

INFO NURSING

VOLUME 45 ISSUE 2 FALL 2014

REGISTERED NURSE
HEALTH STATUS
EFFICIENCY
CHRONIC ILLNESS
ACCESS
PHARMACEUTICALS
HEALTH TEAMS
NURSE PRACTITIONER
PRIMARY HEALTH CARE



**NANB SHARES
2014 ELECTION PRIORITIES | 18**

EFFECTIVENESS

PREVENTION
SUSTAINABILITY
COMMUNITY-BASED CARE
PRESCRIPTION DRUG MONITORING PROGRAM
LONG-TERM CARE

15 ONLINE
REGISTRATION
RENEWAL OPENS
OCTOBER 1, 2014

21 NANB'S NEXT VIRTUAL
FORUM: BE PART OF
THE CHANGE...NURSING
VOICES FOR CHANGE

29 MARIHUANA FOR MEDICAL
PURPOSES : CHANGES TO
LEGISLATION & NURSING
CONSIDERATIONS



**Nurses Association
OF NEW BRUNSWICK**

fall 2014

INSIDE

Congratulations
Lucille Auffrey, the
2014 Jeanne Mance
Award Recipient.

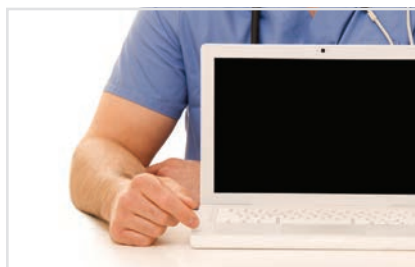
See page 30



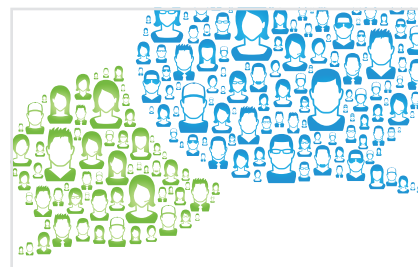
Cover

NANB Shares 2014
Election Priorities
with a focus on
Access, Efficiency,
Effectiveness and
Sustainability.

See page 18



15 Online Registration Renewal
Opens October 1, 2014



21 NANB's Next Virtual Forum:
*Be a Part of the Change...
Nursing Voices for Change*



23 Communities Connecting...
Shifting Towards Healthy
Aging and Care: A Response
to the 2012 Summit



29 Marihuana for Medical
Purposes Changes to
Legislation & Nursing
Considerations



- 13 Starting Your Online Presence**
Exploring How Digital Tools Can Improve
Health and Healthcare
By Rob Fraser

22 NANB's Invitational Forum Highlights

- 25 UNB Faculty of Nursing 19th Annual Research Day**
Creating a Culture of Scholarship
By Loretta Secco

- 29 Marihuana for Medical Purposes**
Changes to Legislation & Nursing Considerations
By Dawn Torpe

- 30 Congratulations Lucille Auffrey**
2014 Jeanne Mance Award Recipient

- 31 New Brunswick Nurse Blends Love of
Nursing with Her Love for Suspense**
By Janice Shonaman

- 31 National Nursing Assessment Service
Launched August 12, 2014**

- 32 CADTH Common Drug Review**
By Stephanie Smith

- 45 Staff Profile: Always Changing**
Meet Jennifer Whitehead, Manager of Communications
and Government Relations

- 47 NANB Board of Directors Build
Relationships with MLAs**

the
pulse

- 5** Message from the President
7 Message from the Executive Director
8 Boardroom Notes

- 38** Ask a Practice Consultant
42 Calendar of Events
44 Professional Conduct Review Decisions

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 exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by promoting healthy public policy.

..... The NANB Board of Directors



Darline Cogswell
President



Brenda Kinney
President-Elect



**Joanne
LeBlanc-Chiasson**
Director, Region 1



Jillian Lawson
Director, Region 2



Amy McLeod
Director, Region 3



Josée Soucy
Director, Region 4



Thérèse Thompson
Director, Region 5



Annie Boudreau
Director, Region 6



**Lisa Kierstead
Johnson**
Director, Region 7



Fernande Chouinard
Public Director



Wayne Trail
Public Director



Edward Dubé
Public Director

Info Nursing is published three times a year by the Nurses Association of New Brunswick, 165 Regent St., Fredericton, NB, E3B 7B4. Views expressed in articles are those of the authors and do not necessarily reflect policies and opinions held by the Association.

Submissions

Articles submitted for publication should be sent electronically to jwhitehead@nanb.nb.ca approximately two months prior to publication (March, September, December) and not exceed 1,000 words. The author's name, credentials, contact information and a photo for the contributors' page should accompany submissions. Logos, visuals and photos of adequate resolution for print are appreciated. The Editor will review and approve articles, and is not committed to publish all submissions.

Change of address

Notice should be given six weeks in advance stating old and new addresses as well as registration number.

DESIGNER ROYAMA DESIGN

TRANSLATION JOSÉ OUMET

EDITOR JENNIFER WHITEHEAD

Tel.: (506) 458-8731; Fax: (506) 459-2838;
1 800 442-4417; Email: jwhitehead@nanb.nb.ca

Canada Post publications mail agreement number 40009407. Circulation 10,000. ISSN 0846-524X. Copyright © 2014 Nurses Association of New Brunswick.

