



Clinical Nurse Specialist Association of Ontario
 Association des infirmières et infirmiers
 cliniciens spécialisés de l'Ontario

Newsletter

2022. No. 1

February - March



Rashmy Lobo, RN, BSN, MSN, CNS
 President - CNS-ON;
 Ontario Representative,
 BOD, CNS-C;

Message from the President

Hello CNS-ON members,

Welcome to the March edition of our Newsletter!

With all the easing of COVID restrictions, it seems like life is almost back to normal. For us in the Health Care sector, this may not seem to be so true. Outside we seem to be fine, however our coping and adaptive mechanisms have been in overdrive. Sadly, with the horrible events taking place across the globe, the negative impact it carries to rest of the world could be life changing for many us here in Canada.

Now, more than ever, we need to help and support each other to rise up and stand tall.

We are asked to be health advocates, more so now. We need to focus on the Provincial Health Strategies. Speak up and be aware on the Election platforms being presented for the upcoming elections in Ontario. We have a choice to make.

We have some well curated content in our newsletter and we hope that you will find value in the content related to Nursing and War, our opinions, Covid its challenges and impacts in various health care settings.

Enjoy “The Newsletter”!

Rashmy Lobo, RN BSN, MSN
 President - CNS-ON.

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Nursing and War

As I sat down to write this, I found I could not put aside what is happening in the world today. Our news reports have gone from a focus on the pandemic to the Russian invasion of the Ukraine. While we see photos of soldiers and tanks, we must also think of the nurses who are dealing with the consequences of bombings and shootings. Our professional history and the site of the conflict are intertwined. Where there is war, there are nurses. Florence Nightingale first came to the attention of the world for her work in the Crimea, once a part of the Ukraine, now taken by Russia.

Like Canada, the Ukraine has also dealt with Covid. I am sure their nurses are tired, but now they must carry on. This is what nurses do. While we work to promote health and good conditions for human life, other parts of the human community pursue greed and power. We do not pick up the guns, rather working to put people back together who have been torn apart by guns and other weapons.

Ottawa, scene of a recent demonstration by people unhappy with Covid restrictions, is also the site of the National War Memorial to the nursing sisters who were at the front lines in WWI and WWII. It is safely housed inside the House of Parliament, symbolically sheltering the memory of the work of the nursing sisters who cared for the many wounded. My heart goes out to our colleagues in the Ukraine. There is no shelter or safe space for them currently. They will work on, doing what they can, as nurses do.

While I cannot relieve them of their burden, I have supported them with a donation to the Red Cross who are working to bring supplies and aid. The Canadian government is matching donations until March 18, 2022. I urge all of you to do what you can to help our colleagues. Further information can be found at:

https://donate.redcross.ca/page/100227/donate/1?_gl=1*1767wg7*_ga*Nzg2OTQ2MTcwLjE2NDU5OTQzNDg.*_ga_376D8LHM0R*MTY0NTk5NDM0Ny4xLjAuMTY0NTk5NDM0Ny4w&_ga=2.222166160.983132640.1645994348-786946170.1645994348

There may be other ways to support as well. Choose what is best for you. In the meantime, stay safe.

Sincerely,

Elsabeth Jensen, RN, BA, PhD (Nursing)
Director of Research and Education
Director of Social Media
Past President – CNS-ON

Opinion: When do we let go

Collectively, we share the responsibility for protecting the well-being of our communities, the next generation, our country, and the world. Despite having this knowledge, there remains the fact that we are limited in our ability to solve or influence the outcomes for

all the challenges that we encounter on an on-going basis. Considering this, when do we let things go and focus inward with reflection and introspection?

We are saddled by distractions in the news and on social media which we often willingly bring into our lives and home without much forethought. Then there are job requirements that results in the constant movement from one project to the next, between policies, meetings, evaluations, emails, and patient care. Our lives are unfolding on treadmills and rollercoasters that never really seems to slowdown or stops until we quit or become broken in some manner. Just think, a pendulum will eventually slowdown and stop provided there is no interference from friction and remain intact.

