www.agewell-nce.ca)



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# Music to their ears:

## Supporting seniors care through song

By Vivian Sum

**M**usic can transport us to times gone by and distant locales, awakening feelings of joy and calm even in the face of challenging circumstances. For seniors with dementia who participated in a recent study led by Vancouver Coastal Health Research Institute researcher Dr. Lillian Hung, the power of music positively impacted both the care experience and delivery.

“When we shared with his wife a video of a study participant dancing to the music, she was in tears,” says Hung. “She knew he was having a difficult time, but in seeing this video, she saw her husband.”

“This is person-centred care – helping people see the person, not just the disease.”

Around 452,000 Canadians aged 65 and older are living with dementia. A progressive neurological disorder that is most prevalent among seniors, the condition affects memory, mood, behaviour, cognitive functions – such as focus and reasoning – as well as a person’s ability to communicate and go about daily life.

While there is no cure, some people with dementia may receive medications and other interventions to support them and their loved ones as they navigate through different stages of the condition.

Hung’s study took place within an adult mental health care unit where residents with dementia faced additional challenges, such as noise from neighbours in the unit and staff as they cared for other residents.

The use of wireless silent disco headphones, as opposed to ear buds, in this care setting and for this patient population is unique, says Hung.

“Music therapy can tap into so many different things with dementia,” she says. “Our research tested whether these noise-cancelling headphones could help reduce the need for other care interventions, such as antipsychotic medication, to help control problematic behaviours such as aggression or violence.”

While the patient benefits resulting from music therapy are well documented, funding for it can be scarce. During the COVID-19 pandemic, many programs were paused to curtail the spread of the virus. In response, the headphones offer an on-demand, non-pharmacological therapy that

does not require face-to-face contact or group settings.

In tune with people’s need to move to the beat

For her research, published in the journal *SAGE Open Nursing*, Hung and her team collected lived experiences from 10 residents and 10 staff in a real clinical setting.

Residents were given the noise-cancelling headphones to wear during their stay in the unit – which ranged from two weeks to six months or longer. They had access to three audio channels: classical, jazz and popular music.

Researchers recorded videos of participants wearing the headphones and asked them questions about the experience. Many residents said the music helped lift them out of the clinical set-

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ting as well as provided pain relief and conjured fond memories or joy, says Hung.

A focus group with staff, facilitated by a patient partner, gathered details about their impressions of the headphones and the ease of using them as a therapy in the unit.

“Every unit should have headphones,” shares one staff member. “This is about supporting people to cope with stress and mental health.”

In addition to finding the headphones easy to use as well as useful, staff reported that they enhanced the ability of many residents to hear instructions during group music therapy sessions, and benefited yoga and meditation sessions. Staff also found the headphones de-escalated emotional concerns, such as agitation, among some residents.

“The music helped them feel safe and improved their mood to assist



*Getting back into music just made me feel good,” said one participant. “With these headphones, I can get into the mood right away. I love to sing. I love to dance.*

them with regulating their emotions.”

“Music can change people’s moods in some very difficult situations,” says Hung. Research shows that care settings can lead to loneliness, anxiety and depression, which can also impact

mood, sleep and cognition. Hung believes that giving residents an escape from the noise of the clinical environment was able to turn some residents around when they became upset or distressed.

“Even patients with late-stage dementia could engage in non-verbal forms of communication: taping their toes and snapping their fingers or rocking side to side to the rhythm of the music.” 

Vivian Sum MA, PMP is Director, Brand and Communications at Vancouver Coastal Health Research Institute.



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# Five key take-aways from Health Summit session one

**O**n Mar. 29, CMA President Dr. Katharine Smart hosted the first session of the 2022 Health Summit Series – a Twitter Spaces discussion focused on Harnessing our collective will to rebuild health care.

Panellists Dr. Tara Kiran, Dr. David Urbach, Dr. Nel Wieman and health activist Sue Robins brought unique insights on how to rebuild health care, including innovative ideas to strengthen primary care, reduce wait times, ensure equitable access and prioritize patients.

