Professional Practice in Nursing: Part II

Professional Practice in Nursing: Part II

KATERYNA METERSKY; ROYA HAGHIRI-VIJEH; JASMINE BALAKUMARAN; OONA ST-AMANT; LEIGH DYBENKO; EMILENE REISDORFER; LINDA SCOTT; AND ANITA JENNINGS

TORONTO METROPOLITAN UNIVERSITY
TORONTO

Cover photograph by Kateryna Metersky

This book was produced with Pressbooks (https://pressbooks.com) and rendered with Prince.

Contents

Transition, Discharge and System Navigation

Client Safety and Risk Management

Neoliberalism and Privatization

Welcome to supplementary case studies for PPN202.

MODELS OF CARE: BIOMEDICAL/ BIOPSYCHOSOCIAL MODEL, HEALTH PROMOTION

Learning Outcomes

By the end of this chapter, you will be able to:

1. Critically examine the need for various models of healthcare in the Canadian context.
2. Discuss the importance of addressing individual, familial and community needs in acute illness and chronic disease.

Case Study

Mr. Joshua Meadows is an 82 year old man. Joshua has a high school education and previously worked as a repairman before retiring five years ago. He has been married to his husband, Darious, for over 50 years. They live together in a bungalow in the suburbs of Toronto. The Meadows have five children, 11 grandchildren, and 1 great-grandchild. They love to have their children and grandchildren visit. His family is very close-knit and love to have big gatherings together during the holidays. Joshua has always been independent with his activities of daily living. Joshua and Darious enjoy going for afternoon walks in their neighbourhood. Also, they are active in their community, frequently volunteering at their community center and organizing donation drives for 2SLGBTQI+ youth.

Mr. Meadows has Type II diabetes mellitus, hypertension, hyperlipidemia, osteoarthritis and a stroke five years ago. He is compliant with all his medications. He has a primary care nurse practitioner whom he sees regularly for management of his chronic health conditions.

Darious brings his husband to the clinic and states, "The other day while we were gardening in our front yard, Joshua wandered off and got lost in the neighbourhood that we have lived in for over 30 years. The police were called to help look for him, and he was found in a neighbour's backyard. They found him topless, and he was mumbling to himself that he had to "'go to work to fix Jimmy's leaking roof". Darious reports to you, the triaging nurse, that her husband has been struggling with memory loss and difficulty completing tasks. After performing a series of mental tests, the nurse practitioner diagnosed Mr. Meadows with dementia. The couple are distraught after this diagnosis. They worry that this diagnosis will have a huge impact on their lives. Darious is emotional and worries how he'll be able to take care of his husband. Darious

speaks to you and asks you for some strategies and interventions which can help Mr. Meadows.

Questions

1. Examining this scenario from different models of care:
    a. Identify the biological factors that can facilitate or act as a barrier to Mr. Meadows' health.
    b. Identify the psychosocial factors that can facilitate or act as a barrier to Mr. Meadows' health.
2. What are some health promotion strategies or interventions you would recommend that could support his health status?
3. Considering his family dynamics and social supports, what are some family strategies you would recommend?
4. What are some community strategies you might recommend?
5. From critical social theory and relational inquiry perspectives, how can we view this case? What information is important for us to consider from this case?

ACUTE CARE: PART I

Learning Outcomes

By the end of this chapter, you will be able to:

1. Examine the transitions of care within the acute system and identify what constitutes an “acute” or “life threatening” illness.
2. Discuss the similarities and differences between clients’ needs in emergent care, inpatient care, critical care, ambulatory care and rehabilitation.
3. Identify strategies to support clients and their families experiencing acute and life-threatening illness.
4. Consider strategies for delivering culturally competent care.

Case Study

Liu Zhang is a 42 year old female. She immigrated to Canada with her husband from Taiwan three years ago. She recently received her Canadian citizenship and her English is at a limited working level. Mrs. Zhang began to have severe abdominal pain one morning. She took acetaminophen at home but the pain did not resolve. She went to the hospital that night.

Mrs. Zhang has no prior experience with the Canadian healthcare system.The Emergency nurse informs Mrs. Zhang that she needs to take her vital signs, bloodwork and insert an IV to hang fluids and medications. Mrs. Zhang also has an abdominal X-ray done. Soon after, a physician arrives and informs Mrs. Zhang that she will need a surgical procedure for a bowel obstruction. Mrs. Zhang is anxious and confused. She has never had a surgery. She is admitted to the pre-operative unit to prepare for the surgery. The surgeon approaches her to obtain consent and the surgical team wheel her into the operating room (OR).

After the surgery, Mrs. Zhang is brought to the post-anesthesia care unit. She is drowsy and can see other clients in the room. She can hear other people starting to wake up or moan in pain. After a few hours, she is transferred again, but this time to a surgical ward to be monitored. She is in a semi-private room with another client. Overnight, Mrs. Zhang calls the nurse and complains of severe abdominal pain. Mrs. Zhang's temperature is 39°C and is experiencing chills. While the nurse is calling for the surgeon, Mrs. Zhang vomits moderate amount.

Upon assessment, the surgeon tells Mrs. Zhang that they need to take her back into the operating room for possible infection. Mrs. Zhang asks if she can call her husband, but the nurse assures

her that they will call him and that they need to get her into the operating room as soon as possible.