As nurses, we are doers and fixers, often feeling the need to care about everyone and anything, not to mention trying to quell the impatience of others. Serving others is admirable, yet we need not lose ourselves in confusion that surround us. Do not forget to slowdown, step off the treadmill or rollercoaster momentarily and implement the gentle art of taking time for yourself and just be. We will all benefit from it when engaging others, making decisions, and performing interventions from a place of calm and reflection. We are better able to put things back together when our whole hearts and minds are engaged in the process. I leave you with this poem for reflection:

Sincerely,

Kadeen Briscoe RN, MScN
Director of Communication

Prayer for Self-Acceptance

I am fallible, and only human, sometimes I fail,
My best efforts are not always enough
My best intentions and judgment can be wrong
My sincerest beliefs can be flawed
I am fallible and only human.
May I have the courage to accept my limitations
May I have the flexibility and insight to change my mind
May I have the openness to see the truths, in beliefs, that are not my own
I am only human, but I seek to grow in wisdom and understanding
May each new day bring me deeper awareness of others and myself.

By Abby Willowroot

Covid and its impact.

The COVID-19 pandemic has exposed several gaps in our health care system from a physiological and resource-based standpoint. Many experts can attest that our hospitals have been over-capacity before the COVID-19 pandemic and that the pandemic placed significant strain on our healthcare system, not only for patients experiencing COVID-19, but related to acute medicine and intensive care unit capacity issues that existed for years before COVID-19.

With the Province eliminating many restrictions, frontline healthcare workers and leaders are bracing for a potential surge in cases. However, many still will not acknowledge the crisis that is looming beneath COVID-19. Social safety nets have provided financial supports those individuals and businesses needed to remain afloat amidst lockdowns over the last two years. Nevertheless, we are just beginning to see the start of many small businesses that have maintained themselves with emergency funding over the past two years who are now beginning to close their doors.

Many individuals have lost their livelihood throughout this pandemic. Although collectively, aggressive restrictions and measures were necessary to quickly address and work towards reducing the spread of this virus to contain our hospital infrastructure and ultimately reduce mortalities, we cannot ignore the fact that in doing so we have significant mental health and addiction crises on the horizon.

According to Frieden, et al. (2021) “Since the onset of the COVID-19 pandemic in March 2020, rates of emergency medical services (EMS) for suspected opioid overdose increased by 57% and rates of fatal opioid overdose increased by 60% in Ontario” (p. 1). The opioid crisis in Ontario has been rising over the last several years; however, the crisis has worsened in relation to access to more potent mixed substances and social deprivation and increasing mental health concerns related to the pandemic (Frieden, et al., 2021). Mental Health and Forensic Clinical Nurse Specialists must continue to raise these concerns with Federal and Provincial policy makers and public health officials in an effort to improve access to more harm-reduction based strategies, particularly in high-risk settings such as correctional settings. The implementation of additional funding and improved access to mental health and addictions services throughout the province will be required to begin to address this serious public health concern.

Respectfully Submitted,

Jennifer Anderson
RN, MScN, CPMHN(C)
Director of Policy, Practice, and Political Action.

References

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A Reflection on COVID-19: A novice CNS perspective from a high-risk perinatal centre.

Over the first and second waves of the COVID-19 pandemic, Toronto was on high-alert with implementing public health measures and the lockdowns preventing large gatherings and unessential travels. As you would expect, the pregnant population took extra precautions during this time in avoiding any possible exposures to contracting COVID-19.

Working at a high-risk perinatal hospital in downtown Toronto, it was normal to care for some of the most complex obstetric patients. However, now mixed with the pandemic, this added a whole new layer of unknown complexity to obstetrical nursing internationally. Before the third wave, we experienced a handful of pregnant patients who were infected with COVID-19 who mostly had mild-moderate COVID-19 illness. Only a few patients whose illness escalated to moderate-severe COVID-19 levels and required admission to the intensive care unit (ICU).