Executive Office

ROXANNE TARJAN *Executive Director*
Email: rtarjan@nanb.nb.ca

PAULETTE POIRIER

Executive Assistant, Corporate Secretary
459-2858; Email: ppoirier@nanb.nb.ca

Regulatory Services

LYNDA FINLEY

Director of Regulatory Services/Registrar
459-2830; Email: lfinley@nanb.nb.ca

ODETTE COMEAU LAVOIE

Senior Regulatory Consultant
459-2859; Email: ocomeau@nanb.nb.ca

DENISE LEBLANC-KWAW

Regulatory Consultant: Registration
459-2856; Email: dleblanc-kwaw@nanb.nb.ca

LORRAINE BREAU

Regulatory Consultant: Professional Conduct Review
459-2857; Email: lbreau@nanb.nb.ca

LOUISE SMITH

Regulatory Consultant: Registration
459-2855; Email: lsmith@nanb.nb.ca

ANGELA BOURQUE

Administrative Assistant: Regulatory Services
459-2866; Email: abourque@nanb.nb.ca

STACEY VAIL *Administrative Assistant: Registration*
459-2851; Email: svail@nanb.nb.ca

ERIKA BISHOP

Administrative Assistant: Registration
459-2869; Email: ebishop@nanb.nb.ca

Practice

LLETTE CLÉMENT *Director of Practice*
459-2835; Email: lclement@nanb.nb.ca

VIRGIL GUITARD *Nursing Practice Consultant*
783-8745; Email: vguitard@nanb.nb.ca

SUSANNE PRIEST *Nursing Practice Consultant*
459-2854; Email: spriest@nanb.nb.ca

DAWN TORPE *Nursing Practice Consultant*
459-2853; Email: dtorpe@nanb.nb.ca

JULIE MARTIN *Administrative Assistant: Practice*
459-2864; Email: jmartin@nanb.nb.ca

Corporate Services

SHELLY RICKARD *Manager, Corporate Services*
459-2833; Email: srickard@nanb.nb.ca

MARIE-CLAUDE GEDDRY-AUTIO *Bookkeeper*
459-2861; Email: mcgeddry@nanb.nb.ca

Communications and Government Relations

JENNIFER WHITEHEAD
Manager, Communications and Government Relations
459-2852; Email: jwhitehead@nanb.nb.ca

STEPHANIE TOBIAS

Administrative Assistant: Communications
459-2834; Email: stobias@nanb.nb.ca



You Are a Health Expert! Share Your Knowledge With Candidates and Vote This Election

The New Brunswick provincial election is scheduled for Monday, September 22, 2014. Political parties have already begun communicating their vision for New Brunswick, nominating their candidates for consideration by voters and have begun campaigning on their vision for the province garnering your support on election day.

It has been my experience that nurses rarely share their political views or affiliations. This is obviously a personal decision and simply an observation. What I would like you to consider is the potential impact of nurses across this province sharing their views and concerns with candidates. Yes, candidates are seeking your support but consider this; they are from your area and need to understand the priorities of the citizens they are offering to represent. Logically, they must have an interest in understanding the priorities of these individuals and their vision and hopes for themselves, their community and the province. Considering health priorities and concerns; what candidate worth considering would not want to listen to and understand the views of a local health expert? You are that health expert! Your experience within the health system and/or university nursing programs is valuable

to candidates. Share your experience and concerns as well as your solutions. Included in this edition and available on the NANB website (www.nanb.nb.ca) are the priorities identified by the Board of Directors of the Nurses Association of New Brunswick. We have shared these priorities with party leaders and candidates and will be meeting with candidates over the coming weeks to further discuss these priorities and respond to questions the candidates may have. These same candidates may want your view of the priorities. They can't do that if they don't know you are a registered nurse or nurse practitioner.

This election our request is simple. When a candidate approaches you identify yourself as a registered nurse or nurse practitioner. One in 83 New Brunswick voters is a registered nurse! Your opinion matters. Imagine the impact of each of us simply making local candidates aware we are a member of this profession. We recognize this may not be a comfortable action for you. Please step out and make yourself and your profession visible. Join us in sharing our profession's expertise with the future leaders and policy makers of our province. ■

DARLINE COGSWELL
President
president@nanb.nb.ca

CONTRIBUTORS

this issue



Suzanne
Dupuis-Blanchard



Rob Fraser



Virgil Guitard



Jodi Hall



Loretta Secco



Janice Shonahan



Stephanie Smith



Dawn Torpe

13

.....

ROB FRASER, RN
Guest Columnist

25

.....

LORETTA SECCO, RN, PhD
Professor, Faculty of Nursing, UNB
Fredericton

32

.....

STEPHANIE SMITH, RN
Captain, Critical Care Nursing Officer,
National Defence, Canadian Government

23

.....

SUZANNE DUPUIS-BLANCHARD, PhD, RN
School of Nursing and Center for Aging
Research, UdeM, Moncton

29

.....