Post-op, Mrs. Zhang is intubated, sedated and admitted to the intensive care unit (ICU). When she wakes up, the setting is unfamiliar, and there are machines and monitors everywhere. She feels something in her mouth and reaches for it, but the nurse from outside of the room yells “put your arm down and don’t touch the tube please!”. The nurse explains to her that she had to have a breathing tube inserted because of the sedation that she received during surgery. She tells Mrs. Zhang that the tube will be removed in a day or so. When the surgeon visits Mrs. Zhang to see how she is doing post-operatively, the surgeon tells her that she has an infection and that it is now being treated with antibiotics. Mrs. Zhang’s husband and daughter come to visit. She remains in the ICU for a week before transferring to the surgical ward, where she stays for another week and is finally transferred to a rehabilitation unit.

Questions

1. Identify the different stages and levels of care that Mrs. Zhang experienced.
    a. What defines the type of service that is provided in each unit?
    b. How do we prioritize care in a ward versus an ICU, versus a rehab unit?
2. How can we improve the patient's experience as they transition through several stages in the hospital system?
3. What are the needs of the clients or their families during this time, as they experience a life-threatening illness?
4. How can we incorporate culturally-safe care as the client transitions through the system?

ACUTE CARE: PART II

Learning Outcomes

By the end of this chapter, you will be able to:

1. Identify the unique needs of clients and families experiencing acute or life-threatening illness.
2. Critique the acute care environment in relation to healing, privacy, and isolation.
3. Identify strategies to personalize care and promote privacy in the acute care setting.

Case Study: Continuation from Part I

Continuation of the Week 2 case study

While in the post-anesthesia care unit, Mrs.Zhang is in an open, large room with many other clients. The 'rooms' are separated by a curtain. She can hear other post-operative clients around her. She hears the nurse asking about their pain levels and a client requesting a bedpan. She also hears constant varying monitoring sounds. She has pain from her surgery but is too embarrassed to call for the nurse out loud.

While in the surgical ward, Mrs. Zhang is in a semi-private room. She is in this room with another patient. She can hear the other patient calling 'Nurse!' and requesting water and food. She can also hear this client groaning in pain. Her roommate snores loudly and it disrupts Mrs. Zhang's rest. Her roommate also often receives telephone calls that wake Mrs. Zhang up abruptly. She can see the bright light coming from the hallway. She constantly hears the call bell alarm going off. There is frequent traffic in the hallways and she can hear the staff chatter by the nursing station.

In the ICU, Mrs. Zhang wakes up in a private room. She looks around and sees very bright lights including various monitors and equipment. She hears constant beeping of a machine behind her head. She can see the staff walking outside in the hallways. The big, clear doors are closed and she doesn't hear anything. She feels like she's constantly being watched. She is not able to talk because of the breathing tube.

Questions

1. How do the different units vary in terms of their space and environment?
2. How do you, as the RN, personalize care and promote privacy for the client that is in a ward room?
3. How does the space/environment in an ICU setting contribute to delirium?
4. What are the psychological, emotional, and educational needs of a client undergoing elective, urgent, and emergency surgery?

PRIMARY CARE, PUBLIC HEALTH AND HEALTH PROMOTION

Learning Outcomes

By the end of this chapter, you will be able to:

1. Recognize the similarities and differences between primary care, public health, and health promotion nursing roles.
2. Examine the impact of illness such as COVID-19 and its impact on population health.
3. Identify systemic structures that influence public health policies and procedures.

Case Study

It is November 2022 and COVID-19 is on the rise in Toronto. As winter approaches, many homeless people find housing in congregate living settings such as shelters, drop-in centres, and group homes. You are a public health nurse responsible for working to reduce COVID-19 transmissions and outbreaks in congregate living settings. Your role is to provide information to the public, assist with outbreak investigations, follow up with confirmed cases, and provide infection prevention and control education and services to mitigate outbreaks.

You conduct an on-site visit to assess the infection prevention and control measures at a shelter for men. You find out that due to COVID-19, the shelter remains open to current residents but is not accepting new residents for long-term (up to four months) stays. The shelter supports homeless or impoverished individuals and accepts individuals with mental health illnesses and addictions as well. The shelter has suspended its regular daily drop-in medical clinic hours due to COVID-19. However, there is a Registered Nurse that visits once a week.

When you assess the physical space, you realize that 30 men share one room filled with bunk beds. There is only one washroom facility shared amongst all the residents and it includes two showers, four bathroom stalls, and four sinks. There is a shared cafeteria, and you can see many residents roaming around this open area, sitting wherever they please. As you tour around the facility, you realize that none of the residents are wearing masks. The staff states, “Because this is their home, it is not realistic to require them to wear masks 24/7”. You observe that there are no posters raising awareness on Covid-19 or signages regarding the proper infection prevention and control measures. One staff member informs you

that many of the residents ripped down the posters as they believe the virus to be a hoax. Another shelter staff confirms that some of the residents have poor literacy skills or language barriers and are unable to understand the posters. The staff inform you that almost all the residents are unemployed or receive disability checks.

Questions

1. Discuss the differences between nurses who work in a primary care setting vs. in a public health setting.
2. Explain how illnesses such as COVID-19 negatively impact those with low-socioeconomic status and/or vulnerable populations?
3. What are some public health strategies related to COVID-19 that may be tailored to this population living in a congregate living setting?
4. What are some health promotion strategies that can be done to improve the overall health in a homeless population in Toronto?

LONG-TERM CARE AND HOMECARE

Learning Outcomes

By the end of this chapter, you will be able to:

1. Understand the balance between client's needs and family circumstances required to select appropriate alternative care settings.
2. Explore different alternative care settings that are available in Canada and their associated characteristics.
3. Identify the barriers to accessing long-term care facilities within Canada.

Self-Assessment

1. Thinking about the long-term care environment – who do you think would best be suited to live at this type of facility?
2. How are long-term care homes different from retirement homes?
3. Do you think that one's culture may affect entry into the long-term care environment? How and why?

