INFO NURSING

VOLUME 45 ISSUE 1 SPRING 2014

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Nurses Association OF NEW BRUNSWICK

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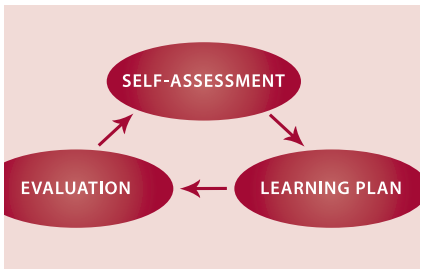

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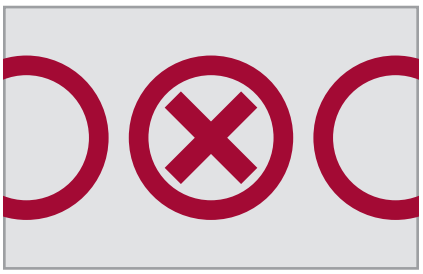

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Nurses Association *of* New Brunswick

Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, the Nurses Association of New Brunswick is a professional regulatory organization that exsits to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by promoting healthy public policy.

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Submissions
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Change of address
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RNs/NPs: Active Partners in Change

In my last column, I shared my views on the need for registered nurses and nurse practitioners (RNs/NPs) to embrace professionalism and to create a culture where professionalism defines who we are and what we do. In all corners of the province, you have answered the call and have come together either in face-to-face conversations with NANB staff as part of the '*I am YOUR RN: Professionalism Makes a Difference*' presentations, through virtual discussions or in departmental meetings. Through self-reflection, many of you have internalized what it means to be a professional and have used this reflection on which to base your 2014 Continuing Competence Program. Nurses' positive response to this timely theme; *Professionalism* has by far surpassed my expectations and has created a rich environment from which NANB can develop new initiatives. In order to further support RNs in continuing the discussion on *Professionalism* in nursing, NANB will soon launch an e-learning module on this topic which will be available on the NANB website. I challenge each one of you to go through this e-learning module in 2014. Let's keep the conversation on *Professionalism* alive!

Given the challenges faced by the provincial government and health care leaders to ensure quality patient care within a sustainable system, RNs and NPs have been propelled into a period of change and apprehension. As the largest group of health professionals in New Brunswick, representing 8,900 RNs and NPs, nurses are well educated, highly trained and experienced professionals who are ready to contribute to a revitalized health care system that is sustainable, focused on primary health care and committed to improving the health outcomes for all New Brunswickers. The contributions to patient's health and safety by RNs and NPs are invaluable and the evidence of their contribution must be considered by decision makers faced with the need to restructure our health care delivery system for the future. I encourage each and every one of you to vocalize the attributes of professionalism you have been discussing. Someone recently shared this observation with me, "*A hospital without nurses is like a plane without pilots!*" Wouldn't you agree? Research has demonstrated over and over again that the presence of nurses in clinical settings has a direct impact on positive outcomes for patients. The NANB Board of Directors approved a position statement *The Contribution of RNs and NPs to Quality Patient Outcomes*, available at www.nanb.nb.ca/index.php/publications/position-statements. Have a look, you'll find it interesting and the references included will provide you with additional evidence to demonstrate the value our profession brings to health services.

I believe, the provincial election scheduled for September 2014, provides the most opportune time to focus on how nurses can be *active partners in change*. Let's take this opportunity to get our voices and solutions heard! Join NANB at our upcoming Invitational Forum on May 29th, 2014 with Informed Opinions expert Shari Graydon at the Delta Hotel, Fredericton to learn how exercising your voice to communicate who you are, and what you contribute to the health care delivery system is truly irreplaceable. Nurses must take part in the discussions and planning of these changes. Registration is mandatory as seating is limited, see page 51 for details.

Let's seize this opportunity, and speak-up for change!

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Nursing and the Quality and Safety of Care Equation: Nursing Resources

In the Fall 2013 ED column, the current provincial focus on controlling the cost of delivering health services to the people of our province was highlighted. This imperative is also focusing on ensuring the sustainability of our health system and services. Sustainability that should be a priority for our profession, as well as professionals employed in that system, as current or potential patients who may in the future require health services and finally, as taxpayers supporting that system.

Although not the highest cost to the health system, human resources ranks very near the top of significant cost centers in the provision of comprehensive health services. This should not be a surprise. While technology is increasingly present and optimizes health service delivery, humans remain the principal service providers and demonstrate through the effective application of their knowledge, skills and judgement their essential contribution to safe, quality healthcare. Given the impact of the healthcare workforce on the total costs of care delivery it is logical that human resources are always a focus in any efforts at rationalization and cost-savings.

Decisions related to the preparation and deployment of a nursing workforce must include a critical analysis of the immediate, short, mid and long-term impacts. We have posted three reports on our NANB website homepage (www.nanb.nb.ca) for your consideration. Two reports present a profile of our RN and NP workforce over the past decade and the third covers current enrollments in our two provincial nursing programs (University of New Brunswick and Université de Moncton) at the seven delivery sites across the province (Edmundston, Bathurst x 2, Moncton x 2, Fredericton and Saint John).

Our nursing workforce has been fairly stable over the past decade overall; however we are aging. In 2013, NANB statistics show 25 percent (2,079) RNs/NPs are 55 years of age and older, add to that the 15 percent (1,290) 50–54 years of age and this accounts for a total of 40 percent (3,369) who will be eligible for retirement within this decade. Our NBNU colleagues have shared with us that the average retirement age is currently 58 years. New Brunswick nursing programs are producing over 300 basic graduates per year. Recent announcements by the University of New Brunswick concerning the UNB Bathurst Site closure in 2017 will have an impact on RN production; however, the new LPN/RN Bridging program that is being offered in Saint John will off-set this announcement. We have noted a slight overall reduction in total membership over the past two years; not a dramatic reduction, but a trend that bears monitoring. Casual status has stabilized at seven to eight percent (500–675 RNs/NPs) over the past decade as well. During the most recent nursing shortage casual numbers dropped to five percent and resulted in limited flexibility in the workforce and high levels of overtime, clearly unsustainable conditions for both the workforce and the system. Nurse practitioner numbers have leveled over the past few years and a number of NPs are reporting an inability to find employment in the current configuration of the health system and service delivery model. We believe the implementation of the Primary Health Care Framework should help minimize this situation; however, "right-sizing" the production of this workforce with employment opportunities is essential to maintaining our current educational programs and delivering value to taxpayers for their support of our postsecondary education system. We believe NPs bring great value to our health system; evidence supports this; as in the rest of Canada NPs

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THE BOARD OF DIRECTORS MET ON FEBRUARY 19 & 20, 2014 AT NANB HEADQUARTERS IN FREDERICTON.

Policy Review

The Board reviewed policies related to:

- Ends
- Governance Process
- Executive Limitations

The Board also approved amendment(s) to certain Ends; Governance Process; and Executive Limitation policies.

Organization Performance: Monitoring

The Board approved monitoring reports for the Ends; Executive Limitations; and Governance Process policies.

Board Elections

The Nominating Committee presented a slate of nominees for election to four director positions. Candidate information will be published in *Info Nursing* and on the NANB website. For the first time, NANB's election will be conducted online and by telephone throughout the last two weeks in April, closing on April 30. Election results will be posted on the NANB website following the election and the new directors will be presented at the 98th Annual General Meeting, May 29, 2014.

Board of Directors & Committee Vacancies

Public Director Vacancies:
The NANB Board of Directors approved the following nominees for two public director positions to be filled this year. The Lieutenant-Governor in Council will select and appoint two public directors from the four nominees provided:

- Fernande Chouinard, Tracadie-Sheila, NB
- Wayne Trail, Moncton, NB
- Pauline Fournier, Petit-Rocher, NB
- Gérald Pelletier, Beresford, NB

NANB Committee Vacancies:
Nominations are required to replace committee members on the Nursing Education Advisory Committee, the Complaints Committee and the Discipline/Review Committee for a two-year term effective September 2014. Nominations must be received at the NANB by March 31, 2014.

*For further information and to submit nominations for consideration, members can refer to the NANB website or call toll free 1-800-442-4417.

Resolutions Committee:
The Board approved the members of the Resolution Committee including the Chair and Member from NANB Region 2 to serve on the three-member Resolutions Committee for the remainder of the 2012-2014 term. The Committee is as follows:

- Sarah Balcom, RN Chair
- Katherine Hurley, RN
- Bridget Stack, RN

CNA Call for Public Representative

The Board approved the nomination of Carole Dilworth for public representative on the CNA Board of Directors (Ms. Dilworth has already served a one

year term on the CNA Board of Directors as a Public Member).

CNPS Board of Directors

The Board supported the nomination of Monique Cormier-Daigle, RN as NANB's Representative on the CNPS Board. Her three year term will begin following the September CNPS Annual General Meeting.

CNA & CNPS Fees

The Board approved a Resolution regarding CNA & CNPS fees to be submitted to membership at the 2014 Annual General Meeting. Details are available on page 34. Member's support of this resolution will ensure the portion of the NANB registration fee directed to the NANB is protected and not eroded by increases in CNA and CNPS fees.

National Council of State Boards of Nursing (NCSBN) Associate Membership

The Board approved NANB's application to the NCSBN for Associate Membership. Applications are considered by the NCSBN Delegate Assembly each year at their Annual General Meeting which will occur in Chicago, IL in August 2014.

Virtual Forum(s)

Summary RN Prescribing
The Board received a report of outcomes following the Virtual Forum held November 15, 2013 until December 6, 2013 on the topic of RN prescribing. The Forum was designed to open the dialogue with members about this emerging nursing practice. A summary article highlighting findings can be found on page 38.

National Nursing Week May 8–12, 2014

Nursing: A Leading Force for Change
NANB will create a unique poster of New Brunswick RNs/NPs using photos received in past NNW competitions, highlighting the national theme: *Nursing: A Leading Force for Change*. Posters will be circulated to Workplace Representatives, Board of Directors, Chapter Presidents, Universities and various stakeholders prior to NNW.

Additionally, the NANB will participate for a sixth consecutive year in a declaration signing of National Nursing Week in New Brunswick with Premier David Alward. An advertisement will be placed in NNW supplements of NB daily newspapers. The Christmas message will be edited to include a message regarding NNW and promoted via Global Television as well as Radio Canada.

The President will also deliver a NNW message recorded on YouTube, watch for the link in NANB's e-bulletin—The *Virtual Flame*—and on the NANB website.

Finally, the Association will profile National Nursing Week events coordinated by Chapters via the NANB website.

Strategic Planning Discussion

The Board entered into an initial strategic planning discussions reflecting on the previous Strategic Plan from 2010–2013. As identified in the Plan, both a public and membership survey was distributed in the fall of 2012 and spring 2013. The member's survey focused on identifying priorities and informing NANB's efforts to enhance RNs & NPs understanding of our regulatory role and their responsibilities as regulated health professionals. Feedback indicated NANB is on the right track and continued efforts to improve awareness of our role, supports and services to nursing practice will remain a focus in the up coming Strategic Plan.

Provincial Election 2014 Discussion

The Board reviewed previous NANB provincial election priorities and approved the identified strategy and priorities for the 2014 Provincial Election. Priorities and member's support tools will be introduced during NANB's Invitational Forum on May 29, 2014. Registration information is available on page 51.

Continuing Competence Program (CCP) Audit

The 2012 CCP Audit resulted in all but three members meeting the necessary requirements. Education and support to comply with the mandatory CCP requirement was provided to all three individuals. Additional follow-up is required with these members to confirm compliance and continued registration prior to the defined deadline.

The next CCP Audit will be conducted in the fall of 2014 on the 2013 practice year. At that time, a random sample of five percent of all RNs and 10 percent of NPs will be audited.

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In Memory of NANB Life Member, Irene Leckie *1916–2013*

Irene Leckie
Nov. 11, 1916–
Nov. 26, 2013

It is with regret and sadness that we announce the death of Irene, who passed away peacefully and without pain at the Chalmers Hospital. Pre-deceased by her father and mother Sany/Sam and Esther, brothers Norman and Leon (Byrtha), sisters Nessa and Ruth (Bill Stern), and niece Shayla Stern, she leaves behind several nieces, nephews and cousins across Canada. Irene had a good, long life. Born in Winnipeg, she went on to live with relatives in Kandahar, Saskatchewan and Calgary. She eventually became head of nursing at the University of Alberta hospital, and continued her studies in the States, at Columbia and Wayne State University, in Detroit. She moved to Fredericton in 1959, where she started the nursing program at UNB, along with three other founders. She became Dean of Nursing there and the first woman president of the Canadian Association of University Teachers, eventually retiring as Professor Emerita in 1984. Irene was an active member of the Fredericton community, supporting Jewish causes, the theatre and local artists, UNB, and social causes, particularly in the areas of health, literacy and poverty. She loved the finer things in life—travelling, nice restaurants, fashion and mystery novels. She will be sadly missed by many friends, particularly Judy Clendenning and Boyd Ritchie, Eileen DuGuay and Larry Finkleman.

Workplace Rep Info

The Workplace Communications Network (WCN) is made up of over 200 volunteer nurses from around the province. The network is designed to be a communications channel to distribute information on professional issues, developments and NANB news to all NB nurses.

The Network's goal is to have a WCN representative in every workplace in NB to ensure that all nurses are kept informed.

NANB sends a yearly reminder to all Workplace Representatives to ensure that their information is current. However, if your information is not correct, you would like to volunteer for a vacant position, or if your workplace is not on our list of WCN, please contact the Communications Department at stobias@nanb.nb.ca or 506-459-2834 / 1-800-442-4417.

NANB would like to thank and acknowledge all our Workplace Representatives for keeping our members informed.

For a complete list of all NANB's Workplace Representatives visit www.nanb.nb.ca under Member's Corner.

Did You Know?

Every edition of NANB's e-bulletin, *The Virtual Flame*, is immediately posted on the NANB website after it has been distributed by email. If you have provided NANB with your current email address and are still not receiving *The Virtual Flame*, it could be blocked by your security settings or filtered to SPAM/junk folders. To receive notification and a direct link to the latest NANB e-Bulletin, forward your email address to nanb@nanb.nb.ca to be added to The Virtual Flame Notification distribution list.

NBCN Education Day

The New Brunswick Cancer Network invites you, as a member of the interdisciplinary health professional team providing care in New Brunswick, to an Oncology Education Day that will be presented in partnership with the Canadian Partnership against Cancer on June 5, 2014, in Fredericton. This Oncology Education Day focuses on palliative care and end-of-life (www.gnb.ca/Health).