DAWN TORPE, RN, MN
Nursing Practice Consultant, NANB

38

.....

VIRGIL GUITARD, RN
Nursing Practice Consultant, NANB

JODI HALL, BEd MHS

Director of Operations, New Brunswick
Nursing Home Association

31

.....

JANICE SHONAHAN, RN
Author



‘We Know What to Do; the Time is for Action’

The provincial election is in full swing in New Brunswick as we are scheduled to head to the polls on Monday September 22, 2014. An election provides the public an opportunity to determine the local representative and political party who will best advance personal concerns and our province.

This past February, the Board of Directors identified nursing priorities for the upcoming election. The Nurses Association of New Brunswick has had a number of conversations with political leaders throughout the year and the priorities identified by the Board further advance the long-term vision of this organization and our profession for health services in New Brunswick. The Board and staff believe you, the members, and the people of New Brunswick are concerned about *access* to health services, the *efficiency* and *effectiveness* of our system and its long-term *sustainability*. The priorities identified by the Board and communicated to all political parties are based on these areas of concern with the objective to positively impact all New Brunswickers. The NANB, legislated by the *Nurses Act*, has the responsibility and accountability to advance health policy in the public interest. The priorities document has been distributed to all political party leaders and candidates and can be found on page 18. An election toolkit with additional support materials including: Elections NB resource links; tips on how to get involved; tips on how to meet candidates and more, can be found on NANB’s website (www.nanb.nb.ca). Share these priorities with your family and friends and get their opinions. Add your own priorities to discussions with local candidates, if elected they will look to the expertise and advice of their constituents.

Make yourself and our profession visible.

In June, André Picard, health columnist with the *Globe and Mail*, reflected on the need for action in our health-system. Picard’s reflections were a result of an announcement by Federal Health Minister Rona Ambrose concerning the establishment of an advisory panel on health care innovation. Picard correctly notes that since *The Royal Commission on Health Care* in 1964 over 40 additional reviews have taken place all with remarkably similar recommendations clearly stating: we know what to do; the time is for action.

I would go further to add political will; that includes both big “P” and small “p” political will and our will as health experts and citizens. There is a wealth of evidence to support the changes proposed. Health outcomes improve and care is more cost-effective and efficient when provided by a team of health care experts. That team has a place for everyone and most importantly, it must be patient/person/family focused. Health services can no longer be delivered as it suits the provider. New Brunswickers support the health system and should expect quality service and outcomes; otherwise our investment is worthless.

I encourage you to read André Picard’s column (<http://spon.ca/what-canadian-health-care-lacks-is-action-not-innovation/2014/06/26/>). It will not be new information for you as health experts but may provide you with some great talking points when engaging with candidates and future leaders in the coming weeks.

Let your voice as RNs/NPs be the catalyst for change!

ROXANNE TARJAN
Executive Director
rtarjan@nanb.nb.ca



THE BOARD OF
DIRECTORS MET ON
MAY 27 & 28, 2014 AT
NANB HEADQUARTERS
IN FREDERICTON.

Policy Review

The Board reviewed policies related to:

- *Ends*
- *Governance Process*
- *Executive Limitations*

Organization Performance: Monitoring

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

Board of Director's Vacancies

2014 Election

An election was held for Directors in Region 1 and 3, candidates in Region 5 and 7 were elected by acclamation.

- Region 1 Director:
Joanne LeBlanc-Chiasson, RN
- Region 3 Director:
Amy McLeod, RN

- Region 5 Director:
Thérèse Thompson, RN

- Region 7 Director:
Lisa Kierstead Johnson, RN

Public Director Vacancies

The Board of Directors is composed of 12 members, three of whom are members of the public. The role of the public director is to provide the Board with a public, non-nursing, consumer perspective on issues as they relate to nursing and health care in New Brunswick.

The term of two public directors, Fernande Chouinard and Wayne Trail, will expire August 31, 2014. Both public director positions are appointed by the Lieutenant-Governor in Council from a list of candidates submitted by the NANB. The appointments are for a two

year term effective September 1, 2014. The Board approved the following four nominees:

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

The Board Approved the Following Appointments to NANB Committees

Executive Committee

The President and the President-Elect are members of the Executive Committee along with two region directors and one public director. The Board appointed the following directors for a one year term effective September 1, 2014 to August 31, 2015:



- Jillian Lawson, RN, *Region 2 Director*
- Amy McLeod, RN, *Region 3 Director*
- Edward Dubé, *Public Director*

Resolutions Committee

Three nurse members from the Carleton-Victoria Chapter were appointed for a two year term (2014-2016) beginning September 1, 2014:

- Teresa Harris, *Chair*
- Susan McCarron
- Karen Allison

The Nursing Education Advisory Committee

September 1, 2014 to August 31, 2016

- Kathleen Mawhinney, *nurse educator, University of New Brunswick, Saint John (new)*
- Joanne Barry, *community health nurse, St. Joseph's Community Health Center, Grand Bay-Westfield (re-appointment)*
- Marjolaine Dionne Merlin, *nurse educator, Université de Moncton, Moncton (re-appointment)*
- Marie-Pier Jones, *recent nurse graduate, Moncton (re-appointment)*