Little did I know that once the third wave of the pandemic hit Toronto, I would be visiting the ICU department almost daily to consult and assess the pregnant patients infected with COVID-19 variants of concern. Not only were local pregnant residents from the Greater Toronto Area (GTA) being admitted, as a tertiary care perinatal centre, we also received patient transfers from other hospitals all over Ontario. The patient volumes of a high-risk centre are typically double or more than those volumes of comparable hospitals whether tertiary or secondary care centres. This meant that on top of our normally busy and acute patient load, the large influx of pregnant patients with moderate-severe COVID-19 illness being admitted adds a great amount of stress, anxiety, and urgency on healthcare staff. The hospital quickly became the primary COVID-19 pregnancy centre of the GTA and clinical teams were expected to lead the development of practice and care guidelines for obstetrical patients who were infected with COVID-19.

During the pandemic, I had just begun the Master of Nursing program in autumn of 2020. Soon after in February 2021, I obtained a position as a Clinical Nurse Specialist (CNS) at this high-risk perinatal centre, where I had already been working at for the past four years in the high-risk obstetrics program. As a novice CNS, there was a lot to learn about the role itself in addition to all the leadership and practice committees I was expected to be involved in. With COVID-19 in pregnancy being a completely new health issue and a lack of research evidence to support the medical and nursing practice, it was our responsibility as the perinatal CNSs to develop new practices, care guidelines and policies for COVID-19 in the obstetrical patient. This included considerations of quality and safety of staff and patient care for ambulatory clinics, prenatal clinics, and obstetrical inpatient units (antenatal unit, obstetrical triage, labour and delivery unit, postpartum unit, neonatal intensive care unit). The need for ongoing education and support for both patients and staff were a large priority, especially with constantly changing data to support new evidence and interventions.

As the perinatal CNSs, we were responsible for being the primary care coordinators for off-service obstetric patients on non-obstetric units (i.e., ICU, coronary care unit) as well as identified patients with complex medical or psychosocial needs. This entailed ensuring

necessary delivery equipment and medications were available near the patient's room (i.e. vaginal and cesarean delivery trays, neonatal resuscitation equipment), conducting obstetrical assessments for the patient on the non-obstetric units, coordinating necessary consultations with allied health teams (i.e., respiratory therapy (RT), physiotherapy (PT), social work (SW), neonatology), developing a care plan which incorporates a summary of the patient's medical history and guidelines for care, providing education and support to nursing staff in various clinical areas, along with being a dedicated advocate and support person for patients. This was especially important to patients as infection control measures restricted visitor access for close contacts of COVID-19 patients.

As I became familiar with all the allied health teams involved in the care of a moderate-severely ill COVID-19 obstetrical patient, it became a smoother process when care planning and coordinating for new patients. Over time, I have found that the CNS role often assumes the role of the conductor, conducting all the moving pieces of the orchestrated healthcare teams. We provide support to all levels of healthcare, including patients, staff, leadership, and the community. The collaborations amongst various clinical teams were critical to the comprehensive and exceptional care provided to COVID-19 patients. Overall, it has been a life-changing experience to start off my career as a CNS during this time, and I am so grateful to have exposure to such specialized learning opportunities.

Although it is difficult to explain in words all the efforts made to produce standards of care for COVID-19 obstetrical patients, I wanted to share a modified example of a CNS care plan with primary headings for a patient who would require care in the ICU to demonstrate the complexity of care involved.

Sincerely,

Emily Fung
RN, BScN, MScN (cand)
Student Representative

CNS Care Plan (see the information pp. 16-18)

Links to COVID-19 data and news stories:

<https://obgyn.utoronto.ca/hospital-statistics>

<https://www.cbc.ca/news/canada/toronto/toronto-doctors-advocate-for-higher-vaccine-priority-for-pregnant-people-as-icu-rates-climb-1.5992628>

<https://www.ctvnews.ca/health/coronavirus/worst-fear-come-true-toronto-woman-was-in-icu-with-covid-19-days-before-giving-birth-1.5388199>

<https://www.ctvnews.ca/health/coronavirus/unnecessary-sadness-inside-ontario-s-strained-intensive-care-units-1.5399217>

Covid, Vaccines, and Challenges

The last few months have been challenging for many of us, and it is not over yet. During this past year, I became a Public Health Nurse working at vaccination clinics in the Greater Sudbury. I hear my nursing colleagues talking about how covid is bad in hospitals, but similarly it is seen across Ontario... and Canada. The *Colleague-to-Colleague* meetings that we are hosting are showing the concerns and challenges that we are confronted with.