Case Study

Mrs. Shahin Lotfi is an 80-year old widower who lives alone in a bungalow right outside the city. She is a retired housekeeper, who keeps active and particularly loves her garden. Both her children, Riaz and Negin, live within the city and come to visit her usually once a week. They regularly call their mom to check-in with her and make sure her kitchen and house are stocked and clean. However, over the last few months, Riaz and Negin have noted that Mrs. Lotfi doesn't want to garden, her food in the refrigerator is untouched and moulded. She also seems more confused when they speak with her on the phone. For example, she doesn't remember what month it is and often mixes up the names of her grandchildren.

Mrs. Lotfi had a fall at home 2 years ago and since then has been using a 4-wheel walker. Negin has asked her mother many times to live with her, so she can help support her better. However, Mrs. Lotfi does not like being in the city and does not want to leave her home and states "I'm not living behind my beautiful memories of my husband and raising my two children". Since her fall, Mrs. Lotfi has a personal support worker (PSW) who comes into her home to help her shower and make her meals for 2 hours per day, but Riaz and Negin both agree that their mother needs more support because she is not able to take care of herself anymore.

Riaz takes his mother for a check-up to their family doctor as they are concerned, she might be developing dementia. Mrs. Lotfi is referred to a gerontologist, but Mrs. Lotfi herself is not concerned about her safety and insists on living at home alone. During Mrs. Lotfi's appointment at Senior's Wellness Clinic 3 months later, her mini-mental state examination (MMSE) score is 21, and the gerontologist recommends starting her on Aricept (Donepezil) as he suspects that Mrs. Lotfi might have Alzheimer's Dementia. He also recommends that Riaz and Negin consider alternative living arrangements for their mother. He cautions that her illness will

progress, and she is going to require more support and supervision in the future. At this point in time, Mrs. Lotfi needs assistance with her meals, personal care, and medication management (for comorbidities).

Mrs. Lotfi and her family are assigned a case manager, coordinated by their family doctor, to discuss home care options and the possibility of long-term care (LTC). Mrs. Lotfi's husband had passed away from a heart attack many years ago; therefore, Mrs. Lotfi, Negin, nor Riaz are familiar with the home care options. They have a family care conference with you as the case manager. Negin and Riaz are shocked to learn about the cost of home care, as they were under the impression that LTC was covered within OHIP.

As the case manager, you tell Negin and Riaz to look into assisted living and long-term care options while considering Mrs. Lotfi's wishes.Mrs. Lotfi does not want to move into the city and still does not want to leave her bungalow. Due to the long waitlist of 1-2 years for LTC, you adviseNegin and Riaz to add Mrs. Lotfi's name on the list.

Riaz is particularly worried about the cost of LTC or assisted living and asks you about retirement living. After some research, Negin informs her brother that the retirement homes have the personal care and nursing staff that can meet Mrs. Lotfi's current medical needs. They need to plan for when their mother's health will deteriorate, and she is going to require more help with her activities of daily living, personal care, medications, feeding and mobility.

Negin and Riaz are now concerned about financing their mother's needs for LTC. Riaz suggests selling Mrs. Lotfi's bungalow and using her old age security, as Mrs. Lotfi does not have a government pension. Negin is hesitating to sell the bungalow at this point as she knows how much it means to her mother.

Questions

1. What is Mrs. Lotfi's concerns about LTC? What are Negin and Riaz's concerns? Whose needs are a priority in this scenario?
2. Consider some alternatives for Mrs. Lotfi's care that can be implemented for her current situation, as they await LTC.
3. Would you consider alternative care options accessible within Canada? Provide a rationale.
4. What are the barriers to access LTC for Mrs. Lotfi and her family?
5. As the case manager, what alternative options or additional information would you provide to Mrs. Lotfi and her family? Please explain your rationale.

References

Government of Ontario, Ministry of Long-Term Care. Long-term care accommodation costs and subsidy. Retrieved from: Long-term care accommodation costs and subsidy | ontario.ca

Closing the Gap Healthcare. (2019). Long-Term Care Homes vs. Retirement Homes vs. Home Care in Ontario. Retrieved from: Long-Term Care Homes vs. Retirement Homes vs. Home Care in Ontario (closingthegap.ca)

Ontario Long Term Care Association. (2019). This is long-term care 2019. Retrieved from https://www.oltca.com/OLTCA/Documents/Reports/TILTC2019web.pdf

Home and Community Care (LHIN): Home and Community Care Toronto Central LHIN (healthcareathome.ca)

Supporting Cultural Diversity in Long-Term Care: Needs Assessment and Work Plan for 2017-18. Supporting Cultural Diversity in Long-Term Care (clri-ltc.ca)

Supporting Indigenous Culture in Ontario's LongTerm Care Homes Needs Assessment and Ideas for 2017-18. Supporting Indigenous Culture in Ontario's Long-Term Care Homes (clri-ltc.ca)

REHABILITATION

Learning Outcomes

By the end of this chapter, you will be able to:

1. Understand the transition process post-fall, from the emergency department to rehab within the community.
2. Explore the concepts of ability versus disability related to self-identity/esteem and motivation to participate in rehab.
3. Identify the interprofessional nature of rehabilitative care and the role of the nurse within it.

Case Study

Mr. Chopra is a 75-year-old male client who presents to the emergency department after experiencing a fall in the shower. He reports pain of 9/10 to the right side of his chest, which is worsened with inspiration and brushing noted at multiple sites of the body. Mr. Chopra previously used a cane to mobilize at home and within the community, however, he is currently unable to mobilize to the bathroom himself and reports increasing pain with mobilization. The neurological assessment indicates a GCS of 15, and the CT head shows no bleed despite having hit his head. X-ray imaging indicates two complete fractures to the right lower ribs, with hairline fractures noted to the right pelvis and a dislocated right shoulder. Multiple lacerations are also noted to bilateral knees, right forearm and bilateral palms. No changes to his continence or GI status are noted. The right shoulder is approximated back into the socket and a sling is applied to the right arm. Mr. Chopra is to be seen by physiotherapy, and occupational therapy once admitted onto a unit.