The Complaints Committee:

September 1, 2014 to August 31, 2016

- Marie-Hélène Perron, *staff nurse, Oromocto Public Hospital, Oromocto (new)*

- Erin Corrigan, *staff nurse, Campbellton Regional Hospital, Campbellton (new)*
- Acholia Theriault, *Nursing Practice Coordinator, Dr. Everett Chalmers Hospital, Fredericton (new)*
- Kathleen Sheppard, *nurse manager, Dr. Everett Chalmers Hospital, Fredericton (re-appointment)*
- Paula Prosser, *staff nurse, Moncton Hospital, Pine Glen (re-appointment)*
- Monique Cormier Daigle (chair), *administration/education, Dr. Georges-L.-Dumont University Hospital Center, Moncton (re-appointment)*
- Roland Losier, *retired educator, Moncton, Public Member (re-appointment)*
- Aline Saintonge, *S & L Transactions Ltd., Fredericton, Public Member (re-appointment)*
- Luc Drisdelle (co-chair), *clinical consultant, Medline Canada, Haute-Aboujagane(re-appointment)*
- Shirley Avoine (chair), *nurse manager, Dr. Georges-L.-Dumont University Hospital Center, Moncton (re-appointment)*
- Etienne Thériault, *retired civil servant, New Maryland, Public Member (re-appointment)*
- Thérèse Roy, *retired social worker, Atholville, Public Member (re-appointment)*
- Jo-Anne Nadeau, *retired civil servant and educator, St. Charles, Public Member (re-appointment)*
- Huguette Frenette, *retired guidance counselor, Beresford, Public Member, (new)*
- Elisabeth Goguen, *retired educator, Fredericton, Public Member (new)*

The Discipline/Review Committee

September 1, 2014 to August 31, 2016

- Sharon Smyth Okana, *administrative director surgery program, Dr. Georges-L.-Dumont University Hospital Center, Moncton (new)*
- Odette Arseneau, *mental health nurse, Bathurst (new)*
- Carolyn Steeves, *nursing practice coordinator, Saint John Regional Hospital, Grandbay-Westfield (new)*
- Jacqueline Savoie, *public health nurse, Miramichi (new)*
- Heidi Mew, *resource nurse medicine program, Horizon Health Network, Saint John (new)*
- Dixie LaPage, *manager, extra-mural Perth-Andover, Knowlesville (re-appointment)*
- Heather Hamilton, *Preoperative Clinic, Dr. Everett Chalmers Hospital, Fredericton (re-appointment)*
- Nancy Sirois Walsh, *Nursing Professional Practice Advisor, Chaleur Regional Hospital, Bathurst, (re-appointment)*

The Nurse Practitioner

Therapeutics Committee

The Board of Directors approved the re-appointment of Ayub Chisti and Dr. Kathy Woods and the appointment of Dr. Yogi Seghal to the Nurse Practitioner Therapeutics Committee for the term September 1st, 2014 through August 31, 2016.

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

UNB and UdeM NP Program Interim Reports

Based on the recommendation of the Nursing Education Advisory Committee, the Board of Directors accepted that the first of two interim progress reports from the UNB and UdeM Nurse Practitioner Programs which responded to recommendations outlined in the NP Program Approval Reports of November and December 2012 respectively.



VPH Class of 1969

Victoria Public Health Class of 1969 gathering at the Delta Hotel, Fredericton.

Workplace Wellness Solutions

“Workplace Wellness Solutions” is a two-day conference to be held at the Hilton Hotel and Trade & Convention Centre in Saint John, New Brunswick on September 30 and October 1, 2014. This conference will offer practical strategies and tools to assist your clients in the areas of: emotional wellness, reducing tobacco dependence, managing obesity, sleep and exercise. Participants will also explore current legislation on protecting client privacy. Join us and learn how to solve the wellness puzzle—move your wellness program from good to GREAT!

For further information and to register, visit our website at www.wwsconference.ca.

September 30 will be jointly hosted by the Canadian Occupational Health Nurses Association and the New Brunswick Occupational Health Nurse Group (NBOHNG). October 1 will be solely hosted by NBOHNG. Both groups will hold business meetings on September 29.

Nurse Practitioners in New Brunswick will Soon be Authorized to Prescribe Controlled Drugs and Substances

Nurse Practitioners who have successfully completed the approved, mandatory e-learning module offered through the Continuing Professional Development Program for Nurse Practitioners and Registered Nurses at the University of Ottawa will be authorized to prescribe from the newly revised NP Schedules for Ordering as of September 1, 2014. These revised Schedules for Ordering for Nurse Practitioners, state that Nurse Practitioners may prescribe controlled drugs and substances (CDS) with the exception of heroin, opium, coca leaves, anabolic steroids

(other than testosterone), marihuana and methadone. The revised Schedules for Ordering for Nurse Practitioners will be available in PDF format at www.nanb.nb.ca.

Nurse practitioners who have not completed this mandatory e-learning program by August 31, 2014, will have a limitation placed on their registration indicating that they are not authorized to prescribe controlled drugs and substances. All nurse practitioners will be required to complete this program in order to renew their 2015 NP registration with NANB.