UNB Nursing Research Day: May 9, 2014

Nursing Research Day at UNB Fredericton's Faculty of Nursing is an opportunity for sharing and learning about health research and applied research projects relevant to health care practitioners, educators, and policy makers. A wide range of submissions are expected from all health disciplines and all sectors including:

- Original research completed or in progress
- Innovations in education
- Evidence reviews for initiating practice change
- Student research

Inter-professional Education and Collaborative Practice: Where is the Evidence? Keynote Speakers: Dr. Shelley Doucet (UNBSJ) & Dr. Lesley Bainbridge (UBC)

For more information please see our website or email fperry@unb.ca. (www.unb.ca/fredericton/nursing/19researchday.html)

NANB E-LEARNING MODULES

AVAILABLE AT WWW.NANB.NB.CA

It's All About the Nurse-Client Relationship

The Therapeutic Relationship is the foundation on which nursing care is provided. RNs are committed to the development and implementation of best practice through the ongoing acquisition, critical application and evaluation of relevant knowledge, skills and judgment. This e-learning module will benefit both registered nurses and nursing students in their nursing practice and will familiarize them with all aspects of the nurse-client relationship, including how to:

- establish a therapeutic nurse-client relationship;
- set and define the limits of the relationship;
- recognize and deal with situations when boundaries that separate professional behaviour from non-professional behaviour are blurred;
- terminate the relationship in a professional manner; and
- maintain a professional relationship with the client and his significant others after the termination of the therapeutic nurse-client relationship.

As a member or nursing student in New Brunswick, you can access free e-learning modules via NANB's website (www.nanb.nb.ca) at your convenience, 24/7, with the ability to leave and return when the time is right for you.

Also Available:

Problematic Substance Use in Nursing

FAQ

As a Registered Nurse (RN), can I pronounce and certify death?

RNs can pronounce death but they cannot certify death. There is no legislation in New Brunswick governing the pronouncement of death and because there is no legal requirement, an agency policy can support the pronouncement of death by RNs. RNs do not require a medical order to proceed with the pronouncement of death as it is within the scope of practice of RNs, and is anchored in the following principles:

- RNs have the knowledge, skill, and judgment to assess the presence or absence of vital signs.
- It is appropriate for RNs to perform a final assessment and pronounce death for patients as a natural continuation of compassionate and timely nursing care.

Pronouncement of death is the process of gathering information about a patient's health status, analyzing that data and making a clinical judgment that life has ceased, by observing and documenting the absence of cardiac and respiratory functions. Pronouncement of death is a convention used to formalize the occurrence of death and to provide assurance to relatives and the public that appropriate measures are being taken to ensure that individuals are indeed deceased before being treated as such. After pronouncement of death, the RN or designate should inform the family, proceed with notification of the physician and where appropriate, notify the funeral home and/or the Coroner's Office.

Certification of death means determining the cause of death and signing the death certificate. Certification of death is a legislated function and can only be completed by a medical practitioner or a coroner. As well, the *Coroners Act* specifies that notification of the Coroner is required prior to the release of the body when death is unexpected and when death is unexplainable .

The Nurses Association of New Brunswick (NANB) encourages employers to develop policies that support RNs in pronouncing death. They should also outline the specific circumstances of when the Coroner's office must be notified.

For more information on the RNs role in the pronouncement of death, contact NANB's Practice Department at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

References

Nurses Association of New Brunswick (2014). Pronouncement of death: Position Statement. Fredericton: Author.

Hours & Dates

The NANB Office is open Monday to Friday, from 08:30 to 16:30

NANB WILL BE CLOSED		DATES TO REMEMBER	
APRIL 18	Good Friday	MAY 12–18	National Nursing Week
APRIL 21	Easter Monday	MAY 27–28	NANB Board Meeting
MAY 19	Victoria Day	MAY 29	NANB's 98th AGM & Invitational Forum
JULY 1	Canada Day		
AUGUST 4	New Brunswick Day		
SEPTEMBER 1	Labour Day		

NANB WEBINAR SERIES

AVAILABLE AT WWW.NANB.NB.CA

Collaboration: Shared Goals, Different Roles

Are you wondering...what is my role as a RN in the evolving healthcare workplace?

What exactly is collaborative care? What are my responsibilities as an RN when working and collaborating with other health care professionals? What are the key elements in establishing successful collaborative care practices? If so, you need to register for this webinar!

Check NANB's website (www.nanb.nb.ca) for a previously recorded version of this webinar as well as other webinar presentations.

Previously Recorded Webinar Presentations

- MISSION POSSIBLE: Strategies for Embracing Civility
- Safety First! Managing Registered Nurses with Significant Practice Problems
- Documentation: Why all this paperwork?
- Leadership: Every Registered Nurse's Responsibility

Nursing

Making Dreams Come True

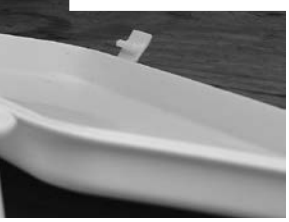
By STEPHANIE SMITH

As many of my friends and family would echo, being deployed last November as the Senior Nursing Officer on the Disaster Assistance Response Team (DART) with the Canadian Armed Forces, was my dream come true.

Following two deployments in Afghanistan, I was intrigued by the collaboration and team work demonstrated by various groups in disaster zones and decided to pursue a Master of Arts in Disaster and Emergency Management at Royal Roads University. Upon successful completion, I was inspired to become a member of the DART providing care in humanitarian crisis, and sought every opportunity to improve my understanding of health service requirements while on humanitarian missions.

Fortunately, the stars aligned after 12 years in the Canadian Armed Forces, affording me the opportunity to assist those in need following the devastating typhoon that hit the Philippines. As part of the Advance Team, I arrived a few days earlier than the main body of personnel allowing time for the physician, health care administrator, pharmacist, medical technicians and me to meet with local health authorities and establish a potential plan of action. Based on the stability and location of the medical infrastructure, the team decided that medical care would be conducted at rural locations rather than from our location in Roxas City, Capiz, Philippines. Three official Mobile Medical Teams (MMTs) were created, each composed of one physician, one nurse and three to five medical technicians.

Generally, the nurse conducted triage, assessed pediatric and OBGYN patients, and assisted with medication adminis-



"The Filipino people we treated were consistently optimistic and grateful," said Stephanie Smith, RN, Captain, Critical Care Nursing Officer

tration and preparation. The nurses played a significant role within the teams, fulfilling these tasks, and the dynamics between different specialties was impeccable. Teams solidified immediately and were extremely efficient, frequently triaging and treating more than 100 patients within a three hour period. Missions were conducted around the four provinces of the Panay Island. Round trip travel to some locations took up to six hours, limiting the amount of time providing medical care. However, the teams were generally able to assess and treat all patients while on site. Over the course of the deployment 69 missions were conducted and more than 6,600 patients were treated.

I was responsible for the patient data collection and categorized the age range from 0–5, 6–18, 19–50 and 51 years and above. The largest patient population treated was 0–5 years; a significant change of population from our common clientele of young males. The majority of conditions were low acuity respiratory, MSK or gastrointestional cases. After a couple of weeks on the ground we started to see more and more psychological cases related to the traumatizing experience. I attended many health cluster meetings with the NGOs, where we would be informed about resources offered by our peers.

Many of the locations travelled to by MMTs were accessed via boat and Griffin helicopters. This certainly added to the adventure. Road moves were interesting to say the least, often consisting of a two-hour bumpy journey in the back of an army truck, escorted by armed Filipino soldiers. On one mission, we almost rolled over a small embankment, but fortunately the driver saved us from our imminent fate. It frequently rained, making the road moves a challenge on the non-paved roads which lead to the majority of villages where we treated patients.

This experience was extremely gratifying. The Filipino people we treated were consistently optimistic and grateful. Despite the circumstances, they just jumped back up on their feet and started picking up the pieces. Their resiliency was unwavering and admirable. I am honored to have met so many amazing people, who overcome their obstacles despite their adversity. This mission is true testament that the Canadian government's support during humanitarian missions is required, that nurses play a key role as part of the health care team, and that the support is always well received and appreciated. ■

NANB Participates in CNA's Annual *Parliament Hill Lobby Day*

Pictured above: Honourable Rona Ambrose, Minister of Health Canada, Barbara Mildon, President, CNA, Rachel Bard, former CEO, CNA. Center: NANB's Executive Director, Roxanne Tarjan, Yvon Godin, NDP MP and Darline Cogswell, President, NANB. Below: Rachel Bard, Anil Naidoo, and Roxanne Tarjan.

The Canadian Nurses Association (CNA) Board of Directors met with more than 40 MPs and Senators on their Annual Parliament Hill Lobby Day, offering them the chance to work with Canada's nurses on improving the engagement, productivity and health of seniors.

A consolidation of national efforts, the aging and seniors care commission would focus on the following:

- Promoting the health and well-being of Canadians as they age while maintaining levels of workforce participation and volunteerism.
- Enhancing chronic disease prevention and management.
- Increasing the health system's capacity to handle frail and vulnerable seniors, particularly in dementia and end-of-life care.

CNA recommended the Commission as a way the federal government could ensure that seniors age with dignity and the care they need, while reducing costs and improving sustainability for the health-care system. One way the federal government could immediately start supporting pan-Canadian priorities on aging and seniors' care would be to create a health innovation fund.

Performing a Head-to-Toe Assessment on Social Media to Identify Its Potential

Exploring How Digital Tools can Improve Health and Healthcare

By ROB FRASER

52%

OF CAREGIVERS PARTICIPATE IN ONLINE SOCIAL ACTIVITY RELATED TO HEALTH.

72%

OF INTERNET USERS HAVE LOOKED FOR HEALTH INFORMATION ONLINE.

60%

OF ADULTS TRACK THEIR WEIGHT, DIET, OR EXERCISE ROUTINE.

Check out www.pewinternet.org/topics/health for great data on how the internet, social media and mobile devices are being used for health.

The previous articles in the *Connecting Nurses* series explained why nurses cannot ignore social media, and how our professional filters can help reduce and prevent harm. Next it is critical for nurses to be able to see the opportunities digital tools offer and become the leaders in transforming nursing research, practice and education.

To be fair, using social media to transform healthcare is neither a simple task nor one we are doing a good job of teaching. It is easy to find online resources talking about social media in nursing, but it is often not a positive perspective. Nursing organizations' policy statements, guidelines, and recommendations focus on the risks and dangers of social media[i, ii] and rarely explain specific uses for social media. Fortunately, the nursing process (assessment, planning, intervention, and evaluation) set nurses up to do this critical thinking. In nursing school we learn to do a complete head-to-toe assessment to look for signs and symptoms of health, wellness and disease. That process can be applied to social media.

If nurses are ever to become leaders in the creation and adoption of digital tools in healthcare, we need to look technology over from top to bottom for opportunities. A great example of this is Phil Baumann's *140 Health Care Uses for Twitter*[iii], in which he literally gives a bullet list of 140 ideas of what nurses can do with Twitter. For example, daily health tips from authoritative sources, patient reminders, recruitment…and 137 other ideas. This list was written in 2009, a few years after Twitter started, so nurses clearly are capable of assessing and planning how to use social media. We just need to translate what we learned in nursing school.

The next time you encounter a social media service think of these simple questions:

- What does (social media service) allow me to do?
- How can (social media services) improve nursing practice, research, and education?

These are just two easy questions to start you thinking about how a specific social media service could be used to transform your nursing research, practice or education. After thinking through some of these, you keep asking questions, observing what it is currently being used for and consider other possibilities. Once you have a range of ideas, the next stage will integrate other stages of the nursing process (plan, intervention, evaluate).

TABLE 1 *Social Media Services*

Service	What does it allow me to do?	How can it improve nursing?
FACEBOOK	• Create a profile (personal) or page (group, brand, organizations, etc.) • Share text, video, pictures • Allow others to interact: comment, share, like	• Study groups for nursing courses and continuing education • Recruit nurses to your hospital • Promote public health by sharing educational resources
YOUTUBE	• Upload videos to share with others • Create playlists of videos uploaded by others	• Upload patient education videos that they can access at any time before or after treatment • Record nursing education sessions • Create playlists of high quality videos for students related to certain topics
BLOGS	• Publish articles and media content on a website	• Write or share regular content on a particular health topic • Share progress and learning related to nursing skills and practice • Share resources that are helpful to others
TWITTER	• Share short messages, less than 140 characters • Follow (subscribe to) other users	• Share interesting links • Follow healthcare journalists/leaders to stay up to date

To help with the first stage, here are some examples:

Facebook

Facebook has a large global audience, and over 189 million of its users access the site just through their mobile phone[iv]. There are a number of great uses of Facebook for health, such as health promotion. There are over 1,000 results for pages related to healthy eating or diabetes. The Ottawa Hospital Nurses' Facebook Page is promoting a patient centered environment and building a positive nursing work environment.[v]

YouTube

YouTube reaches more 18-34 year old adults than cable[vi]. It provides a great way to reach others. One incredible example is Armando Hasudugan[vii], an undergraduate science student from Australia, who uploads animations of what he is studying in biology. He has short videos (4–10 minutes) on topics such as cardiology and physiology that could be used to enhance patient or nursing education. A family doctor from St. Michael's Hospital in Toronto made a nine-minute video on the benefits of walking that has been watched 3.7 million times. A student nurse, Michael Linares, started a YouTube channel that helps nursing students study. It has over 30,000 subscribers, and his videos have over 60,000 views.

Blogs

Many blogging services are free, such as Wordpress or Blogger. Evidence Based Nursing[viii] shares titles and abstracts selected by nursing educators to promote reading of research by nurses. *The Nerdy Nurse*[ix] is a blog that covers technology in nursing, from smartphones to wearable devices .

Twitter

As Phil Baumann's article illustrated, there are many ways that nurses could use Twitter. @Be_a_nurse_ca is a Twitter account that promotes pursuit of a nursing career in Canada. @NANB_AIINB is the official Nursing Association of New Brunswick Twitter account and one way you can stay up to date with nursing.

These questions and examples are the tip of the iceberg in starting to assess social media. Once you start to ask questions, others may come up, and will help you decide if this social media could be integrated into your digital toolkit. Whenever you hear about a new technology, ask questions, and talk to others about your ideas. Nurses need to share more examples of how social media could transform healthcare, and talk about what we see in our head-to-toe assessment of new digital tools.