Mr. Chopra is accompanied by his grandson, who is translating for Mr. Chopra as he speaks very minimal English. Upon taking his medical history you note he has hypertension, dyslipidemia, and type 2 diabetes. He is a retired truck driver who came to Canada in the 1980s, with his wife and son. His wife passed away three years ago from breast cancer, and his son passed away five years ago from a car accident. He currently lives with his daughter-in-law and his grandson who are his primary caregivers. His daughter-in-law works full-time as an accountant for a small company close to their home, and his grandson is currently in grade 12 and preparing to apply for university.

Mr. Chopra is admitted to the rapid assessment unit (internal medicine) to clear up beds within the busy emergency department.

The plan of care is to transition Mr. Chopra to the internal medicine team for pain management. He also will need to be assessed by physio therapist (PT) and occupational therapist (OT), but he does not require an orthopedics consult. Mr. Chopra's pain is managed with oral hydromorphone 1-2 mg PRN q4hr, and hydromorphone 2mg PRN before physiotherapy. He is also scheduled to take acetaminophen, 500 mg Q6hr, and PRN, up to the maximum daily dose of 4g.

Upon PT and OT assessment, they deem that Mr. Chopra is a two person assist with a 2-wheel walker to the bedside commode for now and needs assistance with dressing himself. He is able to independently feed himself and engage in other self-care behaviours. They recommend transitioning Mr. Chopra to inpatient rehab as he is an ideal candidate who is very motivated to engage in rehab once his pain is better controlled, as he still reports a pain level of 7/10 pain with ambulation. However, they are concerned that he is pushing himself too hard as he is reluctant to ask for help from the nursing staff and tries to mobilize without his walker. He is embarrassed to ask the female nursing staff to assist him to the bathroom, as it is not seen as culturally appropriate. He often tries to mobilize on his own with just his cane, increasing his risk for another fall. Mr. Chopra expresses that he wants to get back to his previous mobility quickly so that he can go home, not make his daughter-in-law and grandson worry about him and for him to become more of a burden on them.

Questions

1. What do you anticipate Mr. Chopra's plan of care will encompass to be able to safely discharge home?
2. What is the first priority in Mr. Chopra's care plan for him to successfully participate in rehabilitative care? Why is this of most importance?
3. What key role does the nursing staff play within Mr. Chopra's rehabilitation?
4. Reflect on the changes in self-identify that Mr. Chopra is experiencing, specifically related to mobility (think about ability verse disability). What are your thoughts around this?
5. What cultural considerations have to be made for Mr. Chophra's plan of care?

Case study summary

Mr. Chopra is transitioned into the inpatient rehabilitation unit, as his pain is now under control with scheduled acetaminophen. He no longer requires frequent hydromorphone PRN doses. Mr. Chopra lives in a 2-story house with stairs to get into his house, and stairs to get into his bedroom which is located upstairs. Mr. Chopra is expected to stay within the inpatient rehab unit for the next two weeks until he is able to go up and down four steps (the same number of steps in front of his house) safely. Mr. Chopra is also referred for outpatient OT assessment for his home to make it more accessible and safer which includes grab bars in the shower and the toilet in his bathroom and the possibility of a stairlift if financially feasible for this family. Mr. Chopra is also referred to outpatient physiotherapy for 3-6 months post-discharge to continue with his required

ALTERNATIVE AND COMPLEMENTARY MEDICINE

Learning Outcomes

By the end of this chapter, you will be able to:

1. Examine the notion of client autonomy in healthcare decision making
2. Explore how nurses should approach alternative and complementary medicine conversations
3. Reflect on personal values, beliefs and biases related to alternative and complementary medicine

Self - Assessment

Reflect the role of alternative and complementary medicine within a predominant biomedical model of health care.

Case Study

You are a 2-year seasoned nurse working on a busy internal medicine unit where you often see patients admitted for diabetic patients' ulcers. During your bedside shift report today, the night nurse tells you to allot ample time to complete the dressing for one of your patient's unstageable diabetic ulcers on **eir** left heel, and that plastic surgery was still pending their consultation. Given it was a Sunday, they were not likely to consult until the following day on Monday.

You planned your day accordingly and allotted 20 minutes for the dressing change. After checking the wound care dressing orders and checking the supplies at the bedside you are prepared for the dressing. You began to remove the old dressing and begin conversing with the patient about eir diabetes and wound management at home.

You noted that the patient's wound is 10 cm long, 5 cm deep and 7 cm wide, with sloughing, necrotic tissue, and lots of granulated tissue on the wound bed and peri-wound. The patient's bone is visible, however, due to the diabetic neuropathy, the patient doesn't report any pain. The wound care NP had ordered to clean with betadine and pack with wet-to-dry dressings. Based on your assessment you plan to pack the wound with betadine-soaked ribbon for the tunnellingand undermining. You think to yourself, that this patient really needed to be seen by plastics and noted that you should call the on-call plastics doctors to see if they could consult sooner.

You ask, "Houriya, how long have you had this wound and how have you been managing it at home?"

Houriya responds "Oh, I have had this for a few months, and I have a nurse who comes 3 times a week, but it doesn't bother me. I used to have an ulcer-like this on my right toe 2 years ago and look at it now, it's all healed"

You look at the right toe and it has completely healed with only a thick keloid scar noted about 5 cm long. You respond, "What type of treatment did you receive for your toe?"