AVAILABLE AT WWW.NANB.NB.CA

Cultural Awareness for Preceptors and Mentors of Internationally Educated Nurses (IENs)

Internationally Educated Nurses (IENs) face a considerable challenge when attempting to enter a new country with the accompanying cultural differences.

This e-learning module is designed to enhance your knowledge of, and sensitivity to, the unique challenges facing the internationally educated nurse (IEN) who is entering practice in a new country and a new culture. At the completion of this module, you will be able to:

- Better understand the challenges facing the IEN's integration into the Canadian health care system;
- Identify the role and responsibilities of the Nurses Association of New Brunswick (NANB) in the initial registration of IENs;
- Examine basic concepts such as culture, cultural sensitivity, ethnocentrism, discrimination and stereotypes;
- Identify the impact of cultural and personal value systems on cross-cultural interactions;
- Examine the concept of cultural diversity in the workplace and any initiatives within your workplace to support diversity; and
- Better understand the need for structured programs and supports to assist IEN integration.

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



It's All About the Nurse-Client Relationship

NEW WEBSITE FEATURE



President's Brief

Online at www.nanb.nb.ca

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.

2014 President's Award Recipients

The President's Awards (\$250) are presented to an outstanding nursing graduate from each University site.

- **Maryse Collin**
UdeM Edmundston
- **Tina Albert**
UdeM Moncton
- **Danika Michaud**
UdeM Shippigan
- **Karissa McNabb**
UNB Fredericton
- **Ashley McKim**
UNB Moncton
- **Lauren Oulton**
UNB Saint John
- **Laura Hamilton**
UNB Bathurst

Connect with the NCLEX

The Summer 2014 issue of the National Council of State Boards of Nursing's NCLEX newsletter is now available in English and French. This newsletter highlights milestones in the transition to the NCLEX, and provides information about the exam development process and answers to frequently asked questions. To read the newsletter: www.ncsbn.org/5029.htm.

New Brunswick Multicultural Council Seeking RN Volunteers

New immigrants to New Brunswick with a previous nursing background need local insight and access to professional networks that only a one-on-one connection can offer. The New Brunswick Multicultural Council (NBMC) is seeking RN volunteers to be part of this network.

If interested, please communicate with Aaron Kamondo, New Brunswick Multicultural Council Program Coordinator at aaron.kamondo@nb-mc.ca or for more information about the New Brunswick Multicultural Council, visit www.nb-mc.ca.

Do you want to receive *Info Nursing* electronically?

NANB offers members the opportunity to receive *Info Nursing* electronically. In a continuous effort to be an environmentally friendly Association, NANB currently emails stakeholders and members a direct link to your nursing journal. Please email stobias@nanb.nb.ca indicating you would prefer to receive future issues of *Info Nursing* electronically.

Hours & Dates			
The NANB Office is open Monday to Friday, from 08:30 to 16:30			
NANB WILL BE CLOSED		DATES TO REMEMBER	
OCTOBER 13	Thanksgiving Day	OCTOBER 15-17	NANB Board Meeting
NOVEMBER 11	Remembrance Day	DECEMBER 1	Registration Renewal Administrative Deadline
		DECEMBER 31	Registration Renewal Deadline



Starting Your Online Presence

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.

What are the top results when you search your name online?

Sometimes nothing comes up. For some unfortunate people, something they are not proud of shows up. Others may have something that someone else posted, like a work biography or a quote in a news article. Starting to participate online allows you to influence what results come up when people search for you online and the ability to edit it too. It gives you more control over your professional image, and can help give you a positive reputation and open up new opportunities.

The previous article in the *Connecting Nurses* series discussed how to identify the potential of social media sites. When you identify opportunities, most websites have similar process for signing-up. Provide an email, password and then start completing your profile. In order to help make the process easier and for best results this article will help give you some guidance on how to create a profile on any website you join.

What do you need?

One way to make signing up for a

professional network easier, is to prepare ahead of time. Make sure you have the following things ready and saved somewhere on your computer or mobile device.

A good picture of yourself. Most social networks have a profile picture. It makes it easier to recognize invitations to connect when you may forget a name. Get a picture that's with only you, and that is close enough so it is easy to identify you if it was a small picture on a screen. If you really don't want to use your own picture, make an avatar (an icon or figure to represent you) <http://bitstrips.com>.

Resume and/or short biography. Personal profiles are about you. Each web service may have a different amount of information you can give. Some want your career history, others only a few hundred characters. If you save a short bio it is easy to reuse, which makes the process easier.

A professional email address. Most social media services use an email, or another account (like Facebook or Google) to verify who you are. After signing up they send you an email to

confirm you wanted to join, and verify the process is complete. Your email should be your name to present a professional image.

Contact list. Social media services are designed to connect with others. Once you have joined, they may ask you for email or contacts of others. If you do not have any that is fine, you can browse who is a member and others may add you with time. Having a digital copy of your contacts helps to get more out of the service.

Where to start?

You can get started as soon as you have an email address. Remember in the last article it is best to think about what you are trying to get out of joining the network. This will help you think about what type of impression you are trying to create. If you are joining to stay up to date with professional issues, focus on connecting with other individuals or groups related to your interests and work.