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Resources and Tools Supporting Environmental Health and Nursing Practice

"Ecosystem health is the ultimate determinant of health for now and the future."
Trevor Hancock, MD

By BONNIE HAMILTON BOGART IN CONSULTATION WITH TEAM NURSES OF THE NEW BRUNSWICK CHILDREN'S ENVIRONMENTAL HEALTH COLLABORATIVE

In the March 2013 issue of *Info Nursing*, an article was written introducing the roles nurses may play in the emerging field of environmental health. In addition to this introduction, below we are providing additional tools and resources that may assist nurses in all health settings to be responsive to the environmental origins of health issues.

Let's start with resources from the Canadian Nurses Association (CNA) and the NurseOne portal, as well as other resources related to young children, pregnant women and women of child-bearing age.

There is a wealth of information on the CNA website related to environmental health in nursing practice. Although many of these resources were developed a few years ago, they provide an excellent starting point for nurses beginning their evolution toward a more environmentally aware approach to their nursing practice:

- A presentation toolkit for presentations to patients, colleagues and the public;
- Background papers and accompanying videos: The Environment and Health: An Introduction for Nurses; The Role of Nurses in Greening the Health System; The Role of Nurses in Addressing Climate Change;
- Educational modules;
- Draft Abstracts for Nurses Presenting at Conferences, and other presentation tools.

The NurseOne portal is also packed with information, including a series on Environmental Sustainability and Nurses Taking Action:

- www.cna-aiic.ca/en/on-the-issues/better-health/social-determinants-of-health/environmental-health

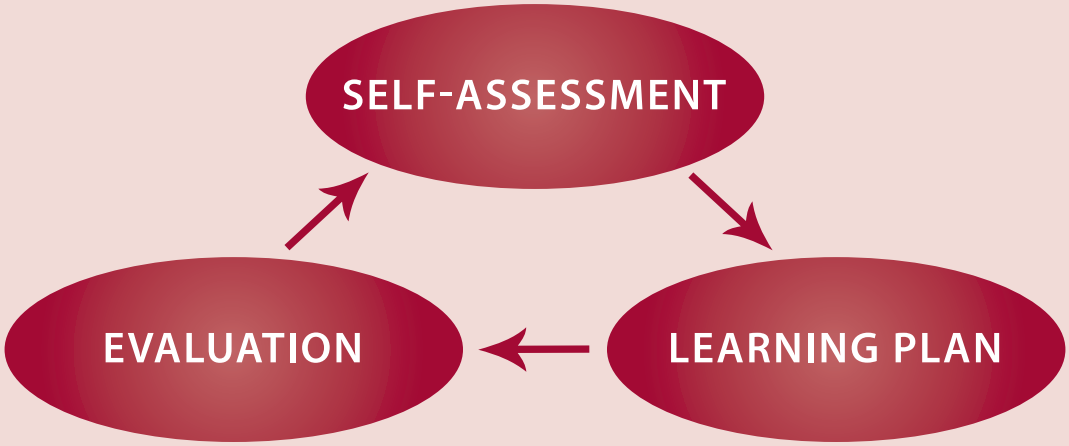
The Canadian Nurses for Health and the Environment host a bilingual Facebook page titled, *Nursing and Environmental Health*:

- https://www.facebook.com/pages/Nursing-and-Environmental-Health-Les-infirmières-et-lenvironnement/259171220828042

Children, and those still in the womb, are the most exquisitely vulnerable to environmental hazards. A number of resources related to young children, pregnant women and women of child-bearing age have been published:

- Textbook of *Children's Environmental Health*, edited by Philip J. Landrigan and Ruth. A. Etzel. Oxford University Press. 2014.
- The Children's Environmental Health Center at Mount Sinai Hospital in New York City is headed by Dr. Philip Landrigan, the pediatrician who led the campaign to get the lead out of gasoline. Their website contains scientific publications and resources for parents (www.mountsinai.org/patient-care/service-areas/children/areas-of-care/childrens-environmental-health-center)
- The Canadian Partnership for Children's Health & Environment (CPCHE) has numerous resources, but here is a relevant one: Creating Healthy Home Environments for Kids: Top 5 Tips (www.healthyenvironmentforkids.ca/collections-cpche)
- The Healthy Child Healthy World website has many relevant resources. One is titled, "Hidden Dangers in your Baby's Nursery" (http://healthychild.org/hidden-dangers-in-your-babys-nursery)

For further information on this topic, please contact Bonnie Hamilton Bogart at bonniehb@nb.sympatico.ca or visit the website of the New Brunswick Children's Environmental Health Collaborative at www.nben.ca/en/collaborative-action/collaboratives/childrens-environmental-health-collaborative-effort. ■



CCP Audit Results

By ODETTE COMEAU LAVOIE

TABLE 1 *Language*

	RN	NP
English	267	7
French	135	4

TABLE 2 *Areas of practice*

	RN	NP
Direct care	329	11
Administration	42	—
Education	31	—
Research	—	—
Other	—	—

TABLE 3 *Employment setting*

	RN	NP
Hospital	273	1
Community	75	10
Nursing Home	34	—
Educational Institution	11	—
Other	9	—

413 Members Audited

What NANB Learned From You

FINDINGS FROM THE 2013 CCP AUDIT

This past fall, 413 members were required to complete a Continuing Competence Program (CCP) Audit questionnaire. These questionnaires are completed online and submitted to NANB by a predetermined date, prior to the member's registration renewal. In November, all completed Audit questionnaires were examined and reviewed for compliance with the mandatory CCP registration requirement.

Overwhelmingly, registered nurses and nurse practitioners in New Brunswick are aware of, and comply with, the Continuing Competence Program requirements. Annually, RNs and NPs assess their practice based on the NANB *Standards of Practice*, identify learning needs, develop and implement a learning plan and evaluate the impact of their learning on their nursing practice. Members report their compliance to the program as part of their annual registration renewal and, for those who are audited, respond to the Audit notification by providing the information requested.

When audited, members are asked the following questions:

In accordance with the NANB Bylaws, an annual CCP Audit is to be conducted to assess members' compliance with CCP requirements. The CCP requires all members to reflect on their practice through self-assessment, to complete a learning plan, and to evaluate the impact of their learning activities. Registered nurses (RNs) and nurse practitioners (NPs) must comply with CCP requirements to maintain their registration and confirm if they have or have not by answering a compulsory question as part of the annual registration renewal process.

In 2013, the Continuing Competence Program was reviewed and as a result a greater number of NANB members were audited. This past fall, 413 members (402 registered nurses and 11 registered nurse practitioners) were required to complete a CCP Audit questionnaire prior to renewing their registration. Members were asked to complete an online questionnaire related to their CCP activities for the 2012 practice year. Eighty-two percent of audited members completed the questionnaire online; the other eighteen percent requested and completed a paper copy of the questionnaire. The completed questionnaires were examined and assessed for compliance with the program. NANB was looking for evidence of the following three steps of the CCP:

1. Completion of a self-assessment based on standards of practice;
2. Development and implementation of a learning plan including at least one learning objective and learning activities; and
3. Evaluation of the impact of the learning on nursing or nurse practitioner practice.

What did members report?

Most popular learning activities:

- RN – Reading articles /books; accessing the Internet
- NP – Reading articles /books; In-services / Workshops

Most popular CCP tools:

- RNs and NPs – Self-Assessment Worksheet; Learning Plan Worksheet

Indicators chosen:

In 2012, the RN CCP worksheets were based on the NANB *Standards of Practice for Registered Nurses* (2005). RNs chose these two indicators more frequently than any other:

- 2.1 – I demonstrate competencies relevant to own area of nursing practice.
- 3.2 – I continually assess own practice to identify learning needs and opportunities for improvement

NPs assessed their practice based on the NANB *Standards of Practice for Primary Health Care Nurse Practitioners* (2010). They chose this indicator more frequently than any other:

- 2.1 – The NP applies advanced assessment techniques, critical thinking and clinical decision making skills when assessing clients.

Results

As a result of the Audit, twenty RNs required follow-up by a Regulatory Consultant to obtain clarifications on the information they had submitted. It was subsequently determined that all but three audited members had met the CCP requirements. The three members, who did not meet the CCP requirements for the 2012 practice year, were provided with education and support to comply with the mandatory requirement for the current practice year. Additional follow-up is required with these members to confirm compliance and continued registration.

What's next?

The next CCP Audit will be conducted in the fall of 2014. At that time, a random sample of approximately 430 RNs and 10 NPs will be audited on their CCP activities for the 2013 practice year. These members will be required to complete the online CCP Audit questionnaire prior to the fall registration renewal.

Members who have questions related to the CCP or who experience difficulty in meeting CCP requirements should visit the NANB website Continuing Competence Program section under the Professional Practice heading or contact a Nursing Practice Consultant at 1-800-442-4417.

- Which indicator from the *Standards of Practice for Registered Nurses* (or *Standards of Practice for Primary Health Care Nurse Practitioners*) did you choose to focus on for a specific practice year?
- What was your main learning objective for the practice year and to which indicator did it correspond?
- Which learning activities did you include in the learning plan to meet your main learning objective?
- How helpful were the learning activities that you completed in assisting you to achieve your main learning objective?
- Describe what impact your learning has had on your nursing practice.

Important CCP Facts

- CCP Worksheets are finalized yearly prior to registration renewal
- 2014 RN CCP Worksheets are based on the current *Standards of Practice for Registered Nurses* (2012)
- Annual CCP requirements are mandatory for all RNs and NPs
- Recent graduates are ONLY exempt when they renew their registration the first time
- Members on extended leave MAY be exempt
- Self-assessments are to be completed EARLY in the calendar year
- Examples of completed CCP Worksheets are available on the website

The result of the Audit demonstrated that members would benefit from help in two areas: writing clear learning objectives and providing adequate information on the CCP Audit questionnaire:

Writing Clear Learning Objectives

Members often inserted an indicator from the CCP Worksheets (or Standards of Practice) when asked "What was your main learning objective?".

For example: As a result of the self-assessment, a member identified indicator 2.1 *I demonstrate competencies relevant to own area of nursing practice* as the one to focus on during the 2012 practice year. She then indicated the following as her learning objective: "I demonstrate competencies relevant to own area of nursing practice".

A learning objective should begin with an action verb and indicate WHAT the member is going to learn. It provides information related to the member's specific area of nursing practice.

In the example above, a better learning objective would be: "To *increase* my knowledge of *palliative care nursing*, including dealing with family members."

Providing Adequate Information on the CCP Audit Questionnaire

The CCP Audit is conducted annually to monitor compliance to the mandatory registration requirement. Evidence is needed to assess if the member has completed the three required steps (self-assessment, learning plan and evaluation). Therefore, a minimum amount of information is required to make that determination.

A small, but significant, number of members confirmed that they had learned something, that they had completed learning activities (attended in-services, read articles, etc…) and that they had benefitted from their learning, but neglected to include any details related to their own practice.

The following example demonstrates the level of detail required on the CCP Audit questionnaire:

CCP AUDIT QUESTION: Which standard indicator did you chose to focus on this year?

ANSWER: Indicator 2.1.

CCP AUDIT QUESTION: What was your main learning objective this year?

ANSWER: To increase my knowledge of palliative care nursing, including dealing with family members.

CCP AUDIT QUESTION: What learning activities did you include in your learning plan?

ANSWER: I searched for current articles on palliative care nursing using NURSEONE. I read two articles, one on supporting family members and the other on pain management. I also met with an expert nurse from the Palliative Care Unit.

CCP AUDIT QUESTION: Describe what impact your learning had on your practice.

ANSWER: I have developed new skills in supporting family members and helping them participate in the care of their loved one. I am also more confident in advocating for patients regarding the management of their pain.

What's new for 2014?

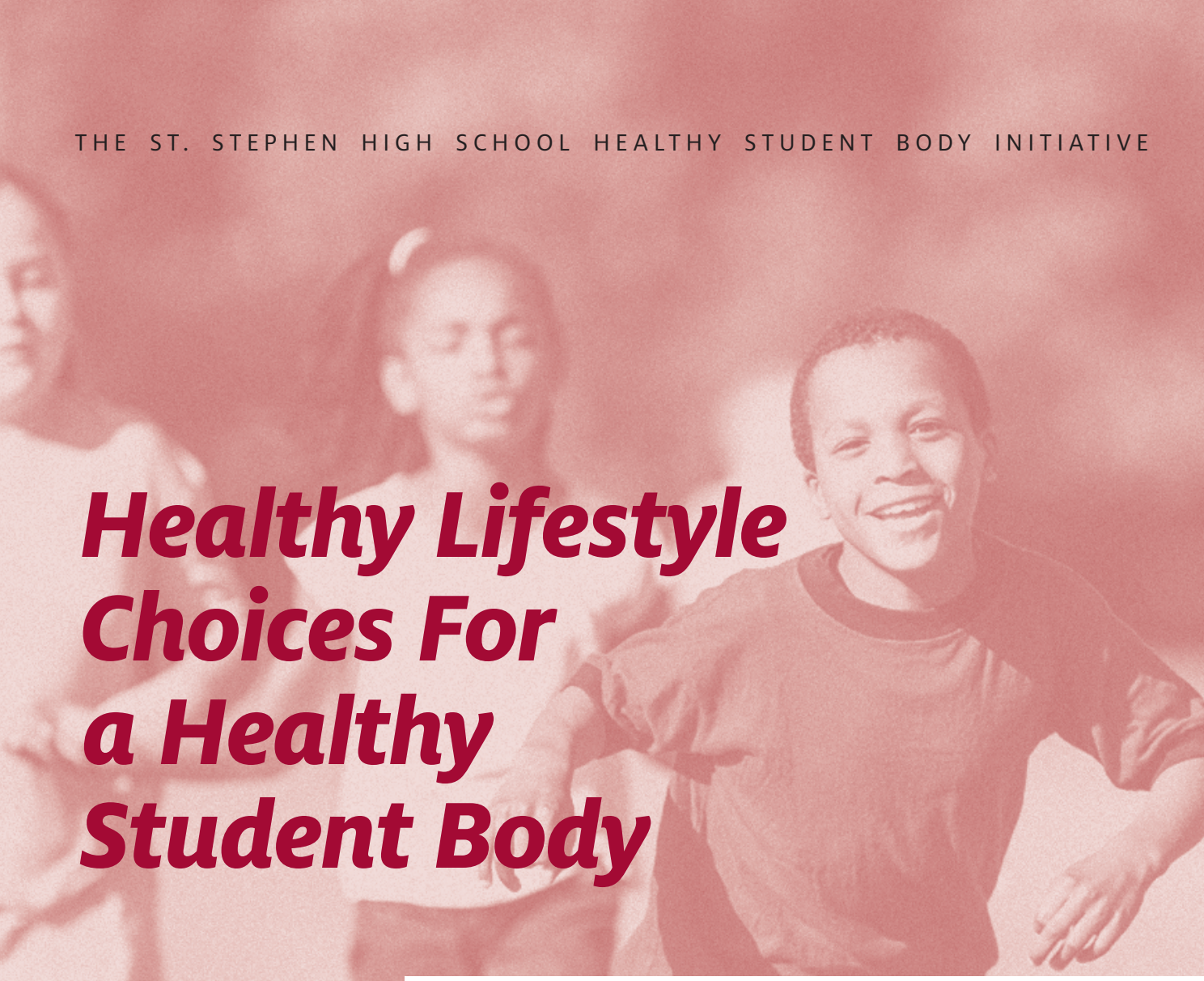
New Online Interactive CCP Module Available via *My Profile*

As of March 2014, members will be able to complete their CCP worksheets by accessing a new feature in the NANB members' secured and individualized "My Profile". An interactive, self-directed module will guide members as needed to complete the program's three steps (self-assessment, learning plan and evaluation). Members will be able to save their information, access the learning plan as the year progresses to maintain updates and print the information as needed.