Houriya: "Oh, my sister lives in Sri Lanka and I sent her a picture of my toe, which she showed to a naturopath and he gave me this topical cream to apply 2 times a day. After a few weeks, it was all healed. This is why I don't think I need to see the surgeons here who are going to say I need to cut off my foot. Can you take a picture of my foot now, so I can send it to my sister, and she is going to show it to the doctor in Sri Lanka again?

You are a bit taken aback by Houriya's comment, as you can see that the wound has progressed and you do not understand how a topical cream can heal this wound and the underlying issue of diabetic neuropathy.

Questions

1. Houriya expressed using alternative and complementary methods for eir treatment that you don't agree with. How should you progress with this conversation?
2. What elements of therapeutic communication should you keep in mind when talking about Houriya's care plan?

Case Study Summary

You contemplate how to best respond to Houriya to respect eir decision for complementary and alternative care methods, but still provide patient education. Respecting the patient's value of alternative medication and engaging in open patient education, you take the picture for Houriya and **ey** sends it to **eir** sister. You then educate Houriya on how to manage his insulin at home and why ey can't feel anything on eir heel.

You also reply to Houriya's request to the interdisciplinary team and who ultimately decides to change the patient care plan to respect eir autonomy. Houriya is discharged home on that day, with an outpatient plastic appointment, and continued community wound care services. You reflect on your values and biases related to complementary and alternative care practices and how you should approach this conversation in the future.

RURAL AND REMOTE NURSING

Learning Outcomes

By the end of this chapter, you will be able to:

1. Explore the role of political advocacy as a tool to increase access within rural communities.
2. Identify the unique barriers to care that the rural communities face.
3. Identify the barriers nursing staff face in rural communities that leads them to provide care beyond their scope of practice.
4. Critically examine the benefits and limitations of using technology to increase accessibility within rural communities

Self - Assessment

Reflect on the unique needs of rural communities and the barriers faced by rural nurses to consider possible policy-based solutions.

Case Study Part 1

You are a new graduate nurse, passionate about working in rural and remote communities and are starting a new graduate guarantee (NGG) within a small community hospital in Northern Ontario. You identify as a nonbinary, biracial, first-generation settler, Buddhist, new graduate nurse. You learned about the health disparities faced by individuals living in rural communities such as shorter life expectancy, higher rates of smoking, obesity, substance abuse and mental health conditions, and you aim to be a positive contributor to this community's health outcomes. You have grown up and completed your BScN within a large urban city. Although you are aware of the difference in resource allocation, you haven't faced a lack of resources within your clinical placements. You are unsure how long you will remain in rural nursing but approach the job as a new learning opportunity and experience.

Within your first week of orientation, you are surprised you are the only new NGG hire. Many of your nursing friends discussed looking for NGGs but did not get one. As per the NGG, you are assigned a preceptor for a 3-month orientation before starting your independent practice on a medicine unit. During your first shift you realized that the hospital only has two units; one small 8-bed unit emergency and primary care center and one 15 bed unit for all admitted patients. You are shocked that there is only one small health center/hospital for all the neighbouring communities. What surprises you, even more, is that the nurses provide a lot of the primary care that would have been provided by nurse practitioners (NP) or physicians in the city. Patients with any general health inquiries presented to the emergency/health assessment unit to get advice on their medical conditions. Many of the skills and the assessment completed by the nurses are outside their scope of practice. As you continue your orientation you see the trust that the local community has in all the nurses who work in the hospital

and the unique cultural practices the nurses provide. The nurses tell you that they enjoy their practice in the small tight-knit community. Many of the patients remember the care provided by the nurses many years later. You slowly become part of the community and consider staying within rural nursing longer than you originally anticipated.

Case Study Part 1 Questions

1. Reflect on how rural nursing is different from nursing care provided in the city? What unique needs do these rural communities have?
2. What specific training or education do you anticipate requiring to practice within rural communities? Do you think this education should be part of all nursing education programs?
3. What is your understanding of the rich history of indigenous, first nations, inuit, and métis people?
    a. What is the importance of smudging?
    b. What are the roles of the indigenous healers within the community?
    c. Would requiring this knowledge differ if you were a practicing nurse in an urban city's ICU?
4. Consider how rural hospitals/agencies can create safe and inclusive spaces for clients, staff, and nurses with diverse intersecting identities.

Case Study Part 2

As you complete your three-month orientation and then begin your independent practice you decide that you want to raise awareness of the unique issues faced by nurses practicing in rural communities. As a nurse, you are aware of your responsibility for political advocacy, so you decide to take action by writing a letter to the local MPP and a letter to the editor of the CNA journal, Canadian Nurse, to raise awareness about this issue. You frame the issue of nurses having to serve many roles within rural communities which is made difficult by limited resources. Therefore, you are lobbying for funding to support e-health initiatives to increase support for nurses and accessibility for clients. E-health initiative can include video calling with physicians for consulting with nurses and possibly for consultations with clients to lessen the accessibility gap that many individuals within the community face. Within your letter to the editor, you also encourage your fellow nurses to become aware of these disparities faced by rural nurses and support lobbying bodies like the Registered Nurses' Association of Ontario's (RNAO) petition to the government.

Case Study Part 2 Questions

1. What specific issue should you highlight within your letter to the MPP? Should these issues be the same within your letter to the editor? Consider the audience for both of these letters.
2. What are some barriers and facilitators related to technology use within rural and remote settings?
3. Are there other recommendations you can make within your letters to increase accessibility within these communities?

