

CARN

**STRATEGIC DIRECTIONS
2005-2008
OPERATING PLAN
2005/06**

August 30, 2005 (Final)

**OARN Executive
2005-06**

<p>President Karima Velji V.P. Professional Practice and Chief Nursing Executive Toronto Rehabilitation Institute 550 University Avenue, Room 215 Toronto, ON M5G 2A2 B: (416) 597-3422 ext. 3741 Fax: (416) 597-3011 velji.karima@torontorehab.on.ca</p>	<p>Co-Director of Membership & Education (Membership) Megan Perron Ambulatory Care Nurse & Professional Practice Representative, Nursing Bloorview MacMillan Children's Centre 25 Buchan Court Toronto, ON M2J 4S9 H:(905) 427-4654 B:(416) 425-6220 ext 6298 mperron@bloorviewmacmillan.on.ca</p>
<p>Past President Mary Scarlett Lakeridge Health - Oshawa 1 Hospital Court Oshawa, ON H: 905 723-2663 B: 905 576-8711 ext. 3607 96pickup@rogers.com</p>	<p>Co-Director of Membership & Education (Education) Debbie Driver Toronto Rehabilitation Institute 130 Dunn Avenue, Room 403 Toronto, ON M6K 2R7 H: 416-698-8161 B: 416-597-3422, ext. 2587 driver.debbie@torontorehab.on.ca</p>
<p>President-Elect Kathi Colwell Program Director, Rehabilitation Bridgepoint Health 14 St. Matthews Road Toronto, ON M4M 2B5 B:416 461-8252 ext. 2953 Fax: 416 461-2953 kcolwell@bridgepointhealth.ca</p>	<p>Co-Director - Communications & Public Relations Jennifer Whitlock 655 Thornwood Court London, Ontario, N6H 5J5 H: 519-657-1074 jonandjen@sympatico.ca</p>
<p>Director of Finance Irene Simpson Nursing Unit/Respiratory Therapy Manager Bloorview MacMillan Children's Centre 25 Buchan Court Toronto, ON M2J 4S9 H: 416 249-5707 B: 416 425-6220 ext. 6257 Fax: 416 753-6017 isimpson@bloorviewmacmillan.on.ca</p>	<p>Co-Director - Communications & Public Relations Sandy Melchiorre Clinical Nurse Specialist, Neurological Care Program Bridgepoint Health Room 118, Hastings Building 14 St. Matthews Road Toronto, Ontario M4M 2B5 B: (416) 461-8252 ex. 2105 Fax #: (416) 461-2953 smelchiorre@bridgepointhealth.ca</p>

OARN Executive Cont'd.

<p>Co-Director - Policy & Political Action Christine Rieck Buckley Advanced Practice Nurse Infirmière en pratique avancée SCO Health Service 43 Bruyere St. Ottawa, ON K1N 5C8 Tel. 562-4262 ext./poste 1296 crieck@scohs.on.ca</p>	<p>Co-Director – Policy & Political Action Lori Korkola Corporate Professional Leader, Nursing Toronto Rehabilitation Institute 550 University Avenue, Room 809 Toronto, ON M5G 2A2 (416) 597-3422 X 3061 korkola.lori@torontorehab.on.ca</p>
<p>Secretary Sandi Cox Chief Nurse Executive and Director, 24 Hour Client Care Bloorview MacMillan Children's Centre 25 Buchan Court Toronto, ON M2J 4S9 H: 416 691-0627 B: 416 753-6015 Fax: 416 753-6017 scox@bloorviewmacmillan.on.ca</p>	

Our Vision

The vision of the OARN is:
Speak out for health, Speak out for rehabilitation nursing

Our Mission

The mission of the OARN shall be:

To provide leadership in:

- Advocating for healthy public policy as it relates to rehabilitation
- Promoting the full participation of nurses in shaping and delivering rehabilitation services now and in the future
- Advancing rehabilitation nursing through supporting specialist certification, practice, education, research and policy
- Advocating for healthy practice environments for rehabilitation nurses

Values and Beliefs

- Rehabilitation services should be accessible and equitable across the continuum of care and needs to attend to transition needs of patients and families. Rehabilitation is a legitimate health service that citizens can expect. An integrated policy framework needs to be developed to fund the costs of rehabilitation services.
- Patient safety issues in rehabilitation and CCC are unique, and rehabilitation nurses are guardians of patient safety. We must embark on studies that uncover these issues, and test interventions that will foster patient safety in rehabilitation
- Nursing practice is an essential element of rehabilitation, and nursing work is “therapy” in the context of rehabilitation
- Rehabilitation nursing is focused on patients and families, acknowledges and witnesses patient/family experience, enables patients and families to adapt to illness and injury and uses therapeutic communication and integration of therapeutic skills in activities of daily living as a way to make a difference to rehabilitation outcomes.
- Nurses are accountable for the care they provide to patients and families, and for the outcomes that results from that care.
- All nurses in rehabilitation must have specialized knowledge and skills, specific to the patient population being served. OARN supports specialty certification as a way to gather specialized knowledge and baccalaureate education for RN and diploma preparation for RPN, as entry to practice qualifications to work as a rehabilitation nurse.