Another useful thing to do is set a reminder in your calendar for 4 to 6 months from when you sign-up to

Sign Up



Create a free account in seconds »



Register Now

Get instant access...

review what you have accomplished. Perhaps re-reading your information, you may catch a typo or you can think about improving how you use the site.

Tips for Social Networks

For those who are new to social networks, here are few important settings to look for after you sign up.

- Privacy settings. Now nothing online is guaranteed to be private, but you can control and limit who might be able to find your profile. Take some time to learn about what features a social network has so you understand who might be viewing your information.
- Notifications. Look for the notifications setting, most importantly the email setting. Some services want to email you anytime any activity happens, because it will bring you back to their website. This can create excess email in your inbox which is never fun. Look for ways to limit when the service emails you. That way you only get updates you want, or if you prefer none at all.
- Accepting connections. Many social

media services require you to accept connections or to allow others to find you. Do not feel you have to accept invitations. If you are contacted by students, you could explain you only accept colleagues or family on this social network and they should use email. You do not have to accept invitations from people you do not know or are not interested in connecting with. It is your choice and your goals, so do not let others make you feel obligated to change how you use a social network.

Developing your Personal Brand

For any profile associated with your name or email account, it is important to think how others will perceive you. Here are a few simple tips to make a positive impression.

- Be polished. First impressions count and if people continue to see your mistakes in your profile, it makes a difference. Take time to proof-read and spellcheck your bio and any information. It is simple and can make a big difference.
- Be positive. If you can post positive comments or content, people will

remember what you say. Focusing on what you are passionate about or what you can positively change, can help draw people to you. Complaining is unappealing and others may not want to connect with someone that is constantly focusing on the negative. Highlight what you are interested in, so others can identify shared interests.

- Highlight your value. What skills do you have, are you known for, or problems can you solve? Nurses have many skills, and need to market them to other. Identify skills or opportunities you are looking for, makes it easier for people to know when to get in touch with you.

These are some simple ideas to keep in mind. Over time it will become easier to remember and may even become natural. Having your first online profile is a great start to creating an online presence. Even if you do not login every day, being present changes how others are able to perceive you, which can pay off in many different and unexpected ways in your career.



2015 Online Registration Renewal

Online registration renewal opens on October 1, 2014 and closes at 4:00 pm on December 31, 2014. In early October, members will receive an email reminder to renew registration online. If your email address has changed, please contact Registration Services at 1-800-442-4417 or 1-506-458-8731.

November 15: Payroll Deduction Deadline

Members participating in employer payroll deduction of registration fees must renew online by **November 15, 2014**. After November 15, payroll deduction fees must be returned by NANB to the employer and members will have to use their debit or credit card to renew online.

December 1: Administrative Deadline

NANB has an administrative deadline of **December 1, 2014** to renew registration. This deadline ensures the necessary time to assess and process all the renewal applications and to complete any follow-up prior to expiry on December 31, 2014.

Avoid the Late Fee: Renew Your Registration Early

Registrations that are renewed after **January 1, 2015** will be subject to a late fee of \$56.50. Any nurse, who practises while not being registered, is also in violation of the *Nurses Act* and may be charged an additional unauthorized practice fee of \$250.00 plus tax.

Renew online via your My Profile account

Log in to your secured "My Profile" account or create your profile at Create my profile. **Reminder: your username is your registration number.**

Payment Options Online for Those Not on Payroll Deduction

You have the option to pay your online registration renewal fee by VISA, MasterCard and debit. Debit (Interac) is only available to clients of ScotiaBank, TD, RBC or BMO.

Verification of Registration Status for Employers and Members

Employers are required under the *Nurses Act* to annually verify that nurse employees are registered with NANB. A quick and efficient way to verify the registration status of nurse employees is to go to the NANB website and access the registration verification system as follows:

1. go to the NANB website at www.nanb.nb.ca;
2. select **Registration** from menu at the top of the screen;
3. select **Registration Verification**.

This new login page will allow you to:

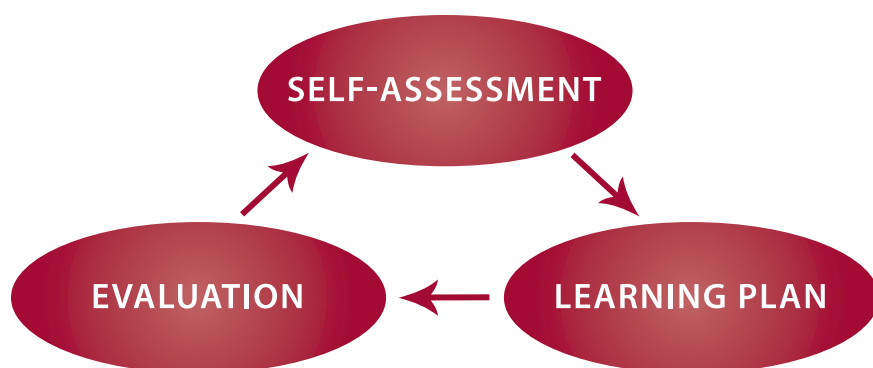
- Access your nurse registration list if you are currently registered as an employer with NANB. Enter your user ID and password to verify the registration status of your nurse employees. You may verify registration of a nurse for the first time by entering her name or registration number and adding it to your list;
- Register as an employer with NANB if you have not done so previously. Once approved, you will be able to create and save a list of your nurse employees with their registration status;
- Verify the registration status of an individual nurse without having to use a password.