This new service will include HELP features and support throughout.

Please note that your CCP is confidential and NANB will not access any information entered in this secured and individualized system.

If you have any questions related to the CCP, please visit the NANB website Continuing Competence Program under the Professional Practice heading or contact a Nursing Practice Consultant at 1 800 442-4417.



Healthy Lifestyle Choices For a Healthy Student Body

By YVONNE BARTLETT

An alarming number of our children today are faced with the early stages of chronic health issues such as obesity, hypertension, high cholesterol levels, and sedentary lifestyles. School personnel and health care providers have expressed serious concern about teenage weight, activity levels and the risky lifestyle choices they see being made in this population. This prompted a team of educators and health care providers in St. Stephen to action. Although report cards usually measure academic success and are vital to the student's future, this is not the only report card handed out to the grade ten students at St. Stephen High School (SSHS). For the fifth consecutive year, students in grade ten will receive a "Health Report Card". "Ultimately, in your life this is the most important report card you are going to get," said Nurse Practitioner Yvonne Bartlett. Bartlett along with Don Walker (Guidance Counselor) brought a team together and co-developed the St. Stephen High School Healthy Student Body Initiative. Over the years, SSHS has continued to support and foster this initiative, recruiting more educators and health care providers in order to expand initiatives for students. Krista Amos (Vice-Principal) is a

local champion who has been instrumental in dedicating time during the school day for students to become active in this healthy lifestyle initiative.

It must be stressed that this initiative starts with educating the students on why screening for health indicators is so important. The focus of the fall Physical Education curriculum is on the importance of healthy lifestyle choices and the lifelong consequences of these decisions. SSHS educators ensure that students have a clear understanding of the measurements used on this screening day and what the results mean to their overall health. The education component of the program highlights the importance of self-respect, respect for others, healthy eating and physical activity. This also includes issues surrounding unsafe weight loss practices. The ultimate philosophy is to promote a healthy lifestyle within a student body that includes all different shapes, sizes and body builds. "Education and awareness is a vital part of the project," Bartlett said.

The screening includes blood sugar and cholesterol levels, blood pressure, height, weight, waist circumference, resting heart rate, a self esteem questionnaire along with a BMI (Body Mass Index-for age) measurement which takes into account body type and build.

The initiative caught the attention of Dr. Sohrab Lutchmedial, interventional cardiologist at the New Brunswick Heart Centre, who further analyzed the data and found alarming statistics. Multiple cardiac risk factors (as many as six) were identified in students ages 15 and 16. Of the students who participated, 50% were in a healthy BMI range, while 29% were considered "overweight" and 23% were considered "obese" by IOTF standards. There was also a significant correlation noted with declined academic performance and increasing BMI. "This is the only high school that is doing analysis like this," said Dr. Lutchmedial.

All at-risk students met with a health care provider to discuss the results of their report card and determine what plan of care they would like to follow. Interventions are in place to increase student participation. By the end of this initiative and through the efforts of dieticians, personal trainers, educators and health care providers, these students should be able to accurately perceive their own health and learn the skills to modify their lifestyle choices.

Although this initiative was a combined effort by Horizon Health Network and School District 10 when it began in 2010, we are pleased that it has been financially funded for the past three years by Astra-Zeneca Canada.

It is through the creation of a coordinated health team approach and a school environment where students can be physically active and nutrition education and healthy lifestyle choices are strengthened that students feel safe and respected regardless of their body weight and size. Faculty and health care providers can work with families to promote this type of healthy lifestyle, leading not only to a healthier physical student body but also a stronger academic one. Students will come to school fit, healthy and ready to learn. "We're changing what was primarily regarded as a health care problem into an educational issue," said Dr. Sohrab Lutchmedial. ■

The Institute for Safe Medication Practices Canada (ISMP Canada) is an independent national not-for-profit agency established for the collection and analysis of medication error reports and the development of recommendations for the enhancement of patient safety.

The Healthcare Insurance Reciprocal of Canada (HIROC) is a member owned expert provider of professional and general liability coverage and risk management support.

Volume 10, Number 9 **ISMP Canada Safety Bulletin** December 10, 2010

Medication Incidents Occurring in Long-Term Care

This bulletin shares information about medication incidents occurring in the long-term care environment that have been voluntarily reported to ISMP Canada. The bulletin includes an overview of the medication incidents that had an outcome of harm or death and highlights the major themes identified through an aggregate analysis. Specific examples of the reported incidents are summarized to provide insights into opportunities for system-based improvement.

Background and Overview of Findings

To gain a deeper understanding of medication incidents occurring in the long-term care environment, data were extracted from voluntary reports submitted to ISMP Canada's medication incident database. The data reviewed for this analysis spanned a period of almost 9 years (August 1, 2000, to February 28, 2009). The analysis (which encompassed both quantitative and qualitative aspects) focused on medication incidents in which the outcome was harm or death.

The database search identified a total of 4740 medication incidents in the long-term care environment. Of these, 131 (2.8%) had an outcome of harm or death. Further quantitative analysis revealed that 116 (88.5%) of the 131 incidents were associated with an outcome of harm and 11 (11.5%) with an outcome of death. Administration of an incorrect dose was the single most common type of incident, followed by dose omission, administration of the incorrect drug, and administration of a medication to the incorrect patient (Figure 1).

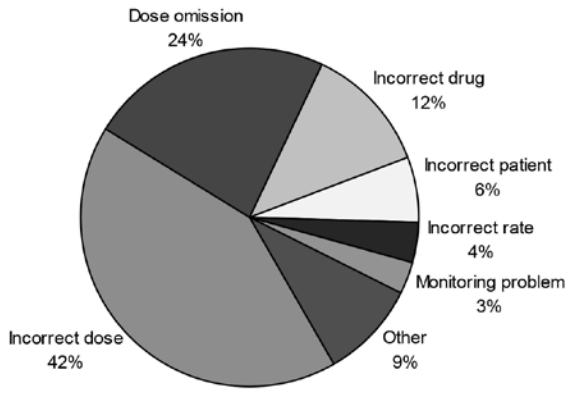


Figure 1: Types of incidents in long-term care facilities that resulted in harm or death (n = 131), identified in an analysis of aggregate data from the ISMP Canada medication incident database for the period August 1, 2000, to February 28, 2009. Incorrect dose, dose omission, incorrect drug, and administration of one or more medications to the wrong patient accounted for almost 85% of the harmful incidents reported.

Qualitative Analysis

The qualitative analysis of the 131 incidents that were associated with harm or death generated 3 main themes:

- incidents involving high-alert medications
- incidents involving anxiolytic–sedative and/or antipsychotic medications, including incidents leading to falls
- incidents involving patient transfers

The sections below present more detail about the medication incidents within these 3 main themes, and selected examples from the analysis.

Main Theme: Incidents Involving High-alert Medications

The majority of the harmful incidents reported involved 1 of 3 classes of medications that are considered high-alert medications: anticoagulants, insulin, and opioids (narcotics).

Anticoagulants

The majority of anticoagulant incidents involved errors in monitoring warfarin therapy. A number of anticoagulants, including warfarin, require monitoring via blood tests to ensure that the drug is maintained within a therapeutically effective range. The processes of ordering, transcribing, dispensing, and administering warfarin are tightly coupled with the concurrent processes associated with monitoring the international normalized ratio (INR) in the serum: ordering blood tests, drawing blood, ensuring timely availability of test results, checking the results, and updating orders for warfarin. Missing or weak links in any of these processes may result in warfarin-related medication incidents.

Example

- Warfarin was initiated for a nursing home resident, but the patient's INR was not ordered at the time of initiation. More than a month later, the patient's condition was deteriorating, and it was identified that no INR results had been recorded in the chart. A sample of blood was

obtained and sent to the laboratory, but the measured value was above the test limits, and a numeric value could not be reported. The patient was admitted to hospital and died shortly thereafter.

Insulin

Insulin has a narrow therapeutic index. Administration of an excessive dose of insulin can rapidly lead to hypoglycemia, which can progress to seizure, coma, and death if left untreated. Missed doses can also cause harm, because the patient's hyperglycemia may worsen, leading to other problems, such as ketoacidosis. The amount of insulin required for a particular patient varies according to a number of patient-specific factors, including serum glucose level and dietary intake.

Examples

- A patient was given a short-acting formulation of insulin, Humulin-R, instead of the intended longer-acting Humulin-N. Treatment with glucagon was required.
- A patient did not receive the prescribed morning dose of long-acting insulin because of absence from the patient care area. Upon returning to the floor, the patient was given 8 units of short-acting insulin, on the basis of an insulin scale for elevated blood glucose between scheduled insulin doses. At the time of the patient's scheduled evening insulin dose, the blood glucose level was well over 30 mmol/L. Omission of the morning dose of long-acting insulin was then identified.

Opioids (Narcotics)

Analysis of the opioid-related medication incidents revealed 4 subgroups: incorrect dose, medication mix-up, dose omissions, and incidents involving fentanyl patches.

Examples:

- A resident was to receive morphine 10 mg orally for pain but was instead given 10 mL (50 mg) of morphine suspension.
- An order for hydromorphone ".5 mg" (i.e., 0.5 mg) was interpreted as "5 mg"; and the larger dose was administered to the patient.
- A prescription for morphine 7.5 mg subcutaneously was interpreted as hydromorphone 7.5 mg subcutaneously, and the incorrect drug was administered to the patient.
- An order for hydromorphone was not transcribed. The patient missed several hours of therapy and experienced a significant escalation of pain.
- A patient was found unresponsive with abnormal vital signs. The patient had a prescription for fentanyl patch 12 mcg/hour, but a 75 mcg/hour fentanyl patch had been applied. The patch was removed, naloxone was administered, and continuous monitoring was initiated.
- A patient was found unresponsive in a long-term care facility and was transferred to the emergency department of a local hospital, where staff found multiple fentanyl patches in situ. The staff interpreted this to mean that existing patches were not removed when each new patch was applied. The patient was given naloxone, to which there was a response. However, pneumonia was also diagnosed, and the patient was admitted. The patient died about a week later because of the pneumonia.
- A patient with a prescription for fentanyl by patch was experiencing increasing pain. It was determined that a dose of fentanyl had been missed. Administration of a short-acting opioid was required to bring the pain under control.

Main Theme: Incidents Involving Anxiolytic–Sedative and/or Antipsychotic Medications

The majority of reported incidents involving anxiolytic–sedative and/or antipsychotic medications led to falls.

Examples

- An elderly resident of a long-term care facility was given extra doses of zopiclone, which might have led to an injury when the resident attempted to walk without assistance.
- A resident had a prescription for lorazepam 1 mg as needed for escalation of aggressive, agitated behaviour. About 30 minutes after administration of a dose of the lorazepam, the resident was started on clonazepam. The combination of drugs led to disorientation and difficulty walking, which resulted in a fall. The resident was admitted to a nearby emergency department, where staff concluded that the combination of the 2 benzodiazepines likely contributed to the disorientation.
- A resident of a long-term care facility was admitted to hospital with behavioural challenges. The patient's condition was stabilized on olanzapine, among other medications. After discharge from the hospital, the resident required readmission a short time later because of oversedation and falls. At the time of the second admission, the resident's pills were counted, and it was determined that the resident had received 4 times the prescribed dose of olanzapine.

Main Theme: Incidents Involving Patient Transfers

Transfers between facilities and care areas within a facility represent high-risk situations in which medication incidents may occur.

Example

- A patient was transferred from acute care to a long-term care facility. Information about the patient was sent from the hospital to the long-term care facility by fax. The fax consisted of multiple documents, including the patient's MAR and a copy of the "orders and progress notes" which listed the most recent updates to the morning and evening doses of

insulin that the patient was to receive. The nurse at the long-term care facility copied the medication orders from the MAR, which did not specify the insulin dosage, using the insulin concentration of 100 units/mL as the "dosage". Staff in the long-term care facility called the physician to request admission orders. Because the physician had known the resident previously and had followed the resident during the hospital stay, the physician instructed the long-term care staff to "continue the same orders". A pharmacist processed the insulin order as 100 units in the morning and 100 units in the evening. The resident experienced a severe hypoglycemic reaction, at which point the physician recognized the incorrect dose. The resident was transferred to acute care but died shortly thereafter.

Conclusion

Reporting medication incidents is important both for identifying opportunities for enhancing medication safety and for monitoring the effects of system changes. The findings from this analysis can be used to support local quality improvement initiatives. ISMP Canada incorporates learning from incidents such as those described above into its self-assessment programs, to facilitate enhancement of medication-use systems. (Refer to sidebar for additional information about the Medication Safety Self-assessment for Long Term Care.)

Acknowledgements

Sincere appreciation is expressed to the many healthcare professionals who have demonstrated support for a culture of safety, exemplified by their willingness to share information about medication incidents.

Risk Assessment Program for Medication System Safety in the Long-Term Care Setting

The long-term care environment presents unique challenges for the development and implementation of safe medication systems.

ISMP Canada developed the Medication Safety Self-Assessment® (MSSA) for Long Term Care to assist and guide individual long-term care facilities in identifying opportunities to improve their medication-use systems. The program, which complements other efforts to decrease the risk of harm to residents, can be used by facilities of any size, organizational structure, and geographic location. The program's self-assessment criteria are related to potential system improvements that have been identified through analysis of medication incidents. Completion of this Medication Safety Self-Assessment helps facilities to prepare for accreditation, and it can also be an important element of a facility's quality improvement program.