Here are five key take-aways:

## BUILD HEALTH CARE SO EVERY CANADIAN HAS A FAMILY DOCTOR

- Create the conditions so physicians can take on unattached patients

**“TO ME, DOING HEALTH DIFFERENTLY MEANS NOT SQUANDERING AN OPPORTUNITY TO MAKE MUCH-NEEDED REFORMS THAT WILL REALLY GIVE US A BETTER AND MORE RESILIENT SYSTEM AS WE MOVE FORWARD.”**

- Expand team-based care (family health teams)
- Continue to make family medicine attractive to future doctors – for example, through payment reform, incentives or new practice models

“My dream is that every patient in Canada has a family doctor or other primary care provider. While we still don’t have the (human resource) capacity we desire, let’s prioritize Indigenous and Black populations, people

struggling with opioid addiction or people at greater risk of worse health outcomes.” – Dr. Tara Kiran, Health Summit panellist

## CONNECT ALL PARTS OF THE HEALTH SYSTEM

- Share expertise between hospitals and clinics, long-term and home care providers
- Expand capacity by creating a network of care centres

- Reduce wait times by adopting a centralized system, where patients who are referred are seen by the first available specialist or surgeon

“To me, doing health differently means not squandering an opportunity to make much-needed reforms that will really give us a better and more resilient system as we move forward.” – Dr. David Urbach, Health Summit panellist

## MAKE IT ABOUT PATIENTS – SERVING AND SUPPORTING THEIR NEEDS

- Include them in team-based care decisions
- Create safe spaces for feedback, both good and bad
- Improve access to complementary health care providers

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“Is there a way to care for people while on wait lists so they don’t experience so much trauma? I think peer support workers, social workers and nursing navigators could probably step in and make the physician’s job a bit easier, because patients won’t be quite as distraught by the time they see them.” – Sue Robins, Health Summit panellist

### ENSURE CULTURAL SAFETY IS A CORNERSTONE OF PATIENT CARE

- Address the power imbalances between health care providers and patients
- Create respectful patient relationships based on mutual trust
- Encourage health care providers to reflect on their personal and systemic biases

“I think cultural safety in the system, cultural humility of health care providers, provides a really good background or foundation for transforming health care in Canada.” – Dr. Nel Wieman, Health Summit panellist



### LEVERAGE INNOVATION AND CREATIVITY TO REBUILD HEALTH CARE

- Utilize virtual care – for example, the “Virtual Doctor of the Day” program at the First Nations Health Authority in British Columbia – to increase patient access
- Embrace technological advancements, like outpatient total joint

replacements, to increase efficiency and reduce wait times

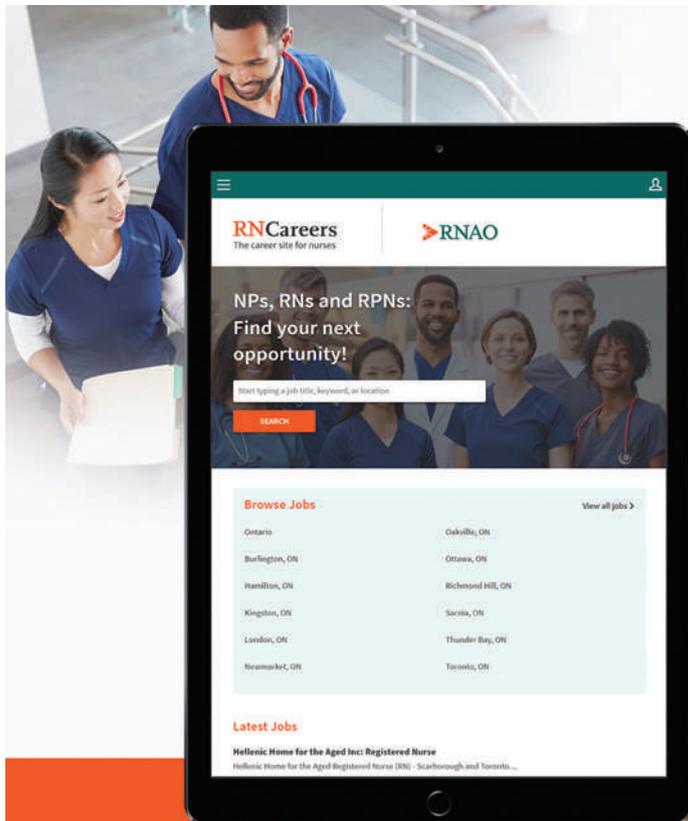
- Collaborate with health partners to deliver care to underserved communities

“Even though as physicians, we are overworked and feeling stressed and overwhelmed, there’s always that motivation and drive to continue to advocate for patients and to be cre-

ative in looking for the solutions.” – Dr. Nel Wieman, Health Summit panellist

The CMA is holding three more Health Summit sessions in May and June.

Visit their website to sign up. Be part of the conversation at #CMAHealthSummit and help lead the change in health care. [H](#)



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