I hear amazing stories from clients when they show up for their vaccines. Eight to ten months ago, they were so pleased when we began administering the vaccines. The perception has changed slightly. Some needed the vaccine for work, for travelling, to appease their family members, to protect vulnerable individuals or themselves, and so on. Then, I met individuals who had covid, not only once, but twice, and were very keen in getting vaccinated and “protected.” One lady indicated that her journey to ICU for 4 weeks was not the best moments of her life. Furthermore, she had to go on rehab for 2 months afterward, and short of breath after so many months, and still nonetheless, not feeling like herself yet.

My role as a nurse is more than just giving vaccines, it is about listening also, understanding the various journeys and doing a quick assessment in case they require care or other services in some ways.

It is challenging what we are doing as clinical nurse specialists, but we are there, at the forefront depending where we work. As you are reading all our articles today, you can get a taste what we are as CNSs.

Challenges. My doctoral study (PhD nursing) was about challenges and how we deal with them. Here is the process in a nutshell:

- First, we have to identify our challenges.
- Second, determine what are facilitators and barriers involved when doing the appraisal of each challenge.
- Third, identify how each challenge can be classified – on a five-point scale challenge (*easy, not-to-easy-not-to-difficult, difficult, huge, unachievable*).
- Fourth, make a decision about – either face the challenge or avoid it.
- Finally, identify strategies for dealing with each challenge.

Depending on how difficult a challenge is, one has to decide to elicit help and assistance from others. Challenges require time, energy and resources, depending of their levels of difficulty or complexity. If anyone is interested, I can present this research to members.

Sincerely,

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PhD (nursing) Abstract

In health care, we face many challenges that are related to nursing care, such as the pathology and the treatment of clients, and the working environment. How do we know what is a challenge? How can we understand the challenges encountered in nursing practice? In the

Paul-André Gauthier
RN, CNS; TCC, DMD, MN, PhD (Nursing)
Director of Finance,
Clinical Nurse Specialist in Palliative Care

literature, the terms challenge and problem, for example, were used interchangeably without recognizing how each one gives a different perspective and thus how each result in a different response from clients and/or caregivers. In the articles reviewed, the authors did not describe how encountered “challenges” or situations were appraised.

In this qualitative exploratory-descriptive study based on the model of Miles and Huberman (1994), was used for data collection and analysis. The purpose of this inquiry was to identify the challenges experienced by registered nurses when working with oncology clients in out-patient clinics. The data was collected by interviewing seven registered nurses working in oncology with individuals living with cancer. Content analysis was used in the analysis of the data collected from interviews. The participants were all women with more than seven years of experience in oncology nursing with an overall average of 13.4 years practice in this specialty.

In the context of this study, a challenge is defined a situation or a phenomenon experienced as stimulating and as requiring individuals to spend time, energy and resources in order to face and to deal with it. Individuals learn to deal with challenges as they gain experience.

Considering that the number and the needs of individuals affected by cancer will continue to increase, nurses will always be busy with clients requiring oncology care and services. The results of this study indicate the need for registered nurses to identify their challenges, and to select strategies that can assist them in managing their challenges. When challenges are too difficult to manage, nurses require further support from their colleagues and managers. Changes which eliminate or moderate the challenges are deemed to be necessary if nurse and client satisfaction with care are to occur in tertiary oncology health care institutions.

Keywords: challenge, strategy, facilitator, barrier, appraisal, coping, managing.

Gauthier, P. A. (2003). Challenges Experienced by Registered Nurses when Working with Oncology Clients. PhD these in Nursing. University of Alberta. Canada.