The program's web-based interface allows individual long-term care facilities to compare their own results over time, thereby tracking the impact of any changes made, as well as to compare their results with the aggregate results of other participants in the program, both regionally and nationally. Several Canadian provinces have supported the use of this program as a component of quality improvement. The program is also available at a reasonable cost to individual facilities that are not covered by a regional or provincial agreement.

For more information about the MSSA program for long-term care facilities, please contact ISMP Canada by email (mssa@ismp-canada.org) or by telephone (1-866-544-7672).

ISMP Canada is a national voluntary medication incident and 'near miss' reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

Medication Incidents (including near misses) can be reported to ISMP Canada:
(i) through the website: http://www.ismp-canada.org/err_report.htm or (ii) by phone: 416-733-3131 or toll free: 1-866-544-7672.

ISMP Canada can also be contacted by e-mail: cmirps@ismp-canada.org. ISMP Canada guarantees confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

A Key Partner in the Canadian Medication Incident Reporting and Prevention System

2014 NANB ELECTION

MEET YOUR CANDIDATES

Julie Émelie Boudreau
Region 1

Joanne LeBlanc-Chiasson
Region 1

Robert Zwicker
Region 1

Beth Heppell
Region 3

Amy McLeod
Region 3

Thérèse Thompson
Region 5

Lisa Kierstead Johnson
Region 7

JULIE ÉMELIE BOUDREAU
REGION 1

Education:

2007: Bachelor Degree in Nursing, Université de Moncton, Moncton, NB

Additional Education:

2012: Master's Degree in Nursing, University of Calgary; Post Master Degree: nurse practitioner caring for adults, University of Calgary

Present Position:

Clinical Instructor, École de science infirmière, Université de Moncton, Moncton Campus

Professional Activities:

- October 2013–present: Canadian Association of Nephrology Nurses and Technologists (CANNT)
- August 2013–present: Organizing Committee for 5th Anniversary Celebration of ESI
- April 2013–present: Preparatory Committee to the NCLEX for students
- February 2013–present: Canadian Transplant Association
- January 2013–present: ESI Liaison Committed (informal)
- November 2012–present: Local Clinical Experience Committee
- August 2012–présent: Recruitment Committee

Nominated by :

Kevin Guillemette and Vanessa Hickey

Reason for Accepting Nomination:

I am interested in the position of Region 1 Director because I want to contribute to my profession. I also want to gain new knowledge and take up new challenges. I would like to be more of a nursing leader. I am a very dynamic nurse involved in the community, and I am ready to take on any challenge. I think that my presence as NANB's Region 1 Director would allow me to contribute to the advancement of the profession.

JOANNE LEBLANC-CHIASSON
REGION 1

Education:

1990: Bachelor of Science in Nursing, Université de Moncton

Additional Education:

- 2014: Certificate in Contemporary Management, Continuing Education, Université de Moncton
- 2013: Certified as nurse navigator on breast health, EduCare Charleston, North Carolina
- 2004: Certification in clinical research, SOCRA

Present Position:

Coordinator for the breast health program, Dr. Georges-L.-Dumont University Hospital Centre, Moncton, NB

Professional Activities:

- November 2013–2014: Member, NB Breast and Women's Cancer Partnership Advisory Committee.
- January 2013–2014: Member, Information Development and Distribution Sub-Committee of the NB Breast and Women's Cancer Partnership
- October 2012–2014: Member, Organizing Committee, Colloques francophones sur le cancer du sein
- November 2012–2014: Member, Advisory Committee of the NB Breast Cancer Screening Service
- 2012: Excellence of Care Award as nurse manager
- April 2007–November 2012: Member, Provincial GIS Advisory Committees (Department of Health) for outpatient care, nephrology, medical oncology

Nominated by:

Marise Auffrey and Joseph Lavoie

Reason for Accepting Nomination:

It is with pleasure that I accept the nomination for the position of Director on the Board in order to represent Region 1 nurses in discussions and decisions concerning regulation and the support of our professional practice. I think that if they want to address the significant challenges facing healthcare, nurses must collaborate with their professional association and act as a strong driver to orient care in NB. Our Association plays an essential role in ensuring that nursing practice evolves in the right direction and that its advancement is supported while reforms are ongoing, with standards ensuring the protection of the public as well as quality care and services. I would be honored to have the opportunity to contribute to this aspect of our practice.

ROBERT ZWICKER
REGION 1

Education:

2003: Accelerated Bachelor of Science Nursing Program, Dalhousie University School of Nursing, Halifax, NS

Additional Education:

- 2014: Currently enrolled at Athabasca University as a graduate student-Graduate Studies, Health Studies, Leadership, and graduation date planned June 2015.
- 1997: Bachelor of Arts in Political Science and Geography, Saint Mary's University
- 1984: Administration and Management Program, Ackerley Campus, Dartmouth, NS

Present Position:

District Executive Director NB & PEI for VON Canada

Professional Activities:

- 2014: Chair, NB and PEI Métis, Inuit and Off-Reserve Aboriginal Peoples Diabetes Screening and Awareness Program; Member, Victoria Order of Nurses (VON) National Accreditation Team; Member, Adoption Support Network Southeast NB
- 2011–2012: Chair, Neuroscience Network Horizon health
- 2008–2011: Secretary, Sackville Memorial Hospital Foundation
- 2009–2011: Co-chair, Port Elgin and Region Health Center Advisory Committee
- 2010: Vice President, Association of New Brunswick Health Centers

Nominated by:

Lois Kinnear and Shelley Connick

Reason for Accepting Nomination:

I was honored to be nominated for the position of Director for Region 1 for the Nurses Association of New Brunswick (NANB). I accepted this nomination as I consider myself a nursing leader with a visionary outlook geared towards healthy individuals and communities. I am an active member of NANB and consider myself to have a genuine willingness to help advance the nursing profession with a focus on excellence in patient care and research. I have extensive

Casting Your Ballot Just Got Easier!

Call or Click to Cast Your Vote in the 2014 NANB Election

Take a minute to select your region director bringing your nursing voice to the Association's Board table. All members have access to either a phone or a computer. All you need is your registration number and personal PIN identifier. NANB's election will span a two-week period in April.

All you have to do is:

1. wait for the election to begin: April 16, 2014;
2. access your section of NANB's website using your registration number and password to retrieve your personal PIN identifier, or call NANB and authorize a staff member to provide you your PIN directly; then
3. link to the secure website, or call the 1-800 number and follow the simple instructions.

Voting can be that easy!

experience as a leader within both the acute care and the community care settings.

AMY MCLEOD
REGION 3

Education:

1986: Nursing Program, A.J. MacMaster School of Nursing, Moncton, NB

Additional Education:

- 2014: Currently enrolled at Athabasca University, Masters of Health Studies
- Certified in BCLS, ACLS, TNCC and ENPC
- 2012: CNA Recertification ER Nursing
- 2012: RNTTDC-Regional Nursing Trauma Team Development Course
- 2008: SANE-Sexual Assault Nurse Examiner
- 2007–2008: Certificate from NB Critical Care Nursing Program, emergency stream
- 2007: CNA Certification ER Nursing
- 2005: Nursing Excellence Award for Advancing the Profession, Region 3 Corp.

Present Position:

Nurse, Emergency Department, Upper River Valley Hospital, Waterville, NB

Professional Activities:

- 2014: Horizon Nursing Council
- 2013–2014: NANB, Board of Directors, Region 3 Representative
- 2010: Patient Flow Committee
- 2004–2010: Professional Practice Committee
- 2002–present: Critical Incident Stress Management
- 2000–2002: Nursing Retention Steering Committee

Nominated by:

Nancy Lindsay and Lillian Warne

Reason for Accepting Nomination:

I am accepting nomination because I am passionate about nursing and feel that healthcare is in the midst of big changes. After 28 years of bedside nursing, I am excited to have an opportunity to influence healthcare policies by being a voice for RNs in Region 3. I have filled in this role for the past year. I feel that this has been educational and put me in a position to be productive. I am beginning work on my Masters of Health Studies and feel these two roles would complement each other nicely.

BETH HEPPELL
REGION 3

Education:

1994: Bachelor of Nursing, University of New Brunswick

Additional Education:

- 2013: Skills Enhancement for PH-Introduction to Surveillance; Transportation of Dangerous Goods
- 2012: Step-PPD Web Based Training; Non-Violent Crisis Intervention Training; Introduction to WHO Growth Charts
- 2011: Skills Enhancement for PH-Epidemiology of Chronic Diseases; Working with Multi Problem Families; Rediscovering our Teens; Maternal Mental Health/PPD; CQI & Development Assets Training and 3 minute Empowering Training; Safe Driving Training
- 2010: Skills Enhancement for PH-Epidemiologic Methods; ECI Prenatal Training Workshop (Fredericton)
- 2009: ASIST- Applied Suicide Intervention Skills Training; Skills Enhancement Module for PH-Measurement of Health Status; Skills Enhancement Module for PH- Basic Epidemiological Concepts
- 1994-present: Certified in Basic Life Support, CPR yearly

Present Position:

- Public Health Nurse, Bicentennial Place, Woodstock, NB
- Community Health Nurse (casual), Nackawic Community Health Center, Nackawic, NB

Professional Activities:

- 2013: Facilitated a workplace wellness initiative for a local business
- 2012–present: Union Local Secretary Upper River Valley PH and MH
- 2012–present: Professional Practice Committee member
- 2012–present: Manage social fund in PH
- 2012–present: Maternal Well Being Committee Member
- 2011–present: Workplace Wellness Committee Member
- 2010–2012: Participant in Career Day at Nackawic Elementary, Middle School and Daycare
- 2008–2012: Relay for Life Organizational Committee Member and Team Captain

Nominated by:

Kim Price and Joan Jenkins

Reason for Accepting Nomination:

In my 19 years of nursing experience, I have had the opportunity to work in both the acute care and community settings. I have worked closely with multidisciplinary teams of professionals and community partners, advocating for better patient care and advancing nursing practice. I have been involved with the NBNU briefly, but after attending the 2013 NANB Invitational Forum on professionalism in Nursing, I was challenged to take a more active role in my professional Association.

THÉRÈSE THOMPSON
REGION 5

Education:

1982: Diploma, Nursing, Collège communautaire de Bathurst

Additional Education:

- 2006: Master of Nursing, University of New Brunswick
- Concentration: Nursing (Nurse Practitioner Stream)
- Report: *What is the evidence that supports the addition of nurse practitioners to the health care teams working in Canadian heart failure clinics?*
- 2004: Nurse practitioner, University of New Brunswick
- 2001: Certificate, Adult Education, Université de Moncton
- 1992: B.N, Université de Moncton, Centre de Shippagan

Voting By PROXY

What You Need to Know

Anyone who does not plan to attend the 2014 Annual General Meeting (AGM) can make their views known through a process called proxy voting. Simply put, it is a way of voting at AGMs by means of a proxy or person that you have entrusted to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB will use proxy voting at the upcoming AGM, May 29, 2014, in Fredericton.

By signing the proxy form on page 33, practising members authorize a person to vote in their place. Nurses attending the AGM may carry up to four proxy votes as well as their own vote.

What the Association Bylaw Says About Proxy Voting

NANB bylaw 12.07 states:

- Each practising member may vote at the AGM either in person or by proxy;
- The appointed proxy must be a practising member;
- No person shall hold more than four (4) proxies; and
- The member appointing a proxy shall notify the Association in writing on a form similar to the following or any other form which the board shall approve. Proxy forms shall be mailed to members approximately one (1) month prior to the date of the AGM. This completed form shall be received at the Association by the Friday immediately preceding the AGM.

Information for Nurses Who Give Their Vote Away

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they are giving their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on page 33 accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received by May 23, 2014, at 1300 hrs.

When proxy forms are received at the Association, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered void because the name does not coincide with the registration number on record. A form is also void if it is not signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also no forms are accepted if received after May 23, 2014, 1300 hrs. Forms sent by fax will be declared void.

Information for Nurses Who Carry Proxies at the Meeting

Keep the following facts about proxy voting at the tip of your fingers:

- Practising members of NANB may carry proxies.
- The maximum number of proxies that can be held is four. There is no minimum.
- Know the persons whose votes you carry and discuss with them how they want to vote on issues.
- At the time of the meeting, pick up your proxy votes at Registration.
- Sign your name on the proxy card.
- Proxy votes are non-transferable. They cannot be given to someone else in attendance at the meeting.
- During the meeting, participate in discussions. If information is presented that could change the opinion of nurses whose vote you carry, you may either get in touch with them, vote according to your own opinion or withhold your proxy vote.
- Always carry your proxies with you. If they are lost, you may not be able to retrieve them to vote.

Proxy Forms are available on page 33.

Clarification

Anyone wishing clarification on proxy voting should call the Association at 506-458-8731 or toll free 1-800-442-4417.

2014 NANB ELECTION

Present Position:

Nurse practitioner, Vitalité Health Network, Zone 5, Campbellton, NB

Professional Activities:

- 2011–2013: Member, Executive Committee, Secretary for the Canadian Association for Advanced Practice Nurses (CAAPN)
- 2013–present: Member, provincial working group on NP practice
- 2012–present: Member, provincial working group—shadow billing for nurse practitioner
- 2010–2012: Member, working group—chronic disease management, Vitalité Health Network
- 2010–2013: Member, Organizing Committee, Vitalité Health Network-Forum on chronic disease prevention and management (October 2010)
- 2010–present: Member, NP advisory committee, Vitalité Health Network
- 2010–2012: Chairperson, Nurse Practitioners of New Brunswick Interest Group
- 2010: Member, NPCC (Nurse Practitioner Council of Canada)
- 2009–2011: Member, Leaders Network, Vitalité Health Network
- 2009–2013: Board Member, Canadian Breast Cancer Foundation, Atlantic Provinces
- 2008–2013: Member, Primary Health Care Steering Committee
- 2011: Member, Primary Health Care Summit Organizing Committee, Fredericton, NB
- 2009–2012: Member, Canadian Heart Failure Network (CHFN) Nursing Committee
- 2008–2009: Member, New Brunswick Nurse Practitioner Initiative Roundtable

Nominated by:

Laura Gould and Sylvie Bernard

Reason for Accepting Nomination:

I am proud to accept this nomination to NANB's Board of Directors. I believe this professional experience is an exceptional opportunity to be more involved in my profession and support nursing care in the province.