Individual registered nurses can use the registration verification system to verify their own registration status one business day after completing their online renewal.



2015 Online Registration Renewal

Continuing Competence Program (CCP)



To renew registration for the 2015 practice year you must have:

- completed a self-assessment to determine your learning needs;
 - RNs assess their practice based on the *NANB Standards of Practice for Registered Nurses*; and
 - NPs assess their practice based on the *NANB Standards of Practice for Primary Health Care Nurse Practitioners*;
- developed and implemented a learning plan that outlines learning objectives and learning activities;
- evaluated the impact of your learning activities on your practice; and
- reported on the registration renewal form that you have completed the CCP requirements for the 2014 practice year.

New This Year: Complete Your CCP Online

A new feature has recently been added to “**My Profile**” which gives you the ability to complete your CCP online. You are now able to create, edit, save and store your CCP worksheets in a secure

and confidential area.

This new user friendly electronic version of the CCP is available via your “My Profile”. Log in to “My Profile” using your registration number as your username along with your password. Start by clicking on “NEW” and enter the following information: the practice year, your role or position and the practice setting in which you currently practise. You will be prompted to complete the **Self-Assessment** to identify which standard indicator(s) you will focus on. You must rate every standard indicator to access the **Learning Plan**.

When you reach the Learning Plan, you will write your learning objective(s) which relate to your identified standard indicator(s), list your learning activities and establish your targeted completion dates for each one. As you complete your learning activities you will be able to update your Learning Plan as needed. Your **Evaluation** is to be completed prior to the annual registration renewal and may assist you in identifying learning needs for the following year.

You may access HELP screens as you progress through the electronic worksheet to assist you. Some help screens include useful tips to guide you along the way and others provide more specific information such as action verbs to write learning objectives and

examples of learning activities.

CCP information and resources, including downloadable forms are also available on the website at www.nanb.nb.ca.

CCP Audit

Compliance with the CCP is monitored through an annual audit process. In August 2014, a randomly selected group of RNs and NPs received notification to complete a CCP Audit Questionnaire related to their CCP activities for the 2013 practice year. These members are required to complete the online questionnaire by September 30, 2014, prior to registration renewal. ■

Office Hours

The NANB office is open Monday to Friday 08:30 to 16:30. Please note the office will be closed **December 24, 25 and 26, 2014 and January 1, 2015.**

For assistance with any registration issue please contact NANB Registration Services at 1-800-442-4417 (toll-free in NB) or 1 506-458-8731.



NEXT WEBINAR

**When Meeting Standards
Becomes a Challenge:**

*Working with Limited
Resources and Resolving
Professional Practice Problems*



AVAILABLE AT WWW.NANB.NB.CA

NANB Fall Webinars

Thursday September 25, 2014 at 11:00 am

Join NANB's webinar titled: *When Meeting Standards Becomes a Challenge—Working with Limited Resources and Resolving Professional Practice Problems.*

This webinar will explore two interrelated topics—working with limited resources and resolving professional practice problems. It will offer strategies on how to address these issues in your work environment while providing safe, competent and ethical nursing care.

Please register before September 22, 2014 online at www.nanb.nb.ca.

Thursday, October 30, 2014 at 1:00 pm

FAQs from RNs working in Nursing Homes

Thursday, December 4, 2014 at 11:00 am

Problematic Substance Use—Still an Important Issue

**Previously Recorded
Webinar Presentations**

- *Collaboration: Shared Goals, Different Roles*
- *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*



UNIVERSAL PHARMACARE
REGISTERED NURSE
HEALTH STATUS
EFFICIENCY
CHRONIC ILLNESS
PHARMACEUTICALS
HEALTH TEAMS
ACCESS
PRIMARY HEALTH CARE
NANB SHARES
2014 ELECTION PRIORITIES
NURSE PRACTITIONER
LONG-TERM CARE
EFFECTIVENESS
PREVENTION
COMMUNITY-BASED CARE
SUSTAINABILITY
PRESCRIPTION DRUG MONITORING PROGRAM

NANB Shares 2014 Election Priorities

The Board of Directors of the Nurses Association of New Brunswick believes that, as health experts, our profession has important expertise and advice to bring to the political process, a view confirmed by the mandate of the Association drawn from the *Nurses Act* passed by the New Brunswick legislature. As individuals with valuable experience and expertise in the health arena, engagement in the political process is a natural enactment of your nursing standards and ethical values. The NANB has communicated priorities for health policy, investment and action over many provincial elections. The priorities identified by the Board are informed by the mandate and values of the Association and our profession and are shared with all party leaders and candidates. Over the coming weeks the President, Board of Directors and the NANB Executive Director will be meeting with candidates; reinforcing these priorities, answering candidates' questions and sharing nursing expertise.