<https://era.library.ualberta.ca/items/c3ed5c50-ee85-4db1-9113-d623ffcea11d/view/7203b275-7d28-4812-ad38-584dd5548b56/NQ82102.pdf>

<p>Webinar:</p> <p>“ Colleague to Colleague ”</p> <p><i>Mark your calendar (see your email)</i></p> <p><i>Tuesday, April 5th, 2022 at 20:00</i></p>	<p>If you need to be in touch with us:</p> <ul style="list-style-type: none">✓ CNSOntario1@gmail.com✓ pgauthier@rnao.ca✓ ejensen@rnao.ca
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Impact of Covid-19 pandemic & Nursing workforce

Who would have thought that we are still dealing with the Covid-19 pandemic? After more than two years of tremendous contributions of nurses to respond to this Covid-19 pandemic, the nursing workforce remains a concern in the Canadian healthcare system (RNAO, 2022). Nurses worldwide experienced this Covid-19 pandemic in diverse ways that negatively impacted their mental health (Buheji & Buhaid, 2020). Nurses working during this pandemic face several challenges in their workplace that lead to psychological distress, burnout, and stress (Buheji & Buhaid, 2020). A study found that emotional exhaustion is the most predictor of burnout in the workplace (Havaei et al., 2021).

The staffing shortage in the workplace continues to rise and is a safety concern for nurses and overall patient outcomes (RNAO, 2022). In addition, inadequate staffing creates heavy workloads, places more pressure on nurses. Moreover, lack of workplace and organizational support during this pandemic leads to fear among nurses and forces them to leave the nursing workforce and the profession altogether (RNAO, 2022). The issue of nursing burnout worsened during this novel covid -19 pandemic and requires action to facilitate nursing retention and promote well-being.

Despite the challenges and circumstances nurses face during this pandemic, their resilience to care for others exemplifies their uniqueness and courage to deliver compassionate care (Buheji & Buhaid, 2020). Their sacrifice and commitment to mitigate the surge of the Covid-19 cases throughout this pandemic are unremarkable.

In seeking better ways to adjust to their mental health crisis, nurses sometimes take unpaid stress leave to cope and balance family life. This adjustment does not often turn out well as most nurses are leaving from paycheque to paycheque and do not have enough financial support to care for their loved ones. In addition, nurses are working under Bill 124's wage restraint provisions, which makes it more challenging to focus on self-care. Nurses do not have enough paid sick days, and some nurses who are not full-time workers with no benefits do not even qualify for paid sick days to care for themselves.

Let's ask ourselves:

- How can nurses concentrate on self-care and recover from mental illness when they do not feel appreciated and well-compensated for their challenging work?
- How can we ensure that nurses receive fair treatment in the workplace for the best outcomes for the patients?
- How can we possibly mitigate the mental health crisis among nurses for a healthier nursing workforce if we are not addressing the root causes of such relevant concerns?

When considering the role of nurses in managing the different infected covid-patients, their values and personal sacrifice, in addition to the challenges they face during this pandemic, nurses deserve to be fairly treated and remunerated. It is crucial to reframe and reevaluate our

workplace environment and safety practices to nurture a safe workplace environment. It is also imperative to emphasize inclusion, equity, and diversity in our workplace leadership board to include all nurses so that no one is left behind. It is of utmost importance to recognize the contribution of black nurses to our healthcare system throughout the year instead of in February as so-called Black History Month.

Indeed, I would strongly recommend that nurses continue to advocate for repealing Bill 124's wage restraint provisions until they hear our voices.

Sincerely,

Cécile Lormeus
RN, BScN, MScN
Student Representative

References

- Buheji, M., & Buhaid, N. (2020). Nursing human factor during covid-19 pandemic. *International Journal of Nursing Science*, 10(1), 12–24. <https://doi.org/10.5923/j.nursing.20201001.02>
- Havaei, F., Ma, A., Staempfli, S., & MacPhee, M. (2021). Nurses' workplace conditions impacting their mental health during covid-19: A cross-sectional survey study. *Healthcare*, 9(1), 84. <https://doi.org/10.3390/healthcare9010084>
- RNAO. (2022). RNAO's provincial election platform 2022. [RNAO's provincial election platform 2022 | RNAO.ca](https://www.rnao.ca/en/provincial-election-platform-2022)

Website information:

<http://cns-ontario.rnao.ca/>

If you have suggestions: send us an email: pgauthier@rnao.ca
cnsontario1@gmail.com

Follow us on our **Facebook**:

https://www.facebook.com/Clinical-Nurse-Specialists-Association-of-Ontario-Canada-113210988761198/?ref=py_c

CNS-Ontario

Annual General Meeting (AGM)

Saturday,

June 12th, 2021

10:00 AM on zoom.