NANB Proxy Voting Form 2014 (Please Print)

I, _____ a practising nurse member of the Nurses Association of New Brunswick, hereby appoint _____ registration no. _____ , as my proxy to act and vote on my behalf, at the annual meeting of the Nurses Association of New Brunswick to be held May 29, 2014, and any adjournment thereof.

Signed this the _____ day of _____ , 2014.

_____ _____

Signature Registration No.

To be received at NANB offices before May 23, 2014, at 13:00 hrs.
Proxies sent by fax will be declared null and void.

Mail to:
Nurses Association of New Brunswick
165 Regent Street
Fredericton, NB E3B 7B4

LISA KEIRSTEAD JOHNSON
REGION 7

Education:

1988: Bachelor of Nursing, University of New Brunswick

Additional Education:

- 2013: CPR recertification; Confidentiality, WHMIS, Fire/ Disaster, safety, etc.
- 2011: NVCI (Non Violent Crisis Intervention-recert)
- 2010: Graduate Certificate, Adult Education, University of New Brunswick
- 2010: Falls Prevention safety Facilitator
- 2010: Suicide intervention-ASSIST- recert
- 2007: Graduate Certificate, Education, Instructor Development Program, New Brunswick Community College

Present Position:

Nursing Practice Coordinator, Miramichi Regional Hospital

Professional Activities:

- 2011-2016: Current Certification, Canadian Nurses Association, Psychiatric Mental Health Nursing CPMHN(C)
- Member, Fundraising Chair and Past President of New Brunswick Mental Health Nurses Group (NANB Interest Group)

Nominated by:

Bonnie Matchett and Sharon Williston

Reason for Accepting Nomination:

I am pleased to accept this nomination and welcome the opportunity that it represents. I have enjoyed my nursing career and the diverse opportunities that have been a part of my path. Professionalism, education, accountability and growth are very important to me and align well with NANB's activities. At this time, I believe the work and experience of the NANB Board and my current position as Nursing Practice Coordinator will be beneficial to each other and the work ahead.

NANB's 98th Annual General Meeting

Thursday, May 29, 2014
From: 14:00–16:30
Delta Hotel, Grand Ballroom
225 Woodstock Road, Fredericton, NB

13:00–14:00	• Registration
14:00–14:30	• Call to Order • Introductions • President's Remarks • Approval of the Agenda, Rules and Privileges of Annual Meeting • Announcement: Resolutions Deadline (14:30) • Introductions: Resolutions Committee and Chief Scrutineer • Auditor's Report • Annual Report
14:30	• Deadline for Submissions of Resolutions
15:00–15:15	• Nutrition Break
15:15–16:30	• Resolutions Committee Report • Voting on Resolutions • Results of Election • New Business • Invitation to the 2015 Annual Meeting • Adjournment

Some participants may be sensitive to perfume or aftershave, so members are asked to refrain from wearing scents. A photographer will be circulating taking pictures at our Annual Meeting. Photos may be used in future NANB communication materials.

Resolution

Submitted by the NANB Board of Directors

WHEREAS CNA and CNPS fees are a part of the NANB membership fee;

WHEREAS CNA and CNPS fee increases have had and will continue to have a significant impact on the funds available to support NANB regulatory, professional and operational activities;

BE IT RESOLVED that effective 2016 the annual NANB membership fees for RNs and NPs shall automatically be adjusted by any change in the CNA fee and any change in the CNPS RN and NP professional liability protection fees.

CMPA | ACPM
THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION | L'ASSOCIATION CANADIENNE DE PROTECTION MÉDICALE

CNPS SPIIC
The Canadian Nurses Protective Society
La société de protection des infirmières et infirmiers du Canada

CMPA/CNPS JOINT STATEMENT ON LIABILITY PROTECTION FOR NURSE PRACTITIONERS AND PHYSICIANS IN COLLABORATIVE PRACTICE

March 2005 (revised November 2013)

INTRODUCTION

New and evolving models for healthcare delivery have increased the opportunity for collaborative practice between physicians, nurse practitioners (NPs) and other healthcare providers. Collaborative practice inevitably reinforces the need for healthcare professionals to ensure they individually have adequate personal professional liability protection and that the other healthcare professionals with whom they work collaboratively are also adequately protected so that neither is held financially responsible for the acts or omissions of another. The Canadian Medical Protective Association (CMPA) and the Canadian Nurses Protective Society (CNPS) have developed this document to respond to questions from NPs and physicians working in collaborative practice.

LIABILITY RISKS

When a patient commences a legal action regarding healthcare treatment, it is likely that all healthcare professionals who were involved in the treatment, as well as the institution or facility where that treatment was rendered, will be named as defendants. A finding of negligence or fault by the court may have a financial impact on the defendant(s) in 3 ways:

1. Direct Liability

Each healthcare professional, both individually and as a member of the collaborative practice team, is accountable for his or her own professional practice. Therefore, if a physician or NP is found to have been negligent or at fault, a court may award damages to the plaintiff that are to be paid by the individual defendant. This form of liability is called direct liability. CMPA and CNPS professional liability protection is designed to assist physicians and NPs with this kind of damage award.

A defendant employer or facility may also be found negligent or at fault and held directly liable for breaching duties it owed to the patient. These could include, for example, the duty to: select professional staff using reasonable care; review staff performance on a regular basis; have and enforce appropriate policies and procedures; provide reasonable supervision of staff; and provide adequate staffing, equipment and resources.

2. Vicarious Liability

If an employee is found to be negligent or at fault, the court may order that damages be paid by the employer pursuant to the doctrine of vicarious liability. This legal doctrine provides that an employer, which may be an individual or an institution, can be held financially responsible for the negligence or fault of its employees. An employment relationship must have existed at the time of the event and the defendant employee must have been sued for work done within the scope of his or her employment. It will be up to the court to determine in each case if an employer/employee relationship existed and therefore whether vicarious liability would apply. Some of the factors the court would consider in determining if an employment relationship existed are the level of control the employer has over the employee's activities, any agreements which describe the relationship and requirements to follow the employer's policies or procedures.

3. Joint and Several Liability

When a court finds more than one defendant negligent or at fault, the court will assess the amount of damages (often expressed as a percentage of the total damage award) to be paid by each defendant. Defendants can be jointly and severally liable for the damages awarded. This means the plaintiff may recover full compensation from any one of the defendants found to be negligent or at fault, even though that defendant may then be paying for more than their share of the damages. That defendant may then seek contribution from the other defendant(s) found to be negligent or at fault.

For this reason, it is essential for physicians and NPs working in collaborative practice to verify that all members of the collaborative practice team and the facility or institution have adequate professional liability protection in place at the beginning of the work relationship and on an ongoing basis.

LIABILITY PROTECTION

Because of these potential liability risks, all members of the collaborative healthcare team and the institution or facility must have appropriate and adequate professional liability protection to protect themselves and the patients they treat.

When a CMPA member is sued by a patient regarding medical treatment, that member is generally eligible for assistance from the CMPA. This protection is occurrence-based, which means the eligible professional's protection extends from the date the event occurred regardless of when the claim is made. For CMPA members, there is no financial limit. In some circumstances, clinics and other practice arrangements may be eligible for assistance.

Registered nurses and nurse practitioners who are CNPS beneficiaries are generally eligible for the professional liability protection offered by the CNPS if they are named as a defendant in a civil action arising from the provision of professional nursing services. CNPS beneficiaries include all members of a CNPS member organization[1] who hold a valid license or registration to practice registered nursing.

CNPS professional liability protection is personal and occurrence-based (see above definition). Financial limits apply and are adjusted from time to time, taking into account evolving trends in court awarded damages.

1. A list of the CNPS member organizations is available on the CNPS website at **www.cnps.ca.**

CNPS protection extends to the NP as an individual for the defence of legal actions arising from the provision of professional nursing services. It is not available for claims against an NP's employees, an NP in his or her capacity as employer, or a business entity such as an incorporated company or partnership, other than a business entity of which the NP is the sole owner as well as the sole employee or provider of nursing services.

To meet their general liability protection and/or business professional liability protection needs, registered nurses in all Canadian provinces and territories may purchase commercial insurance from a CNPS-sponsored group insurance plan. The Registered Nurses' Association of Ontario also sponsors a group insurance plan available to RNAO members.

RISK MANAGEMENT

Taking the following steps will help decrease your risks when working collaboratively:

- have appropriate and adequate professional liability protection and/or insurance coverage;
- confirm the continuing appropriate and adequate professional liability protection and/or insurance coverage of the other members of the collaborative healthcare team;
- physicians should contact the CMPA at 1-800-267-6522 to discuss issues related to collaborative practice or the extent of assistance for clinics and other practice arrangements;
- NPs should contact the CNPS at 1-800-267-3390 to discuss issues related to collaborative practice or the extent of assistance;
- if you have or require commercial insurance, you should consult a business lawyer or insurance professional about how to identify your business insurance needs and protect your individual and business interests; consider scheduling a periodic review of these issues;
- if commercial insurance is purchased, abide by the terms of the policy and report any potential or actual claim to the insurer while the policy is still in effect;
- if you change insurers or do not renew a claims-made[2] insurance policy, purchasing tail coverage[3] is recommended.

In case of any questions about information in this document, physicians should contact the CMPA directly and nurse practitioners should contact the CNPS.

2. A "claims-made" policy requires reporting a potential or actual claim to the insurer before the policy's expiry date. Only events that have occurred after the "retroactive date," if there is one in the policy, and that are reported during the policy period are covered. If there is no retroactive date in the policy, events that occurred before the policy came into effect are covered if they are reported during the policy period and you were unaware of the claims at the time you purchased the policy.

3. "Tail coverage" may also be called an "extended reporting clause" or "discovery clause." Tail coverage is only applicable to claims-made policies and it extends the reporting period in which a claim can be made.

RN Prescribing Virtual Forum Report

Virtual Forum Exerpts

- I think this would be a perfect way for us to improve both access to timely care for patients and knowledge transfer at the primary care level.
- Prescribing ability would allow for more timely advancement to therapy facilitating achievement and maintenance of Clinical Practice Guideline targets for the person living with diabetes.
- While I agree that RN prescribing does have merit in certain practice settings with well-defined guidelines and training, I don't feel that we are ready for this in NB.
- I think that introducing another professional to the public, at this point in time, with prescriptive authority will create more role confusion and may hurt the momentum that the NPs are gaining in the province.
- Change process that impacts legislation; regulation and educational preparation is often a very lengthy process and so I think NANB should indeed start moving in this direction.

By DAWN TORPE

NANB held a virtual forum from November 15, 2013, until December 6, 2013, on the topic of RN Prescribing. It was designed to open the dialogue with members about this emerging national trend in nursing practice.

Participants in the forum expressed general support for the concept but a "wait and see" tone was prevalent in the comments. While acknowledging the knowledge and experience of RNs who have developed expertise with certain patient populations, participants highlighted the need for additional education and training for those RNs moving to prescriptive authority. In jurisdictions where RN prescribing has been introduced it has not been considered for all RNs but positioned within the context of expanding roles. Regulators have carefully explicated the required competencies required of RN prescribers and have developed and/or recognized educational programs to ensure safe, competent practice.

NANB believes that RN prescribing is not suited or warranted for all patient populations or settings. This was reflected in the comments made by forum participants who suggested that RNs involved with the management of chronic diseases such as diabetes could provide increased value to quality, timely patient care if they had prescriptive authority. Internationally and in Canada, this has been a common area identified for RN prescribing. For example, in New Zealand diabetes nurse prescribers were the first group of RNs to gain prescriptive authority.[1]

Currently in NB, nurse practitioners are the only RNs with prescriptive authority. Forum participants reflected on the potential role confusion that could ensue if another group of RNs were to gain this authority. The role of the NP in New Brunswick is that of a primary health care provider. They are able to independently diagnose and treat a range of acute and chronic conditions across the life span. Their scope of practice is much broader than what is being proposed for RN prescribers in other jurisdictions in Canada.[2] Introduction of RN prescribing would have to take into account the identified concern of role confusion, however, the narrower scope of practice for RN prescribers could be used to differentiate the roles.

The Virtual Forum asked the question "is the time right for RN prescribing in NB?". The answer to this question is not clear yet. NANB commits to ongoing monitoring of progress towards this objective in other provinces and to continuing the exploration of this new role for NB nurses.

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Scrubbing OUT

By KANDIS HARRIS

The Twitter and Facebook accounts of the nursing community are fired up after the premier of MTV's new reality series, *Scrubbing In* debuted a few weeks ago. A *Jersey Shore* version of nursing, *Scrubbing In* has enraged nurses from around the globe with its misguided representation of the nursing profession. Barbara Mildon (2013), President of the Canadian Nurses Association, which represents 150,000 registered nurses from across Canada, wrote a letter to MTV stating, "Scrubbing In's dramatized account of nurses' lives trivializes the critical work they perform. All of their hard work, from studying and gaining experience, to answering nursing's call, will be overshadowed by typical 'reality' show fodder." Dianne Martin (2013), Executive Director of the Registered Practical Nurses Association of Ontario representing more than 38,000 RPNs throughout the province, also wrote, "I could tell you that, as a nurse, I'm insulted by the show's stereotypical characterization of nurses. I could tell you that stereotypes are ignorant, demeaning and damaging. I could tell you that the caricature of the 'sexy nurse' is outdated and worn out".

Nurses are indeed fuming at MTV's portrayal of their work.

While petitions to cancel the series are being signed and blog posts are carving out their opinions, I ask: "*How did we get here?*" How did our profession turn into a reality series that associates nursing with partying, drinking, dancing and sexual philandering, rather than with the intelligent and respectful contribution to expert clinical care that we know it to be?

And…is MTV really the culprit here? After all, the channel is in the business of entertaining. Money is what drives their mandate, regardless of who or what it is exploiting. I am by no means arguing that what they are doing is right or justified. But I do think that nurses, as a profession, need to take some responsibility for allowing these 'reality' stars (consider—they really ARE nurses) to misrepresent who we are as professionals.

After watching a presentation on leadership by Drew Dudley (TED Conferences 2010), I realized that this situation might be merely the symptom of a "missed opportunity." Do we recognize and make visible the scope, breadth and depth of nursing knowledge, skill, and leadership as it plays out across our nation everyday? While we do formally acknowledge the leadership of our most prestigious and esteemed professionals (and they are well deserving), are we missing the expanse of leadership contributions of direct-care nurses in the course of daily practice? Does our inability to activate, access, or even acknowledge these contributions render them insignificant at best, and invisible at worst? If nurses have not made a "revolutionary" advancement in the profession, if they are not on the road to a PhD, if they are not sitting at high level decision-making tables with the movers and shakers of healthcare…do we believe they are not leading?