END-OF-LIFE AND PALLIATIVE CARE

Learning Outcomes

By the end of this chapter, you will be able to:

1. Identify the emotional and psychological needs of the client's family at the end-of-life.
2. Examine the nurse's role in engaging in end-of-life conversations with clients and families.
3. Identify what nursing care is provided at the end of life.
4. Explore the interdisciplinary nature of end-of-life care which may include the client's family.

Self - Assessment

Reflect on the family experiences with end-of-life care and the role of the nurse in caring for clients at the end of life

Case Study Part 1

You are an experienced nurse who has been working in the intensive care unit (ICU) for over ten years and are receiving report:

A 45-year-old male assumed full code, transferred to the ICU early this morning for cerebral hemorrhaging and abdominal trauma post-MVA (motor vehicle accident). He was brought into the emergency department via an air helicopter (ORNGE) post-multi-vehicle motor accident. The client had a C-collar in place as the client was found pressed against the steering wheel. Admitting GSC score is 7 as the client is only responding to deep pain simulation, still breathing spontaneously, BP of 75/35 and 79/ 39, RR 145, RR 36, Temp 35.4°C. A CT head and abdomen indicate a massive hemorrhaging to the brain and multiple organs bruising and internal bleeding within the large intestine requiring a STAT surgery for transcending large intestine anastomosis. The client is transfused multiple units of blood and fluid boluses within the emergency department and prepared for the operating room. The client experiences respiratory distress during surgery and is intubated and transferred to the ICU post-surgery.

Day One

Current assessment: the client is on continuous sedation with Rocuronium, Fentanyl, and Midazolam for intubation, BP 65/30, HR 150, Temp 37.1°C with a cast on the right tibia and fibula, a sling for the left arm and three rib fractures. He is pending a repeat CT head for the hemorrhage. Currently he is receiving a fluid bolus for being hypotensive, and 1-unit PRBC and IV antibiotics as they suspect he might be becoming septic post-surgery. You wonder if anyone has been able to get in contact with his family and decide to contact them using the information found within his personal belongings.

After briefly speaking to the client's wife you transfer her to the ICU physician to have a difficult conversation about updating the

client's status. You identify the client as William and see a picture of his wife and two daughters in his wallet. William's wife arrives in the ICU about an hour later with her two daughters who look approximately 15 and 18 years old. As they see Will, they immediately start crying. You go into the room to comfort the crying wife and daughters and provide a very factual update on his condition. The wife, though shocked, directly speaks to Will and says "Honey, don't you worry. You are going to make it out of here."

You inform the physician that the family is here and she provides a more detailed update about the client's condition and the plan of care. The physician asks the wife if she would like to keep her husband as a full code, in that they would do every "heroic" measure to save his life if his heart was to stop. This includes CPR and the continued intubation and medical management. After looking at her daughters, she states they would like everything to be done to save her husband.

Case Study Part 1 Question

Reflect on the nursing role when providing information to the family? Who is primarily responsible for engaging in alternative level of care conversations?

Case Study Part 2

Day Two

You have just hung a new fluid bag and antibiotics for Will when his family arrives for the morning. His wife sits at his bedside and holds his hand and starts crying. One of his daughters approaches you for an update. You provide it and ask how they are doing and if they would like to speak with the social worker. The daughter informs you that it is very hard to see her dad like this especially when he was at home with them just three days ago. She mainly expressed concerns about Will being in pain and suffering. The other daughter joins her sister and says, "We don't want to keep our dad alive like this if he never going to be able to breathe on his own. We don't want him to suffer"

You explain that William's CT head indicates that he is still bleeding within his brain and his response to stimuli has decreased. The respiratory therapist does not believe that William will be able to breathe on his own. William's vitals continue to become unstable and he is febrile as he is going into septic shock. His creatine, C-protein, leukocytes, lactate are all elevating with decreased urine output via the Foley, which may indicate the multi-organ effects of his sepsis.

William's wife then speaks up from the side of the bed and says that she does not want him to suffer and knows her husband would not want to live with a tube and all these machines. She says, "I just want him to be comfortable." As you leave the room, she opens a small book and starts to chant in a language you are not familiar with. One daughter shakes her head and states, "My parents are Baha'i and prayers are often chanted during difficult times. But, what are prayers going to do now!"

Case Study Part 2 Questions

1. What is the most appropriate next step for you to take as the primary nurse for this client?
2. Do you think you provided the best response to William's daughter when they expressed concern about this suffering? What would you change and why?

Case Study Part 3

Day Three

Having completed an alternative level of care discussion between William's family and the ICU physician, William's code status is made to comfort care measures. You remove all the lines from William including his atrial line, IV line and Foley. You make sure to change the client to ensure he is not soiled, complete thorough oral care to make sure his lips are not dry and cracked, and comb his hair. You position pillows under him to ensure that he is comfortable and all other end-of-life measures are in place to maintain William's dignity as he dies.

Case Study Part 3 Questions

1. Should you ask if William's family would like to participate in his end-of-life care?
2. Which other healthcare providers should you consider consulting to provide emotional and spiritual support to William's family?

TRANSITION, DISCHARGE AND SYSTEM NAVIGATION

Learning Outcomes

By the end of this chapter, you will be able to:

1. Reflection on the role of the nurse within the patient discharge process.
2. Identify strategies that can be utilized to improve patient education at discharge to facilitate system navigations.
3. Explore the interdisciplinary nature of discharge planning and transition within hospital units.