CNS Association of Ontario 2020-2021 Executive members

President (ENO)	Rashmy Lobo
Director of Finance (ENO)	Paul-André Gauthier
Director of Policy, Practice, and Political Action (ENO)	Jennifer Anderson
Director of Communication (ENO) / Secretary	Kadeen Briscoe
Director of Research & Education (ENO)	Elsabeth Jensen
Director of Membership (ENO)	Amanda Smith
Director of Social Media (ENO)	Elsabeth Jensen
Director of Workplace Liaison (ENO)	Cécile Lormeus
Student (Master) representative	Emily Fung

CNS Association of Canada

Website : <http://cns-c-canada.ca/>

Facebook: <https://www.facebook.com/cnscanada/>

Email: cnscanada1@gmail.com

Karelo link to become a member:

<https://www.karelo.com/register.php?BID=650&BT=10&Ev=19347>



CNS Association of Ontario CNS Student Award 2022

* An opportunity for Graduate Nursing Students *

The CNS Association of Ontario is recognizing a **graduate nursing student** for each School or Faculty of Nursing who is currently pursuing studies in the **CNS stream** at the Master of Nursing or PhD level.

To the Director/ Dean of School of Nursing:

- Please inform the professors in charge of the CNS stream program about this award.

Criteria for the award:

Only nursing professors and / or CNS will be eligible to submit nominations.

Letter of reference demonstrating excellence in theory & in a clinical nursing specialty.

- The letter should also include the following information: name, title, address, e-mail and telephone number of the faculty member nominating the student candidate, as well as the candidate's information. The student needs to be currently residing in Ontario.
- The letter should be supported and signed by 1 professor or a CNS who knows the CNS student well.

Student Award:

A certificate recognizing the student achievement, a free membership with the CNS Association of Ontario for one year and a key chain-CNS.

Deadline for submission:

Friday, May 13th, 2022 at 1500 hours (3:00pm)

Submit to:

**Clinical Nurse Specialist
Association of Ontario**

Subject: CNS-ON CNS Student Award.
CNSOntario1@gmail.com



CNS Association of Ontario CNS of the Year Award 2022

The **17th annual CNS of the Year Award** (first time given was in April 2006) will be presented during CNS Association of Ontario's Annual General Meeting (AGM) on Saturday, June 4th, 2022. Please review the criteria and submit a completed application with corresponding rationale for those individuals who you feel should be considered.

Purpose:

To provincially recognize a member of the CNS Association of Ontario for outstanding professional achievement as a Clinical Nurse Specialist in the domains of advanced nursing practice. The award acknowledges a nurse who demonstrates CNS competencies and exemplary practice in client care, nursing and health care delivery systems. Current board members of the CNS Association of Ontario are not eligible for nomination and should not be involved in nomination processes.

Eligibility Criteria:

1. The candidate must be nominated by a Registered Nurse (both should be members of RNAO in good standing).
2. The candidate has a current Ontario certificate of competence and currently resides in Ontario.
3. The candidate must have current membership in CNS Association of Ontario for one year or longer.
4. The candidate must have **at least 2 years of experience as a Clinical Nurse Specialist**.
5. The candidate must serve as a role model to nursing colleagues by :
 - a. Maintaining an outstanding level of skill and knowledge in their specialty area.
 - b. Utilizing or demonstrating CNS competencies in the five domains of advanced nursing practice.
 - c. Demonstrating quality client outcomes as a result of his/her practice.
 - d. Supporting nurses in the delivery of client care or the advancement of nursing practice.
 - e. Promoting change or collaboration at the system level to improve or impact client care.
6. The candidate actively promotes the role of the CNS.