In his talk about leadership, Dudley concluded:

> "I have come to realize that we have made leadership into something bigger than us; we made it into something beyond us; we made it about changing the world and we've taken this title of leader and we treat it like its something that one day we are going to deserve, but to give it to ourselves right now means a level of

> arrogance or cockiness that we are not comfortable with…I worry sometimes that we spend so much time celebrating amazing things that hardly anybody can do that we've convinced ourselves that these are the only things worth celebrating and we start to devalue the things we can do everyday…we start to take moments when we truly are a leader and we don't let ourselves feel good about it." (TED Conferences, 2010)

Perhaps nursing needs to acknowledge and celebrate its everyday leadership.

And what of the leadership capacity of the newest cohort of nurses: the *millennial* generation? This generation of professionals has been touted as "*highly educated, self-confident, technologically savvy and ambitious*" (McGrath, 2011). Having been raised in an environment of perpetual feedback and validation (for which the earlier generations are collectively responsible), millennials are entering the workforce expecting appreciation for the intellect they bring and constant appraisal and reward for work most prior generations would consider "just part of the job" (Duchscher & Cowin, 2004). A colleague of mine who is studying the millennial generation's perceptions of leadership wrote:

> Only one of my research participants could identify any person in leadership outside their local hospital unit. Some barely knew who their manager was. When asked to identify WHO the leaders were on their unit they almost always named nurses who worked alongside them, some didn't even consider their charge nurse to be leaders, and most made a clear distinction between management and leadership (A.M Offiah, RN, BScN, MN(s), personal communication, October 30, 2013).

Is it possible that "leadership" is defined completely different in the newest generation of nurses? Does "everyday leadership" resonate more with this cohort, rather than the traditionally recognized leaders of this profession? I encourage us to pause for a moment and consider what it would mean to this generation if we started celebrating everyday leadership.

This colleague added that unless nurses perceive themselves as leaders, they are prone to the devolution of their self-image as reflected in *Scrubbing In: "At the 1-3 month mark of working, NONE of the new graduates perceived themselves as leaders*" (A.M Offiah, personal communication, October 30, 2013).

Have we muted the voices of our future leaders? I suggest that it is time to reconsider the lens through which we view leadership, take pride in and ownership of our everyday opportunities to lead IN practice and draw on the creativity and, as yet, unencumbered faith in the nursing profession emanating from our newest members. Dudley stated, "As long as we make leadership something bigger than us; as long as we keep leadership something beyond us; as long as we make it about changing the world, we give ourselves the excuse not to expect it everyday from ourselves and from each other" (TED Conferences, 2010). Maybe reclaiming everyday nursing practice AS leadership is the inspiration we all need to turn MTV OFF and the future of our profession ON.

Acknowledgments

The author would like to thank her colleagues for their valuable input and insight: Anna Offiah, Angela Espejo, and Dr. Judy Duchscher.

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The Work Environment of Intensive Care Nurses

By MYRIAM BREAU AND ANN RHÉAUME

The work environment in critical care units (CCU) is demanding, noisy and chaotic (St-Pierre, Alderson & St-Jean, 2010). CCU nurses have to remain calm and vigilant in the face of complex care situations. For these reasons, nurses in CCUs are at risk of physical and emotional harm. Thus, it is very important to retain these qualified nurses, especially that projections show that the number of patients needing critical care will double between now and 2026 (Fischer, Baumann, Hunsberger, Blythe & Fitzpatrick, 2008). Recent studies demonstrate that unhealthy work environments contribute to job dissatisfaction (Aiken et al., 2011), staff turnover (Laschinger, Leiter, Day & Gilin, 2009) and inefficient care delivery (Aiken, Sloane, Bruyneel, Van Den Heede & Sermeus, 2013). The creation of healthy work environments should help to recruit and retain these nurses and improve care quality.

Theoretical Framework

This study is based on an extension of the Nursing Worklife model (Figure 1), which outlines the relationships between the work environment and its impact on nurses, including job satisfaction and the intent to leave, and on patients and quality of care.

Purpose

The purpose of this study was to identify how empowerment and the work environment predict job satisfaction, the intent to leave and quality of care among CCU nurses.

Methodology

The research project is part of a larger study on nurses working in critical care units throughout Canada. This article presents data collected from 106 New Brunswick nurses. The sample was assembled with the participation of the Nurses Association of New Brunswick (NANB) and the Canadian Association of Critical Care Nurses (CACCN). Both organizations sent emails to their members inviting them to participate in an online survey. The survey included questions aimed at measuring empowerment, the work environment, job satisfaction, the intent to leave and the perception of quality care, plus sociodemographic data questions. The study was approved by the Université de Moncton's ethical committee.

Results

The average age of critical care nurses is 40. The majority of nurses are women (67%), while men are still well represented at 33%. The majority of respondents held a diploma (81%), while a few held a baccalaureate degree (16%) (see Table 1). How do critical care nurses perceive their work environment? Even if CCU nurses have a moderate degree of empowerment, the average score for the work environment is 2.55 out of a maximum of 4, which suggests that the

work environment is somewhat unhealthy. Furthermore, only 6% considered that they were involved in decision-making that concerned their practice, and only 14% said that their manager demonstrated leadership and support (see Figure 2). Nevertheless, nurses indicated that they had good professional relationships with the physicians. As for job satisfaction, nurses are generally neutral. In total, 64% of nurses had no intention of leaving their unit, 22% were uncertain and 14% intended to leave. Finally, CCU nurses see themselves as providing quality care.

Correlation analyses show that empowerment is related to the work environment and job satisfaction. Our results suggest that nurses who felt more empowered perceived their work environment as healthier. Moreover, empowerment and the perception of working in a good work environment (i.e., leadership and support from the nurse manager) are predictors of job satisfaction for CCU nurses. Our results also indicate that empowerment, the work environment and job satisfaction alone are not predictors of intent to leave or the quality of care. Having said that, several factors that we have not identified may lead a nurse to leave her job and inform her perception of the quality of care.

Conclusions

Unfortunately, CCU nurses in New Brunswick have a somewhat negative perception of their work environment. These findings are very concerning. The nurses who participated in the study felt they were not consulted very much on important changes that impacted on their practice, and they felt little support from their managers. The vast majority of nurses want to be involved in decisions that concern their practice and have exchanges with management on matters that have an impact on their work environment. However, nurses feel excluded and think they have no influence over changes and reforms happening in health care settings.

This study highlights the importance of the nurse manager's role in critical care settings. It is essential that bedside nurses have a manager that supports them and acknowledges the value of their work. There are several priority strategies. Sharing of information on practice and scheduled exchanges between managers and critical care nurses would increase nurses' confidence towards management. As for second-line managers, visibility, availability and integrity are essential characteristics in order to foster a sense of belonging and commitment in nurses.

On a more positive note, similar to their CCU colleagues elsewhere in

TABLE 1 *Profile of Respondents*

Characteristics	Number	Percentage
AGE		
20–30	16	15
31–40	42	40
41–50	34	32
51–60	12	11
61+	2	2
GENDER		
Female	76	67
Male	38	33
EDUCATION		
Diploma	91	81
Baccalaureate degree	18	16
Masters' degree	4	3

TABLE 2 *The Work Environment of CCU Nurses*

Percentage of nurses that say:	
76%	They have a good relationship with physicians
31%	Staffing and resources are adequate
29%	They have advancement and training possibilities
25%	Nursing care is based on nursing evidence
14%	Their manager demonstrates performance, leadership and support
6%	They are involved in decision-making concerning their practice

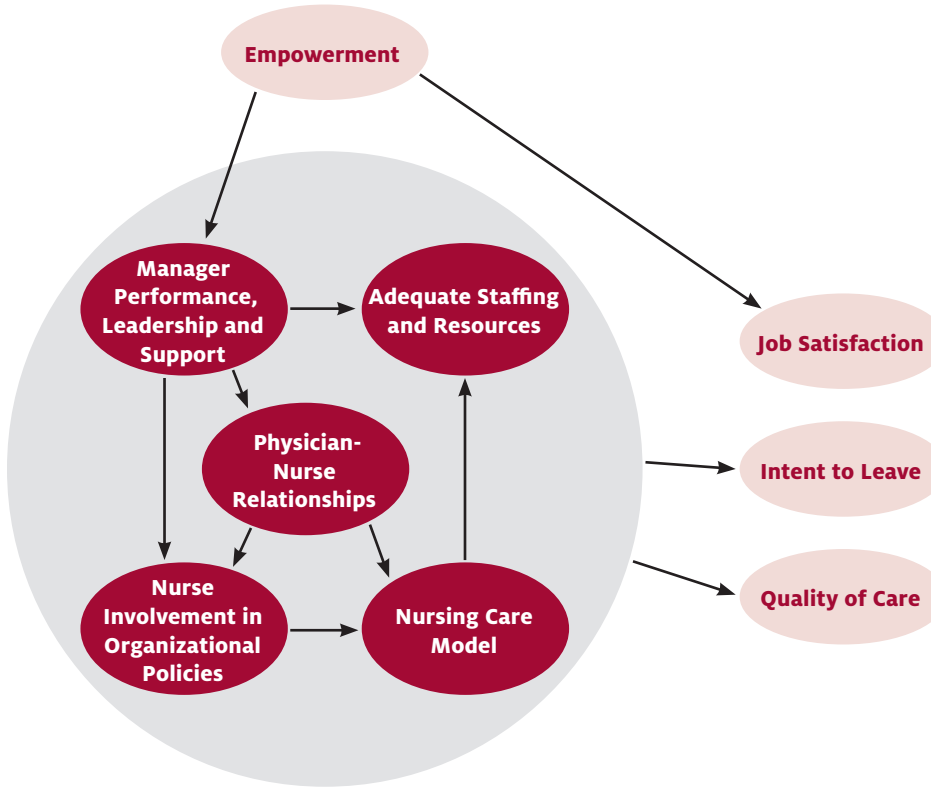

FIGURE 1 *The Nursing Worklife Model (Leiter & Laschinger, 2006)*

Canada, three out of four nurses said their relationships with physicians were good. It could be that the presence and availability of physicians in critical care units due to the unstable condition of patients encourages collaboration between physicians and nurses (San Martin-Rodriguez, Beaulieu, D'Amour & Ferrada-Videla, 2005).

In the end, establishing a healthy work environment is key to promoting job satisfaction, retention and, ultimately, improving the delivery of quality of care. The hospital nursing environment is changing rapidly. Considering the recent budget cuts in healthcare, it is even more important to ensure that a qualified nursing workforce is in place to provide nursing care to patients requiring increasingly complex care. We hope that the results of this study will lead to discussions and possible solutions in order to promote healthy environments in critical care.

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Ask a
PRACTICE
CONSULTANT

By VIRGIL GUITARD

YOU'VE ASKED

What is the difference between a student nurse and a student nurse employee?

The *Nurses Act* defines a student nurse as "*any person enrolled in an approved nursing education program*". Student nurses, during the time they are enrolled in a program of nursing and are under the aegis of the university faculty, may perform the tasks, duties and functions required as part of a course of study, subject to such conditions, limitations and restrictions as determined by the educational institution.

When student nurses are in clinical settings and under the aegis of the university, registered nurses (RNs) remain responsible for the overall care of the clients; however, some components of client care will be shared. Nursing students are usually supervised by a clinical instructor who is responsible for assigning nursing tasks and for providing support and supervision to the nursing student. The RN must however be available for student and clinical instructor alike, for assistance or consultation with assigned activities. NANB's document *Supporting Learners: Practice Guideline* (2011) offers information on the role of RNs in supporting learners, such as nursing students.

It is common practice for student nurses to seek employment (for example, during the summer period). Student nurses in NB are not regulated and when employed as part of the health care team, they are unregulated care providers. As is the case for all other unregulated care providers, the employer is responsible to define their job description.

NANB has developed the document Assigning, Delegating and Teaching Unregulated Care Providers: Practice Guideline *(2011) that offers information and articulates the responsibilities of RNs when working with UCPs.*

The Nurses Association of New Brunswick supports the employment of student nurses as UCPs as it provides an opportunity to further consolidate their theoretical knowledge and practical skills, while building self-confidence in the delivery of effective patient client care. Work experiences in a clinical setting also allow for the acquisition of the values, norms and accepted behaviors within healthcare environments. In order to support RNs when working with UCPs, NANB has developed the document *Assigning, Delegating and Teaching Unregulated Care Providers: Practice Guideline* (2011) that offers information and articulates the responsibilities of RNs when working with UCPs.

For more information about working with nursing students and with UCPs, contact NANB's Practice Department at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

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TD Insurance
Meloche Monnex

Make Your Own Roadside Emergency Kit

If you drive long distances, through rural areas or in extreme conditions, an emergency kit for your car could save your life.

If your car breaks down or you get stranded on a highway, keeping a roadside emergency kit in your trunk could save your life, as well as the lives of your passengers.

With this checklist as a guide, you can customize the contents of your own roadside emergency kit based on your surroundings, the climate and your driving habits. For instance, do you ever:

- Drive long distances?
- Drive in urban or rural areas?
- Drive late at night?
- Face severe weather in your area?

In winter especially, you need to be prepared in case you have to spend the night — or longer — in your car. If your clothing gets wet because you've tried to dig yourself out of a snow drift, for example, you'll have to get dry, as well as stay warm.

Be Prepared

Pack smaller items in a box or carton so you can find them quickly when you need to. As well, you should always travel with a well-charged cell phone and a charger that plugs into your car's cigarette lighter. It may seem like a lot to carry around, but if you find yourself in an emergency situation, you'll be glad to have packed it all.

Emergency Kit Checklist

Here's what to include in your kit:

- Small plastic bottles of water (replace every six months)
- Non-perishable, high-energy food, such as energy bars, nuts or peanut butter or dried fruit
- A blanket (a survival blanket is best)
- Matches and a candle in a deep can for light, warmth and to melt snow
- A flashlight with extra batteries or a wind-up flashlight
- A whistle to attract attention
- First-aid kit (should include a seatbelt cutter)
- Small shovel
- Ice scraper with brush
- Axe or hatchet
- Road map and compass
- Sand, salt or non-clumping cat litter for traction
- Extra antifreeze/windshield washer fluid
- Tow rope
- Jumper cables
- Fire extinguisher
- Warning light or road flares
- Utility knife
- Emergency sign for the dashboard
- Tire inflator
- Hand sanitizer, paper towels or cleaning cloths
- Spare tire
- Emergency phone numbers
- Extra clothing and footwear

Nursing Resources

continued from page 7

should be a part of our care delivery design and will contribute to the safety, quality and sustainability of the system. New Brunswick cannot afford to educate a workforce for another Canadian jurisdiction.

