

Occupational Health Nurse Interest Group (OHNIG)

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1. RNAO END: Engage with registered nurses and nursing students to stimulate membership and promote the value of belonging to their professional organization.

OHNIG attended the Feb 27th 2014 Interest group chairs meeting. At this meeting OHNIG announced a postponement until May 2015 of the previously announced public forum. A planned "Think Tank" for Registered Nurses, various health advocates, political health care critics and general public to formulate what a modernization health care system would look like. A sign up sheet was circulated for any Interest Group interested in working on this project.

The postponement was deemed necessary since we felt the OHNIG members needed to be updated on the significant changes swirling over the Registered Nurses: CNA and RNAO separation, MOH and MOL regulatory changes, the new regulated Personal Liability Protection (PLP), MOL changes, CCAC potential restructure etc.

Student Nurses chairperson offered nursing student members who would be willing to assist with Twitter and Tweets if the OHNIG group needed assistance.

On April 24th OHING accepted a generous offer from a community care group to utilize their meeting room space. OHNIG in the near future will initiate general "chat" sessions for specific Occupational Health and Safety "tips". The tentative plan is to host bi-monthly one hour OHNIG member sessions face to face and/or webinar session across Ontario.

2. RNAO END: RNAO advances the role and image of nurses as members of a vital, knowledge-driven, caring profession, and as significant contributors to health.

OHNIG adopted a "Wait and See" position for Feb. and March. The many health-care system changes impinging on the role of the all registered nurses was monitored. Significant time was spent figuring out how Occupational Health Nurses full scope of nursing professional services can be fully utilized and how to justify the importance of their value added prevention services to the Ministry of Labour.

The specialty skilled occupational health and environmental safety nurse provides early detection, prevention measures and protection from health hazards and physical injuries of Ontario workers in their workplaces, Our analysis determined the significant value added services of an Occupational Health Nurse, either regulated or affiliated with all of the 80,000 Ontario workplaces would enhance the worker and family early access to health care, assist with navigation to the correct health care professional for treatment, provide tremendous protection and avoidance of prolonged health care appointments. The cost benefit of this scenario to the Ontario Health Care System would be

tremendous savings of health care dollars.

Several face-to-face meetings occurred with various presidents of the nursing association to ask their initiatives and share OHNIG own initiatives to promote utilization of occupational Health Nurses.

Feb, 24th 2014 - RNAO President

March 21 2014 - RNA AGM Meeting and workshop

April 7th 2014 - NPAO Nurse Practitioner Executive Director

April 2014 - CNA President and CNA Representatives Conference Call [p]

3. RNAO END: RNAO speaks out on emerging issues that impact on nurses and the nursing profession, health and health care.

The ten Year Health Accord ended March 31st with no significant result or innovative health care solutions for the 2 trillion dollars spent. The Toronto Star wrote [April 5, 2014 A 8] *Accord likely saved medicare*. Also in March the MOH and MOL have each issued their five (5) year strategic plan.

Our question to all the leaders, how do Registered Nurses fit into the scheme of things? We presented an opportunity to look at Occupational Health Nurses as the "Missing Link" to health care. This "missing link" connects workers at the worksite and their families at home to established health care clinics with specialized specific health care professionals and nurse practitioners to facilitate rapid treatment and quick recovery.

Systematically OHNIG members have been asked to pose this question to political health care critics and political leaders. ***creates a huge cost benefit to health care overall costs***

"What if" skilled professionally trained Occupational Health Registered Nurse Specialists, placed in companies, provide early recognition, initiate treatment on time and consistently follow up to ensure recovery. Thus eliminating prolonged usage of the health care dollars and/or the worker compensation insurance system. Other countries adopting such placement of occupational health nurse specialists have been estimated to reduce by 46% workplace overall costs. This action could make a significant impact on the reduction of health care cost on a deeply in debt health care system. Is this something to consider?

Registered Nurses need to be utilized for their full nursing capabilities in all "new" health care system planning? (CNA 2012 June)

"A Nursing Call to Action!" □ ***"The health of our nation, the future of our health system CNA"***

- Only 10% of the nursing care capabilities in Canada are utilized, as opposed to 80% registered nursing care utilization in other countries
- That 75% of health care costs are paid outside the current health care system.

4. RNAO END: RNAO influences healthy public policy to positively impact the determinants of health, supporting Medicare and strengthening a publicly funded, not-for-profit health-care system.

Again our "wait and see" mode allowed us to approach two politically astute people.

On April 9th we met with the same political lobbyist we met with last year. Forthcoming advice will assist us going forward in campaigning for health care needs being off set by value added placement of occupational health nurses in Ontario workplaces. Alternately Occupational Health Nurses could be placed in Nurse Units in the community as a reachable resource supported by additional health care professionals in the clinic.

On April 14th we met with Lois Brown MP who works with the Federal finance minister team. Sadly it was two days before Jim Flaherty's funeral. Several options were discussed for any opportunity for federal government financial support e.g. little known work development programs that could enhance the work of registered nurses. Noted "nothing is impossible" but the health care direct costs will always be the responsibility of province.