Self - Assessment

Reflect on the role of the nurse within the discharge planning considering client readiness for discharge, client education, and follow-up care

Case Study Part 1

Sam, a fourth-year nursing student, started the first week of his consolidation in a busy internal medicine unit within a large teaching hospital. Today, Sam is caring for a patient, Mrs. Lianna Rossi, who was admitted for an upper GI bleed 3 days ago. She had an endoscopy yesterday where they found an ulcer that was cauterized with no reported complications. Mrs. Rossi was on a continuous pantoprazole drip (Protonix) yesterday before the endoscopy and then transitioned to 40 mg IV BID after the procedure. As per the pharmacist's recommendation and physician's order, this morning she will start her first dose of pantoprazole 40 mg PO daily in preparation for discharge. The patient was started on a clear fluid diet for dinner yesterday after her scope but will have her first full fluid meal today.

On this unit, there are interprofessional rounds for all the admitted patients which include: two team lead nurses (each representing half of the unit called PODS), the charge nurse, the discharge planner (also an RN), internal medicine doctor, resident, the physician's assistant, physiotherapy and occupational therapy team, dietician and pharmacist. Other disciplines that are on the unit during the time for rounds are encouraged to join. Sam's preceptor, Jamie, is the team leader for POD 1 today and will present all POD 1 patients at rounds. Sam also attended today's round for the first time and is surprised by the number of different disciplines who attend patient rounds and the different points of view they bring on patient readiness for discharge.

Jamie presents Sam's patient and indicates the patient is a "yellow", which in this hospital means that this patient is 24-48 hours away from being ready for discharge. With Sam's morning assessment, he reported to his preceptor that the patient is still on a clear fluid diet and experiencing abdominal pain, rated at 2/10. The physician asks about the patient's medications and the pharmacist

reports that they have been started on PO Protonix. The physician upgrades the patient's lunch to a regular diet and says, "If the patient tolerates it well, they can go home at 1600. Please keep me updated". Sam is slightly surprised that his patient might go home today and wonders if the patient is ready to go home.

Case Study Part 1 Questions

1. Identify the different discharge strategies that are implemented in this scenario? Do you think they are effective? Please provide a rationale.
2. What are the roles of each of the healthcare providers at patient rounds? How does interprofessional collaboration influence patient discharge and transition?
3. What should Sam's next actions be to prepare his patient for possible discharge today?

Case Study Part 2

Mrs. Rossi is a very pleasant 70-year-old female of Italian descent who speaks very limited English, just enough to get by and lives with her son and her daughter-in-law. She is independent of using the bathroom with her walker and does not say much and just smiles and thanks Sam whenever he comes in to check in on her. Her diet is advanced to regular, and she tolerates it well as she eats all of the content on the tray (cup of soup, pasta, a salad and one butter tart). Jamie follows up with Sam after lunch asking if Mrs. Rossi tolerated her food; Sam reports yes because she didn't say anything except thank you when they checked on her an hour after lunch. Jamie calls the physician with the update who faxes the discharge paper and tells Jamie to send the patient home.

Sam and Jamie, take the discharge summary and new prescriptions for daily pantoprazole PO for the next week to the patient's bedside. Jamie instructs Sam how to remove her IV, and they assist Mrs. Rossi to change into her personal clothes and pack all her personal belongings. Jamie had called Mrs. Rossi's son who reported that he would come to pick her up at 1730 hr on his way home from work. Jamie quickly goes over the discharge summary with Mrs. Rossi, explains the follow-up appointment with the internal medicine clinic in 1-week time that she needs to book, and reviews her new prescriptions. Mrs. Rossi smiles and nods. Jamie and Sam give a report to their POD nursing partner and let them know that Mrs. Rossi's son will pick her up at 1730 hr, the wheelchair is at the bedside, and they go for a break. When they return Mrs. Rossi is gone.

One week later when Sam returns for his day shift, he is surprised to see that Mrs. Rossi is back for another GI bleed and abdominal pain. When he reads the emergency report, he sees that the patient reports blood in her stool, abdominal pain with eating, has not been taking her pantoprazole at home and never attended a follow-up

appointment at the internal medicine clinic. Sam wonders if they may have sent Mrs. Rossi home too early and if she understood the discharge instructions due to her limited English.

Case Study Part 2 Questions

1. What information about the patient's condition was not presented during the interprofessional rounds that could have presented the readmission of Mrs. Rossi?
2. Why do you think Mrs. Rossi presented at the emergency room again with the same symptoms?
3. What could have Jamie and Sam done differently when providing discharge education for Mrs. Rossi? What strategies would they have implemented with their teaching to ensure that Mrs. Rossi understood her discharge plan?

CLIENT SAFETY AND RISK MANAGEMENT

Learning Outcomes

By the end of this chapter, you will be able to:

1. Identify how different aspects of client safety are prioritized based on the unit: emergency and mental health
2. Understand the limited use of non-quantitative measures of client safety
3. Explore the role of documentation and a means to measure trends – focus on NSI (nursing specific indicators) related to client safety and risk management
4. Understand various quality assurance initiatives within the hospital setting that are used for client safety and risk management

Self - Assessment

Reflect on the difference in client safety measures based on client needs, and the various methods to minimize client risk.

Case Study Part 1

Maya works at a community hospital in an urban setting that is going through the accreditation process this year. To be prepared for this accreditation process the quality assurance team has been formed. Maya has decided to join this team to provide a unique nursing perspective related to patient safety.

To gain a better understanding of the accreditation process, Maya reviews the significance of accreditation for a hospital and the associated steps provided by Accreditation Canada. Hospital accreditation is a process of assessing health organizations relative to standards of excellence within applicable categories to identify areas of improvement and strength. Accreditation provides a better understanding of the need for possible resource allocations, quality and safety issues and improves communication between staff resulting in saved money and time. Often time accreditations results are used as a means to secure funding for the hospital to make future improvements.