Award:

A one-year complimentary membership to CNS Association of Ontario, a certificate, non-transferable complimentary registration to CNS Association of Ontario's AGM **June 2022** and a key chain—CNS. Recipient will be asked to attend the **zoom meeting**. A picture of the award winner will be taken at the AGM and profiled in an upcoming CNS Association of Ontario's newsletter.

Selection:

Applications received by the deadline will undergo review by the selection committee. All of the candidate's information including supporting documentation must be received no later than **Friday, May 13th, 2022 at 1500 hours (3:00pm)**. This deadline will be strictly adhered to in the selection process. The nominators of the successful candidate will be notified prior to notification of the winning candidate. The recipient will then be notified by the President of the CNS Association of Ontario.

Instructions:

1. The candidate should provide information supporting the nomination relating to the specific criteria for the award.
2. All submissions must be submitted individually by the nominators. If submitting electronically, documents must be in Microsoft Word format.
3. The candidate's name should **not** appear anywhere in the body of the material submitted. The candidate's name should appear only on a separate cover page.
4. Two letters of recommendation must be submitted. Both nomination letters must be submitted by Registered Nurses. The candidate's name should not appear in the letter of recommendation. Please refer to the nominee as "the candidate." Each of the criteria must be addressed in the letters with an example. Submission from other individuals may also be included. All information will remain strictly confidential and will not be returned.
5. Selection is made based only on the information submitted.
6. Submit a separate statement of 300 words or less describing the candidate (excerpts will be read when presenting the award at the Annual General Meeting).
7. The recipient of this award will be notified by the week before.

CNS - Form to be completed (CNS for the Year Award 2022) :

Candidate's name: _____

Information on the Nominator:

Submitted by : _____

Credentials : _____

Job title : _____

Tel. (day) : _____

Preferred e-mail address :

Address of the nominator :

Please, both (**candidate** and **nominator**) should provide a copy of the RNAO / CNS-ON membership

Information on the candidate:

Candidate's name : _____

Credentials : _____

Job title : _____

Tel. (day) : _____

Preferred e-mail address :

Home address of the candidate :

Work address of the candidate :

Deadline for submission:

- **Friday, May 13th, 2022 at 1500 hours (3:00pm)**

Submit to:

Clinical Nurse Specialist

Association of Ontario

Subject: CNS-ON -- CNS of the Year Award.

CNSOntario1@gmail.com

CNS Care Plan

Patient Name, Information and Details (date of birth, blood type, serology status, home medications, etc.)

Current Diagnoses: COVID-19 Pneumonia and Severe Acute Respiratory Distress Syndrome

- Onset of COVID-19 symptoms
- Dates transferred from community hospital to high-risk perinatal hospital and admitted to ICU
- Current clinical status (vital signs, oxygen requirements, etc.)
- Medications already received and current medications
- Risks and thresholds for sedation, intubation and mechanical ventilation

Medical/Surgical History

Obstetrical History

- GTPAL

Fetal History

- Diagnostic testing completed, pending or required (i.e., enhanced First Trimester Screening, Anatomy Scan, fetal ultrasound, fetal ECHO)
- Neonatology consultation and decision for resuscitation (depending on gestational age)

Obstetrical Plan:

1. Fetal Surveillance

- a) Biophysical Profile and Dopplers – frequency (weekly, twice a week, q 2 days, daily)
- b) Electronic Fetal Monitoring – as per OB and clinical indication (fetal heart auscultations or non-stress tests)

2. Delivery Planning

- a) The need for delivery will be managed expectantly and will be based on obstetrical indications, and based on resuscitation decision

NURSING CARE

Refer to *Management guideline for the care of COVID 19 Positive OB patients Moderate to Critical*

INFECTION CONTROL CONSIDERATIONS

- Isolation precautions required as per Infection Prevention and Control
- Medical requirement for a private room due to the use of high flow nasal cannula (HFNC), which is considered an aerosol generating medical procedure (AGMP)

ASSESSMENT

- HR, BP, RR, O₂, Temp, Pain: based on severity of disease and obstetrical status