Values and Beliefs Cont'd.

- Rehabilitation nurses have a right to work in practice environments that provide them with control over their workload and practice, that are staffed using evidence-based staffing models, that foster collaborative practice and enable nurses to be active members of the interdisciplinary team.
- Practice environments need to foster innovation and creativity, provide nurses with ample opportunities for continuing professional development, and access to leaders who are nurses who are visible, accessible and support leadership development within all members of the interdisciplinary team.
- We need to develop appropriate databases to capture baseline information - who the rehabilitation nurses are, what settings do they work in, and what needs are they meeting. We need to conduct research in health care delivery models, examining relationships between staffing patterns and patient outcomes in rehabilitation.

Strategic Directions

Building on its past achievements, and responding to environmental trends, OARN has developed a new strategic plan that sets out directions and initiatives that will, in partnership with others, further the organization's vision of Speaking out for health and Speaking out for rehabilitation nursing and are the basis for the development of this operating plan.

Over the next 3 years, 4 strategic directions will guide OARN's activities. A wide range of action-oriented strategic initiatives supports each of these directions. The fiscal year beginning April 1, 2005 represents "year one" of implementing this strategic plan.

Strategic Goals:

Policy and Public Action

OARN will advocate for healthy public policy in rehabilitation by:

- Promoting rehabilitation as a key component of the health care transformation agenda including primary health care reforms, Local Health Integration Networks (LHINS), and chronic disease management across the continuum of care
- Promoting patient safety in rehabilitation care
- Educating key stakeholders about rehabilitation care needs across the continuum for diverse health populations, and diverse settings
- Endorsing public health promotion activities that are being led by others (e.g. bicycle helmets), as they pertain to rehabilitation care
- Preparing key resolutions for consideration by the RNAO Annual General Meeting (AGM) and board, and supporting members to articulate the importance of the resolutions
- Promoting healthy workplace environments for nurses in rehabilitation
- Promoting research in rehabilitation nursing, including health services research

Communications and Public Relations

OARN will promote the role of rehabilitation nurses and create networking opportunities for rehabilitation nurses by:

- Providing communications and public relations support to all the portfolios
- Continuously scanning the environment and responding to news media
- Developing a vibrant and updated website for OARN
- Revitalizing the newsletter – Rehab Relay and increasing the interaction with members
- Preparing a list-serve of rehabilitation nurses who are members of OARN
- Preparing the archives for OARN and documenting its history

Membership and Education

Membership

OARN will increase membership in OARN and support members by:

- Ensuring that a current and accurate database of membership is in place, and there is smooth application process in collaboration with RNAO at present and with Canadian Association of Rehabilitation Nurses (CARN) and RNAO in the future
- Marketing rehabilitation nursing to all member levels (student, retired, etc.) and using creative mechanisms to recruit and retain members in the organization
- Creating mechanisms to encourage organizations to support their nurses to become members of OARN

Education

OARN will advocate for advancement in rehabilitation nursing practice, education, research and leadership by:

- Advocating for the integration of rehabilitation nursing curricula in universities and colleges
- Facilitating leadership role development programs for rehabilitation nurses
- Creating an inventory of education programs and experts – to provide access and opportunities for workshops and conferences
- Supporting the development of a preparatory program for certification
- Organizing an annual conference in rehabilitation nursing

We intend to achieve our goals by:

- Accountability of portfolio directors
- Executive meetings – frequency of teleconference and face to face meetings
- Portfolio meetings
- Progress reports and background materials circulated in advance
- Sub-committees

Operating Directions for 2005/06

POLICY AND PUBLIC ACTION

Operating Initiative	Rationale	Strategies/ Outcome	Time Frame
Align OARN's policy direction to that of RNAOs as it relates to rehabilitation care and rehab nursing in Ontario	Establish link with RNAO's policy portfolio to align OARN's policy direction to that of RNAOs as it relates to rehabilitation care and rehab nursing in Ontario	Meet with Sheila Block and Doris Grinspun re aligning Rehabilitation Services and Rehab Nursing with the Primary Care agenda Connect with Nursing Practice Committee chair re opportunity to sit on the committee (Audrey Danaher)	September 2005
Develop Policy and Political Action Portfolio priorities for the next 1 year	Create awareness of issues, advocate for nursing participation in creating solutions Provide key leaders and stakeholders with the information they need to move rehabilitation forward Identify and develop 3-4 key messages from OARN for the coming year:	Develop position paper on the central issues for rehabilitation services in Ontario in collaboration with RNAO and identify mechanisms to disseminate this paper	October 2005
Advance/support Resolution 3	Influence policy in rehabilitation issues	Connect with champions of the resolution Background homework on this issue	Fall 2005
Continuous environmental scan to stay updated on current issues in rehabilitation and nursing	Seek opportunities to advocate for rehabilitation care and nursing	Timely response to policy issues	Ongoing

POLICY AND PUBLIC ACTION Cont'd.