The first step of the process is to complete a survey of the current safety measures of all the units within the hospital. Therefore, the quality assurance team has decided to complete a needs assessment on different units with a focus on patient safety measures used to minimize patient risk. Maya is assigned to the emergency department, inpatient mental health unit, and pediatric unit. Maya plans on conducting an email survey and focus group interviews during education huddles on each of these units over the course of one month.

Case Study Part 1 Questions

1. What patient safety questions would you recommend being included in Maya's email survey and focus groups? Do you think the same questions should be included for each unit?
2. Do you anticipate the safety needs of each unit to be the same? If not, what are the unique safety measures for each unit?

Case Study Part 2

The following themes were analyzed from the surveys and focus groups:

Emergency department

The nurses report using documentation as their primary method to ensure patient safety by completing nursing-specific indicators (NSI) that are promoted by the charting system after they completed their assessments. These indicators include patient falls risk and related intervention implemented, confusion assessment measures (CAM) scores related to fall risks, pressure ulcer charting, and risk for nutritional defects. The nurses start these documentation threads which follow the patient as they are admitted to each unit as a tool to measure improvement and decline and to indicate which interventions are implemented to mitigate patient risk. Implemented interventions include using bed alarms, patient fall risk bracelets for high-risk patients, and a thorough post falls monitoring documentation in the incident that a patient experiences a fall. The charge nurse indicates that they use these monitoring tools to audit the use of hospital protocols, quality assurance, and as educational tools for future improvement.

Another safety measure is checks for all high-risk medications that require co-signs and witnessed waste discarding. Additionally, incident reports are also filed for any medication errors to monitor for trends in errors that may require further staff education.

Mental Health

The safety of patients and staff is the most reported priority on the inpatient mental health units. The nurses report the use of personal safety buttons attached to their badges to ensure the safety of the staff working on the unit. Patient safety is maintained by ensuring the unit is locked and all the exits require a badge to open and close doors. The nurses also report completing a patient violence risk assessment to ensure the safety of the patient and

to implement appropriate measures depending on the scores. High alert patients are always provided care in pairs or teams for medication administration and personal care.

Case Study Part 2 Questions

1. How are the priorities related to patient safety different between emergency settings and inpatient mental health?
2. Do you think that the various interventions implemented within each unit are effective? What other interventions would you recommend implementing on each unit?
3. What are some of the gaps related to patient safety that you can identify within each unit?
4. Do you think there is a lack of a measure of emotions and mental safety?
5. What are the most important points that Maya should present to the quality assurance team?

NEOLIBERALISM AND PRIVATIZATION

Learning Outcomes

By the end of this chapter, you will be able to:

1. Explore the socioeconomic inequalities related to healthcare access within the current 2-tier healthcare system within Canada
2. Understand the privatized nature of mental health services within Canada
3. Identify specific patient populations who are at greater risk for health inequities based on their social determinants of health

Self - Assessment

Reflect on the impact of neoliberal principles that inform the current two-tier healthcare model within Canada and associated barriers to access.

Case Study

You are a public health nurse who works within the socioeconomically diverse city of Toronto. Within this last 5 years of practice, you are faced with new challenges: a global pandemic affects the various clients within his catchment. This week you are working with two client cases who are both in need of mental health counselling as related to the effects of the COVID-19 pandemic.

Client one:

Francis is a 35-year-old pansexual transgender person who is experiencing increased stress from working as a part-time housekeeper at 2 different hospitals. Francis uses they and them pronouns. They are a single parent of a 5-year-old adopted daughter. They are the primary provider for their mother who lives with them and their daughter in an apartment within the city. Due to the pandemic, Francis is forced to leave one of their jobs at a hospital to reduce the spread. Francis looks for more hours with this one hospital but is not given as many as they need to pay their monthly bills. Also, they are fearful of contracting the COVID-19 virus at work and then bringing it home to their vulnerable daughter and mother. To gain more hours, they are working more night shifts and they are facing more stress trying to find a balance between work and finding time for their daughter. They had a previous history of alcoholism and have been sober for the last 5 years since adopting their daughter. However, Francis finds themself thinking about drinking more often because they feel frustrated about their current situation. They contact you as a community health nurse in pursuit for more mental health support for coping; however, currently options are limited as most mental health services are private and Francis does not have health benefits from the hospital.

Client two:

Kimmy is a 42-year-old female of Asian descent, who works for a corporate bank as a financial accountant. She lives in a 3-bedroom

condominium in the city with her husband and 2 children. Both her husband and she are now working from home and her children are all going to virtual school. This is the first time when they all have been at home together for such a long time together and she finds they are all on edge as they all have different schedules. The lack of dedicate space to complete their work and a lack of quiet area for classes and meetings has caused increased stress. Often one person has to work on the kitchen table and the internet connection is slow due to increased usage. They have been going to the park for walks, but they are feeling isolated. The city-wide lockdown has limited the amount of socializing outside their family unit, and they are too scared to go to local restaurants to eat. Kimmy is looking for mental health support to help her family better cope with being confined and socially isolated. Both she and her husband have robust health benefits that can be extended to their family. Kimmy seeking your support in selecting the right resource for her family.

Questions

1. How will the accessibility to mental health services differ for both of your patients based on the current Canadian healthcare system?
    1. What are the implications of having private coverage for mental health services on accessibility?
    2. What systemic issues are showcased within these two patient scenarios?
2. What barriers do you think you need to consider that are unique to Francis?
3. What other issues may Kimmy's family be facing related to this pandemic that is not reflected within her story?
4. Are there any benefits that you can identify from having a 2 tier-healthcare system? What services should be privatized and what services should be publicly funded?