



Social media is helping nurses share and access important information. CONTRIBUTED

Technology checkup

Sharing is caring. Ottawa hospital is using social media to help its nursing community

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For Metro

The Ottawa Hospital is using social media to provide its nursing community access to information and access to

each other. TOH Nurses, the hospital's social media campaign for nurses, integrates Facebook, Twitter, Pinterest and Instagram pages and hosts live tweets and tweet chats. It serves as one of the communication tools to nurs-

es across three campuses and numerous satellite sites.

"We're able to engage really great discussions online," said Jennifer Jackson, adviser for the Centre for Nursing Excellence and the social media facilitator.

All the tools are valuable for sharing information, and everyone can share their knowledge, she said. Also, while traditional medical journals are still important sources, social media provides access to information that is new and continuously being generated.

The innovative social media campaign — among the first hospital-based, nurse-focused, open access media campaigns anywhere — attracted more than 1,000 subscribers in the first four months, engaging the nursing community at the hospital and from across Canada and the U.S.

The campaign is also open to the public (facebook/toh/nurses), said Maggie Kennedy, who works in the nursing professional practice department at the hospital and helped develop TOH Nurses.

"In this way, it provides both accountability to patients and gives nursing a positive 'public face,' which contradicts some of the negative images of nurses in current culture."

For example, the TOH Nurses Instagram page provides every nurse with an opportunity to be the face of TOH Nurses.

"As a college-regulated profession, we have a very well-defined moral, legal and ethical code and that extends to the social media universe as well," Jackson said. "But that shouldn't stop us from using new technology to improve the care we provide and to connect with each other."

Nursing is a new frontier

"When we first came into nursing, the RNs (registered nurses) really loved us because we did all the bedside care such as keeping the patient and the room clean, making sure they ate properly, and teaching them to get in and out of bed and to walk. That freed up the RN's time to make sure things were done properly and medications were monitored and administered properly."

Everything is different now, said Kelly Brew, a registered practical nurse (RPN) at Westpark Health-care Centre, a rehabilitation centre in Toronto. She has worked with patients who are recovering from major events such as an accident, stroke and brain injuries for the last 12 years.

Brew graduated in 1992 as an RNA (registered nursing assistant), then went back to school in the late '90s to upgrade and earn the RPN designation.

As an RPN, Brew has a bigger picture of the patient and does the assessment, treatment and follow-up.

"This depth of knowledge is so beneficial to the patient."

The changes in responsibility have understandably caused challenges in the workplace. As the RPN education increased, RNs and RPNs started to overlap some of their responsibilities. Even though they were complementary to each other, there was some conflict because of the crossover.

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On the go. Mobile service provides primary care

The Care-A-Van is a highly effective mobile health-care outreach program in the Comox Valley community on Vancouver Island.

Helen Boyd, the co-ordinator and originator of the program, explains how it started.

"As a registered nurse and mental health and addictions counsellor, I was seeing more and more people fall between the cracks and many were homeless. I didn't think it was right that these folks didn't have same access to medical services."

Five years ago, Boyd brought together a group of volunteers to refurbish a 1987 mobile home into a medical clinic. And since then, every Monday and Wednesday night and Friday afternoon, it has delivered mental and physical health-care services to individuals who are homeless or at risk for homelessness in this community of about 60,000 people.

There is always a driver and two health-care professionals, and the Care-A-Van goes rain or shine or whether

it's a holiday or not. There is no waiting room or appointments, and patients are seen on a first-come, first-served basis.

Care-A-Van delivers primary health care on the spot, and several programs help with specific needs, too.

For example, once a month there is a "dental day" and the van will bring patients who need dental work to a dental office. There are also optometry (an optometrist provides eye exams and free glasses) and denture (a

denturist donates dentures) programs.

Nurses connect patients to community resources for housing, food and social supports, which helps to reduce the number of homeless and improve their general quality of life, Boyd said.

The Care-A-Van is funded by the community through fundraising, and Boyd's position is the only paid one. All the other medical professionals and the drivers donate their time and expertise.

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Helen Boyd is the co-ordinator and originator of the Care-A-Van program. CONTRIBUTED