RESPIRATORY

1. **Oxygen Requirements – goal is to maintain oxygen saturation equal to or greater than 94%**

- Enhanced O₂ Saturation monitoring required for duration of HFNC
 - HFNC device must remain plugged in at all times; may consider use of bedpan and/or commode.
 - *If unable to maintain O₂ Saturation greater or equal to 94%, notify Most Responsible Provider (MRP) and RT.*
- b. Plan to wean oxygen as tolerated
- Nasal prongs can deliver up to 6L/min; if O₂ saturation goals are not being met, transition to Tavish mask and notify MRP and RT. Initiate enhanced O₂ monitoring.
- c. Engage MRP and Critical Care Response Team with any increasing oxygen demands or increase in respiratory rate.

MOBILITY

1. Followed by Physiotherapy
 - Closely monitor for increasing oxygen requirement; please notify RT if increase in flow is required while on HFNC, during Physiotherapy
 - Please follow direction from Physiotherapist in regards to ambulation and recommended exercises
2. Perform Falls Risk assessment every shift and as needed

INTAKE AND OUTPUT

1. Maintain saline lock or IV
2. At present, patient has a foley catheter in-situ. Please continue to re-evaluate need for foley catheter and consider removal as soon as clinically indicated; monitor for signs and symptoms of catheter-associated urinary tract infections (CAUTI).
3. Offer toileting, bedpan and commode as mobility permits
4. Observe for flatus and bowel movements. Consider stool softener as needed
5. Monitor intake and output as per physician order

INTEGUMENTARY

1. Assess patient's mobility and ability to re-position independently
 - Assist with repositioning patient every 2 hours with wedge for uterine displacement antepartum
 - If delivered, reposition every 2 hours for patient comfort and to maintain skin integrity
2. Assist with and encourage bathing every 2 days or PRN. If performing bed bath, provide level of assistance needed by patient
3. Reference **Braden Risk Assessment** scale for predicting pressure sore risk. Important to assess skin at bony prominent areas (i.e., under heels, coccyx, shoulders)
4. If concerns with coccyx area, suggest applying "Mepilex Border Sacrum" dressing.
 - This dressing needs to be checked daily by lifting the dressing and assessing coccyx area.
 - The dressing can stay on for 5-7 days

NUTRITION/DIETARY

1. Patient received enteral nutrition while intubated in the ICU

2. Patient is being followed by a Registered Dietitian (RD) and a Speech-Language Pathologist (SLP) and ENT (Ear, nose, throat) physician.

- Patient is at risk of silent aspiration
- Pureed and thick fluid diet ordered; close observation of patient during meal time required. Monitor for: coughing, increased oxygen needs, increased congestion, gurgly vocal quality or wet voice.
- Medications to be reviewed with pharmacy and if possible, oral medications to be crushed and added to a puree
- Promote good oral care.

COGNITIVE FUNCTION

- If patient is having difficulty with memory, concentration and or other cognitive functions then consider Occupational Therapy (OT) referral

ACTIVITIES OF DAILY LIVING (ADL)

1. Consider patients ability to perform activities of daily living
 - Engage support person in ADL's when applicable
2. Consider OT referral if additional assistance needed for ADL's
3. If rehabilitation equipment needed, contact perinatal CNS
4. Document ADL total care q 4 hours

PSYCHOSOCIAL

1. Assess for anxiety, depression, hopelessness, difficulty coping or mood changes
 - Consult Social Work (SW), as needed
 - Consult Spiritual Care Provider (SCP), as needed
 - Physician referral to psychiatry if concerned
2. Encourage purposeful rest periods for patient
3. Liaise with SW to engage with family and provide supports as needed

Additional documents typically included with CNS care plans:

- Contact Information for all health teams involved in care
- Emergency Contact Information for Suspected Labour or Imminent Delivery
- Warning Signs and Symptoms of Labour in the Responsive Patient
- Warning Signs and Symptoms of Labour in the Unresponsive Patient
- Special Considerations for Wedging and Prone Positioning of the Pregnant Patient

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