

Meet ARNPEI Executive Director Dr. Sheila Marchant-Short RN



Sheila has been a Registered Nurse for 30+ years. She has worked in acute care, critical care, public health, provincial government, education, research, quality and risk management and policy development. She graduated with a diploma from Seneca College, a BScN from The University of Western Ontario, an MScN from The University of British Columbia and a PhD (Medicine) from Memorial University of Newfoundland. She is originally from Maple Grove, Ontario, but has lived and worked across Canada, including

Ontario, British Columbia, Newfoundland and Labrador and Prince Edward Island. Most Recently she was the Clinical Leader and Temporary Manager at Charlottetown Public Health Nsg. Sheila has been involved in disease prevention efforts and health promotion locally, provincially and nationally. She has represented Canada at international forums on disease prevention. She has been a keynote speaker on topics such as adverse events in health care and the impact on health care providers, immunization decision-making, influenza, pandemic planning and the role of nurses in disease control and immunization. Sheila has authored chapters in *Community Health Nursing: A Canadian Perspective*, Second and Third editions. She has conducted research on parental immunization decision-making, HIV and Blood borne pathogen transmission and the effect of adverse events on health care providers. She lives in rural PEI with her husband.



ARNPEI Interim Registrar Leeann Whitney RN

Leeann completed her BScN at Laurentian University and later her Master of Arts in Education at Central Michigan University. She began her career at Wellesley Hospital in Toronto in Intensive Care. She then married and moved with her husband to Hearst, ON where she worked as Emergency RN and a Nursing Supervisor. She then relocated to

North Bay, ON where she lives today. She was a full-time nursing professor at Canadore College with a distance education role with Laurentian University for 10 years and then she went to Public Health. Leeann was in a variety of roles at North Bay Parry Sound District Health Unit including Public Health Nurse, Manager and Director for 11 years. Then, she went back to Education at Nipissing University as a Professor and Manager for New and Emerging Nursing programs, the Scholar Practitioner program, and Nursing Informatics. Her final full-time permanent position was as the Executive Director of the North Bay Nurse Practitioner-Led Clinic for 6 years. She is a member of the College of Nurses of Ontario, Community Nursing Leadership Committee; and the Community Health Nurses of Canada, Standards and Competency Committee. She is a Past Board Member of the North Bay Regional Health Centre Board, Past Vice-Chair of the Board for One Kids Place (A Children's Treatment Centre in North Bay) and Past President of the Ontario Disabled Alpine Racing Team. She has a number of publications to her credit and has received awards for her work with Best Practice Guidelines, in Nursing and with Nurse Practitioners in Ontario.

ARNPEI President Cynthia Bryanton, RN



Hello to all,

I would like to welcome our newest staff member to ARNPEI Leeann Whitney as the interim registrar. Leeann is a rich resource to ARNPEI with her history of leadership, education and expertise. Leeann started January 8th and will be here until the end of April. The permanent registrar position continues to be posted.

I spoke about the rapidly changing environment at ARNPEI in the last newsletter and I will share new innovations and policy changes that have been approved by ARNPEI council.

ARNPEI has moved to a new mode of completing your Continuing Competency Program (CCP). To date 61 RNs have successfully completed their CCP online. The feedback has been positive, and I would strongly encourage each of you to start this process soon.

ARNPEI Council met on February 2, 2018, and there were a number of motions considered and policies reviewed. In the coming weeks details will be provided to members. In addition, with the upcoming work on RHPA a number of bylaw and policy updates will be required. Details will also be provided once specifics are known.

ARNPEI Council has approved policy changes for ARNPEI personnel, for publication of discipline, application of fees and work is continuing to develop policies for nurses who practice without a license in PEI and nurses who come to PEI to work for short periods. Once the policy documents are finalized, they will be available for review on the ARNPEI website.

ARNPEI will require two new councillor positions in April 2018 and a president elect as I will have completed my position and Robin Laird will be your ARNPEI president from April 2018—2020. We are currently awaiting the first draft of our new RHPA legislation.

Cynthia Bryanton
ARNPEI President

Meet Velma Rogers RN- Discharge Planner



"I am the Discharge Coordinator for an Acute care hospital in Summerside, PEI. I have been in this position since 1996.

In 1980, I graduated from the PEI School of Nursing in Charlottetown, PEI. Following my graduation, I began working as a front-line nurse at Prince County Hospital in ICU. Following some time in this unit, I moved on to various other areas within Acute care which included Day Surgery, Medical Unit, In-patient Mental Health and also did a Temporary position as Manager of a Medical/Palliative unit.

I have a keen interest in Geriatric population and have attended many conferences on Geriatrics and Palliative care. Along with my position as Discharge Coordinator, I also sit on several committees both within acute care and provincially. Some of these include Patient Flow/Utilization of Acute Care Patients, Restorative Care Admissions Committee, Long Term Care Placement Committee and Nursing Advisory.

I have been trained in the level of care assessment used on PEI (Seniors Assessment Screening Tool) which aids in determining the needs and care level of the geriatric population. The vast majority of my role within Acute Care involves the assessment of individuals for care needs and placement (either Long Term Care or Community Care). I also have the pleasure of working very closely with the Home Care Liaison nurse who works within the Hospital along with many connections and relationships with many other disciplines who work within Acute Care to formulate a plan for the individual being discharged.

The philosophy I believe in is "Home First", if at all possible. I also feel that it takes an entire team within Acute Care to assist patients and their families develop a plan of care for discharge that they are comfortable with. Plus, we must ensure that they have all the information on supports, services available within the community along with the educational information about their health condition and treatment.

I have lived on PEI my entire life and have also spend my entire career thus far in an Acute Care setting. I live in Summerside with my husband who works in Aerospace and I have one daughter who is a Paralegal here in the same community. I enjoy traveling and have had the opportunity to have made many trips to various parts of Europe.

I do think I truly have one of the best jobs in nursing and I learn new things from the people I serve every day."

Nurse Practitioner Committee

We are happy to announce the formation of a new committee focusing on NP issues. Please let Leeann Whitney know if you are interested in participating on this committee.

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Do your yearly [CCP](#) online now

CCP Online [Directions](#)

THE IMPACT OF RNS

"RNs make a critical contribution to the health of Canadians and the health-care system. Research supports the correlation between direct RN care and positive client and system outcomes. For example, client outcomes consistently show that RN interventions have a positive effect across a variety of health-care settings. Specific improvements include:

Adding one patient to a nurse's workload increased the likelihood that an inpatient would die within 30 days of admission by 7 per cent ([Aiken et al., 2014](#)).

Having a greater proportion of RNs relative to unlicensed assistive personnel is associated with fewer patient falls ([Patrician et al., 2011](#)).

A cost-benefit analysis of school health services delivered by full-time RNs showed that society would gain \$2.20 for every dollar invested ([Wang et al., 2014](#)).

Increasing RN hours per patient day by 0.71 is associated with lowering the odds of an unplanned emergency room visit after discharge by 45 per cent ([Bobay, Yakusheva, & Weiss, 2011](#)).

An 8 per cent rise in direct RN patient care is correlated with a 30 per cent improvement in patient scores on caregiver responsiveness ([O'Connor, Ritchie, Drouin, & Covell, 2012](#))."

Reference:

[Framework for the practice of registered nurses in Canada. Author: Ottawa.](#)