Operating Initiative	Rationale	Strategies/ Outcome	Time Frame
Support research in patient safety in rehabilitation care	Promote the understanding of unique patient safety issues in rehabilitation	OARN president to promote link with researchers	January 2006
Support research that links rehabilitation nursing staffing and practice environment with outcomes in rehabilitation	Promote the understanding of links between practice environment and outcomes in rehabilitation	OARN president to promote link with researchers	January 2006

COMMUNICATIONS AND PUBLIC RELATIONS

Operating Initiative	Rationale	Strategies/ Outcome	Time Frame
Provide communications and public relations support to all OARN portfolios	Supporting the work of OARN	Communications and PR support to all portfolios	Ongoing
Develop/maintain a website so that members will have electronic access to information about OARN's mission, vision, strategic plans, and current activities	Provide members with electronic access to information about OARN's mission, vision, strategic plans, and current activities	Connect with the webmaster of the OARN site to discuss possible lay out changes and the implementation of new ideas onto the site. (e.g. sections for each strategic portfolio, a section for our newsletter).	September 2005
Revitalizing the quarterly newsletter, the "Rehab Relay"	Members will have a vehicle to learn and share ideas/activities relevant to rehabilitation nursing.	<p>Make clear deadlines for the "Rehab Relay" to be completed and sent out on a quarterly basis.</p> <p>Revitalize the "Rehab Relay" by connecting with the designer to explore options for the newsletter, including possibly the use of more color, photos, new columns (e.g. portfolio sections, ethics section).</p>	<p>July 2005</p> <p>December, 2005</p>
Prepare archives and document history of OARN	Provide members with access to history and archives; facilitate transition of executive members	Past president will archive old photos, document the history of OARN, and assist with maintaining photos and records of the OARN future activities.	January 2006

MEMBERSHIP

Operating Initiative	Rationale	Strategies/ Outcome	Time Frame
Increase membership to 250	Identifying and communicating advantages of membership to nurses working in a rehabilitation setting -website development that will provide rehabilitation links for nurses. Increased membership facilitates/strengthens the voice of rehabilitation nursing in Ontario.	Membership of 250	November 2005
Develop strategy to promote student membership	Promote rehabilitation nursing as an exciting and rewarding pathway to follow in their careers	10% of membership to be students	October 2005
Explore linkages with Canadian Association of Rehabilitation Nurses (CARN)	Development of formal linkage with CARN will strengthen the voice of rehabilitation nursing in Canada.	Membership in OARN gives you membership in CARN	April 2006

EDUCATION

Operating Initiative	Rationale	Strategies/ Outcome	Time Frame
Review existing policies re: OARN scholarship and bursary guidelines	Foster and maintain OARN visibility and commitment to ongoing professional development for rehab nurses	Clear pathway developed for advertising, administration and awarding of OARN scholarship and bursary.	October 2005
Support inaugural sitting of CNA Rehab Nursing Certification exam	Support rehab nursing as a specialty Certification will enhance the credibility of rehabilitation nurses within healthcare teams	Provide link to archived learning sessions/advertise learning sessions via Rehab Relay Support development of CNA study groups for members Participate in evaluative component of educational initiatives related to certification	April 2006
2006 OARN Conference geared toward preparation for Certification exam	Meet members' identified needs toward certification preparation Increase the visibility of rehab certification	Strike conference planning committee Determine with executive most appropriate conference planner Successful conference with 95% satisfaction rating	February 2006

Schedule of Meetings - Second Wednesday of each month; 2-4 pm.

Date	Format	Location
April 2005 – AGM Date	Face-to-face	RNAO AGM
June 2005 – TBA	Face-to-face Strategic Plan	Toronto
September 14, 2005	Teleconference	
October 12, 2005	Teleconference	
November 9, 2005	Teleconference	
December 7, 2005	Teleconference/Face-to-face- Conference Planning	
January 11, 2006	Teleconference	
February 8, 2006	Teleconference	
March 8, 2006	Teleconference/Face-to-face – AGM Planning	

Rehab Relay schedule

Date of Submission	Date of Mail Out