Please review the documents made available to you on the NANB website. Thank you to those individuals who shared their views related to my last column. Your comments were important to me and help inform our ongoing focus in this area. I look forward to receiving your reflections again.

A robust nursing workforce will be essential to the ongoing safety and quality of health services in New Brunswick. Ensuring that future will require the focus and collaboration of all stakeholders including: funders/government; educators; employers; RNs and NPs; unions and your Association. ■

ROXANNE TARJAN
Executive Director
rtarjan@nanb.nb.ca

APRIL 1–2, 2014

National Patient Relations Conference

- Vancouver, BC
- » www.healthcareconferences.ca/healthcare-conference-events/national-patient-relations-conference/home

APRIL 24–26, 2014

Canadian Association of Nurses in AIDS Care Conference 2014

- Winnipeg, MB
- » www.canac.org/English

APRIL 27–29, 2014

2014 National Emergency Nurses' Affiliation Pan-American Conference 2014: *Connected by Caring Across the Americas*

- Toronto, ON
- » http://nena.ca

APRIL 28, 2014

2014 NCLEX Conference for Canadian Educators

- Calgary, AB

MAY 4–7, 2014

37th National CONA Conference: *Trailblazing in Orthopaedics*

- Calgary, AB
- » www.cona-nurse.org/

MAY 14–15, 2014

Provincial Wellness Conference: *Championing the Wellness Movement in New Brunswick*

- Moncton, NB
- » www.nanb.nb.ca/downloads/Save the date -provincial Wellness Conference.pdf

MAY 25–28, 2014

IPAC Canada 2014 National Education Conference

- Halifax, NS
- » www.ipac-canada.org/conf_registration.php

MAY 29, 2014

NANB's 98th AGM and Invitational Forum

- Delta Hotel, Fredericton, NB
- » www.nanb.nb.ca

MAY 30–JUNE 1, 2014

NAPAN's 12th Annual National Conference: *The Sky's the Limit in PeriAnesthesia Nursing*

- Regina, SK
- » www.napanc.org/conference/2014-national-conference

JUNE 2–3, 2014

2014 National Health Leadership Conference

- Banff, AB
- » www.nhlc-cnls.ca/default1.asp?active_page_id=1&lang=English

JUNE 2–4, 2014

Community Health Nurses of Canada 2014 Annual Conference: *Blueprint for Action*

- Ottawa, ON
- » www.chnc.ca/annual-nursing-conference.cfm

JUNE 3–6, 2014

Canadian Association of Neuroscience Nurses 45th Annual Meeting and Scientific Sessions: *Scaling New Heights in Neuroscience Nursing*

- Banff, AB
- » http://cann.ca/cann-annual-scientific-sessions?dt=130816082244

JUNE 16–18, 2014

CNA Biennial Conference: *Explore, Reflect, Design, Act*

- Winnipeg, MB
- » www.cna-aiic.ca/en/events/2014-cna-biennial-convention

AUGUST 21–22, 2014

Conference: *The Nursing Profession: History, Analysis of the Present and Looking Towards Future Directions*

Deadline for Abstracts: March 31, 2014

- Edmundston, NB
- » www.cma2014.com/en/programmation/colloques-et-conferences?id=208

National Nursing Week: May 12–18, 2014

For the second year, National Nursing Week will promote *Nursing: A Leading Force for Change* across the country. NANB will promote a unique poster of nursing leaders that will be shared across the province.

National Nursing Week events and activities will be promoted on NANB's website and the next e-bulletin. ■

STAFF PROFILE

Practice Makes Perfect

Meet Liette Clément

NANB's Director of Practice

The Practice Team has described you as a strong, visionary leader with exceptional style whom expects as much from herself as she does her team. Would this be an accurate self-description?

A leader is only as good as the team that supports them. True strength and vision are a direct reflection of each member's skills, interests and creativity. NANB's mission and vision provides direction to the Association, and my challenge is to find the best way to get there. I am blessed to have a good balance of all the qualities that make the NANB team a force to be reckoned with; a powerful driver to advance our vision and push the profession into the future, empowering nurses to become leaders in a transforming health care delivery system.

I will say however, that I am opportunistic and constantly looking for ways to think outside the box!

Prior to joining the NANB, where had your nursing career taken you and how did this prepare you for the role of Director of Practice?

Like many, I was someone who did not know my true calling. How would I choose the right path? Whose footsteps was I to follow? Those of my father, a wise and educated man, my mother, a true pillar of our community or my sister, the registered nurse? All of them were leaders that instilled in me a strong work ethic and high expectations of myself.

I can say with conviction, after 39 years of being a registered nurse, that the nursing profession has given me the opportunity to do all of the above and more. Joining the Nurses Association was for me the perfect storm uniting all my passions. During my time in an emergency department, providing direct patient care taught me the importance of empathy, critical judgement and priority setting. Teaching nursing for more than 30 years taught me humility, patience, and hope for future generations of RNs. Holding a management role in a large hospital taught me to think outside of the box, to be resilient and to negotiate for the best possible care for patients. As a researcher, I learned that things are not always as they seem. Finally, as Director of the Practice Department at NANB, I continue to learn and bring to the team my appreciation of all those RNs who, day-in and day-out, meet their standards of practice providing safe, competent nursing care.

Describe the role of the Practice Department and how it supports the day-to-day practice of registered nurses and nurse practitioners in New Brunswick.

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REGISTRATION REVOKED

On October 4, 2013, the NANB Review Committee found registrant number 015334, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing. The member chose not to attend the hearing and provided the Review Committee with a written submission and an undertaking in which she indicates that she is not able to safely and competently practice nursing due to health issues and that she undertakes that she will not in the future apply for registration or reinstatement of her registration. The Review Committee ordered that the member's registration be revoked and that she shall not be eligible to apply for registration or reinstatement unless and until the complaint has been fully heard by the Committee.

REGISTRATION REVOKED

On October 22, 2013, the NANB Review Committee found Heather Ann London (former name Myshrall), registration number 021451, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing at this time. The member chose not to attend the hearing and provided the Discipline Committee with a written submission indicating that she is suffering from health conditions rendering her incapable of safely and competently practising nursing at this time and that she is unable to fulfill a condition of the Review Committee order, dated December 2, 2011. The Review Committee ordered that the member's registration be revoked and that she be prohibited from practising nursing or representing herself as a nurse. She shall be eligible to apply for reinstatement one year from the date of the order. The Committee also ordered that she pay costs to NANB in the amount of $2,000 within 12 months of returning to the active practice of nursing.

REGISTRATION REVOKED

On November 21, 2013, the NANB Discipline Committee found Anya Jean Szezendor, registration number 027992, to be suffering from health conditions rendering her unable to safely practice nursing at this time. The member chose not to attend the hearing and provided the Discipline Committee with a written submission indicating that she is suffering from health conditions rendering her incapable of safely and competently practising nursing at this time. The Discipline Committee ordered that the member's registration be revoked and that she be prohibited from practising nursing or representing herself as a nurse. She shall be eligible

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Get Involved! Play an Active Role in Your Association

Committee Members Needed

Do you promote your profession? Will you share your expertise? The Nurses Association of New Brunswick (NANB) is presently looking for members interested in becoming involved in various committees. Factors considered when selecting committee members are:

- geographic area;
- language;
- gender;
- years of nursing experience (at least five years); and
- area of nursing experience.

Public Members Needed

NANB is currently seeking interested members of the public to serve as public directors on the Board of Directors and as public members on the Complaints Committee and the Discipline and Review Committee on a voluntary basis. Public members are individuals who are not now, and have never been, registered nurses. Public members should have:

- An interest in health and welfare matters;
- Previous committee or board experience;
- Time to devote to the role and some knowledge about the nursing profession;
- Volunteer or work experience that demonstrates acting in the interest of the public.

The Nurses Act mandates your professional association to maintain a number of standing committees, which includes the Complaints Committee; the Discipline/ Review Committee; and the Nursing Education Advisory Committee. These committees allow members to be a part of a process that ensures the public is protected and that New Brunswickers receive safe, competent and ethical nursing care.

If you would be able to contribute to NANB's Board of Directors or the standing committees, please forward your curriculum vitae to Jennifer Whitehead at jwhitehead@nanb.nb.ca or by fax 506-459-2838. For additional information, you may contact the Association at 1-800-442-4417.

Committee Members

Name

Address

Registration No.

Current Area of Practice

Telephone No.

Email

Language ❒ English ❒ French

Areas of interest (please check):

❒ Nursing Education Advisory Committee (currently recruiting one university nurse educator from UNBSJ)

❒ Complaints Committee (This committee conducts the first step in the Professional Conduct Review (PCR) process and determines if further action is required. Meetings occur by teleconference.)

❒ Discipline / Review Committee (This committee conducts the second step in the PCR two-step process. Committee members examine evidence, hold hearings and make decisions.)

❒ Other

Please return this form to NANB at 165 Regent St., Fredericton, NB E3B 7B4 or fax to 506-459-2838.

Boardroom Notes

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NANB Document Review/Approval

The Board approved the following:

New Document & Position Statement(s):

- *The Contribution of Registered Nurses and Nurse Practitioners to Quality Patient Outcomes*
- *Becoming a Registered Nurse in New Brunswick: Requisite Skills and Abilities*

Revised Document(s):

- *Resolving Professional Practice Problems*

Revised Position Statement(s):

- *Registered Nurses Pronouncing Death*
- *Primary Health Care*

*All documents / position statements referenced above are available on the NANB website or call toll free 1-800-442-4417.

Endorsement of the New Brunswick Office of the Chief Medical Officer of Health's Position Statement

Given NANB's Ends policy on Healthy Public Policy and the role health professionals and institutions play in promoting healthy lifestyles and choices, the Board has endorsed the New Brunswick Office of the Chief Medical Officer of Health's Position Statement *Healthy Food Environments in Healthcare Facilities*.

Finances

The Board reviewed the 2013 Auditor's Report which reflected a $7,676 cash surplus. In the 2013 fiscal year, there were capital asset purchases of $81,667 and the Board supported a transfer of $100,000 to the Capital Fund for current infrastructure enhancements to the building. The audited financial statements will be presented at the 2014 Annual General Meeting. The Board reviewed the 2014 budget. Planned expenditures for 2014 are approximately $4,199,690 with a surplus of $31,815. This represents a balanced budget in accordance with board policy.

Next Meeting

The next Board of Directors meeting will be held at the NANB Headquarters on May 27 & 28, 2014.

Observers are welcome at all Board of Directors meetings. Please contact Paulette Poirier, Executive Assistant-Corporate Secretary at ppoirier@nanb.nb.ca or call 506-459-2858 / 1-800-442-4417.

2013–2014 NANB Board of Directors

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- President-Elect, Brenda Kinney
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- Director, Region 7, Rhonda Shaddick
- Public Director, Fernande Chouinard
- Public Director, Wayne Trail
- Public Director, Edward Dubé ■

Meet Liette Clément

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The Practice Department provides support services to registered nurse practice ensuring the delivery of safe, competent and ethical care. We provide leadership and strategic direction in professional practice through confidential consultations and presentations, translate NANB's corporate goals into RN/NP relevant documents and activities, and identify and analyze emerging trends and issues in nursing and health care.

NANB has evolved over the past four years. What significant changes have most impacted the Practice Department and why?

Adding personnel has propelled NANB to a whole new level. Not only are we responding to nursing issues, we have become proactive in anticipating changes and needs before they reach crisis mode. The electronic world has taken on a life of its own and has become an integral part of our service and support delivery. The use of the "*virtual world*" has brought education, information, and discussions closer to nurses in NANB's efforts to support nursing practice in the public's interest.

If you could go back and give yourself some "*words of wisdom*" as a new registered nurse, what would you say and why?

Work wisely, find the evidence to support what you do, do not lose yourself in the moment, think of the patient and their family, and remember that you are part of the larger team which is the nursing profession. You cannot do it all by yourself, but as part of a team you will find the strength to become a leader in your own right. Prepare to make an impact! ■

Professional Conduct Reviews

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to apply for reinstatement one year from the date of the order. The Committee also ordered that she pay costs to NANB in the amount of $1,500 within 12 months of first returning to the active practice of nursing.

SUSPENSION CONTINUED

On December 10, 2013, the NANB Discipline Committee found that notwithstanding his health conditions, Jean-Michel Beattie, registration number 023942, is responsible for his actions and that he demonstrated a lack of judgement and professional ethics and that he did not meet the Code of Ethics and the standards of nursing practice in communication, nurse client therapeutic relationship and interpersonal relationships. The Committee also found that he demonstrated professional misconduct, conduct unbecoming a member and a disregard for the welfare and safety of patients by engaging in non professional behaviours and communication. The Discipline Committee ordered that the suspension imposed on the member's registration be continued for a minimum period of one year and until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that he pay costs to NANB in the amount of $2,500 within 12 months of returning to the active practice of nursing. ■

LEADERS:
NURSING VOICES FOR CHANGE!

NANB's Invitational Forum

May 29, 2014

Join NANB at our upcoming Invitational Forum on May 29th, 2014 with *Informed Opinions* expert Shari Graydon at the Delta Hotel Fredericton to learn how exercising your voice to communicate who you are, and what you contribute to the health care delivery system is truly irreplaceable. Ms. Graydon will deliver an inspring call to action for nurse leaders to speak up for change! Nurses must take part in the discussions and planning of these changes.

Register Now!

Seating is limited. Register now until May 16, 2014, through NANB's Communications Department. **Call 1-800-442-4417 or email nanb@nanb.nb.ca.**

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Due to provincial legislation, our auto insurance program is not offered in British Columbia, Manitoba or Saskatchewan.

*No purchase is required. There is one (1) prize to be won. The winner may choose between an amount of $60,000 CAD to build a dream kitchen of his/her choosing or $60,000 CAD cash. The winner will be responsible for choosing a supplier and for coordinating all of the required work. The contest is organized by Security National Insurance Company and Primmum Insurance Company and is open to members, employees and other eligible persons who reside in Canada and belong to an employer, professional or alumni group which has entered into an agreement with the organizers and is entitled to receive group rates from the organizers. The contest ends on October 31, 2014. The draw will be held on November 21, 2014. A skill-testing question is required. Odds of winning depend on the number of eligible entries received. The complete contest rules are available at melochemonnex.com/contest.