The priorities presented here are founded on the following principles: improving *access* to health services for all New Brunswickers, enhancing the *effectiveness* and *efficiency* of health services and supporting the sustainability of our universal, publicly-funded health system.

ACCESS: Primary Health Care

Implementation of the NB Primary Health Care Framework and a transition to community and team-based primary health care services must be a priority for the New Brunswick government. The NANB believes that a Primary Health Care approach has the best potential to improve the prevention, identification and management of chronic and lifestyle illnesses and will contribute to the sustainability of our public, not-for-profit health system and has the greatest potential to improve

the health status and quality of life of our population.

A newly elected government will establish 40 community, team-based primary health care clinics during their mandate; 10 per year, enhancing access to health services and health outcomes for over 200,000 New Brunswick citizens.

EFFICIENCY & EFFECTIVENESS: Long-Term Care

New Brunswick has the second oldest population in Canada. Sixteen percent (16%) of our total population, 122,000 of 755,000 inhabitants are over the age of 65 compared to 14% nationally. Statistics Canada has predicted our population will continue to age faster over the next 20 years given our demographic and economic challenges.

Data from 2013 indicates there are 730 individuals awaiting assessment for placement in Long-Term Care. Of these individuals, 491 are being cared for in an acute-care facility, have been medically discharged and are waiting for placement in an alternate level of care. Twenty-two percent (22%) of acute-care, hospital beds in our province are occupied by alternate level of care patients.

New Brunswick is the single jurisdiction in Canada where Long-Term Care services are not a part of the Department of Health. We believe Long-Term Care must be transferred to the Department of Health to ensure the responsibility and accountability for the continuum of care is integrated under one government department and minister. New Brunswick cannot sustain the inefficiencies and complexity this organizational model creates. We recognize the commitment and passion of the minister and staff of the Department of Social Development and applaud the recent release of the "Home First" strategy; however, to ensure optimal coordination and congruence, this change must be a priority.

Transfer Long-Term Care Services

to the Department of Health to enhance efficiency, effectiveness and coordination of care across the lifecycle.

SUSTAINABILITY: Pharmaceuticals

Pharmaceuticals are one of the fastest growing and expensive therapeutic interventions available to healthcare practitioners. They have extended our life-span and allowed those living with chronic illness to survive and lead rewarding, productive lives. As well, it is well documented that the overuse, inappropriate use and misuse of prescription drugs is a reality.

The New Brunswick Coroner's inquests into deaths related to prescription drug overdoses in 2002, 2004 and 2006 all included recommendations to government to implement a prescription drug monitoring system. *The NB Prescription Monitoring Act* received Royal Assent in December of 2009.

Prescription Drug Monitoring programs support the legitimate medical use of controlled substances while limiting drug abuse and diversion. They are effective in reducing the time required for drug diversion investigations, change prescribing behaviours, reduce "doctor shopping" and reduce prescription drug abuse.

With the implementation of prescriptive authority for nurse practitioners of controlled drugs and substances later this year, having a fully operational drug monitoring program will be essential for the NANB to support our regulatory accountability and responsibility in this area. The completion of this program and its implementation must be a priority for the next New Brunswick government and will contribute to the sustainability of our publicly-funded, universal health services and the quality of care and support improved prescribing patterns



for all prescribers in New Brunswick.

Implementation of a comprehensive Prescription Drug Monitoring Program must be an immediate priority of the newly elected New Brunswick government.

Universal Pharmacare

The realization of a national comprehensive and universal, public pharmacare program that ensures all Canadians and New Brunswickers have equitable access to necessary prescribed pharmaceuticals, based on a national formulary, evidence-informed prescribing guidelines and appropriate monitoring programs, has very significant potential to support the sustainability of publicly-funded health services and support optimal prescribing, safety and outcomes for all Canadians.

Every developed country with a universal healthcare system provides universal coverage of prescription drugs except Canada. One in ten Canadians cannot afford to pay for the prescription(s) they receive. Countries with universal drug coverage spend 15-60% less per capita on prescription drugs. The rate of growth in the cost of prescription drugs in Canada is twice the growth of drug costs in European countries with a universal pharmacare program. Drugs costs will continue to grow in Canada given our aging population, the higher prevalence of chronic disease, the higher utilization of prescription drugs by this population. Managing chronic disease and improving the quality of life for those living with chronic illnesses requires active treatment and optimal control, usually involving an appropriate and sustained access to essential, prescribed pharmaceuticals.

Realization of a universal, national public pharmacare program would have a significant impact on ensuring the ongoing sustainability of New Brunswick health services.

A newly-elected New Brunswick government will work collaboratively with all Canadian jurisdictions and the federal government to establish a comprehensive, universal, national pharmacare program.

Nursing Resources

Ensuring the sustainability of our health system and services through Effective and Affordable Nursing Human Resources must be a priority and includes the preparation and employment of adequate numbers of qualified RNs and NPs working to their full scope in the Acute Care, Long Term Care and Community Care settings.

“Right-sizing” the production of this workforce with employment opportunities is essential to maintaining our current educational programs. We believe RNs and NPs are essential to our health system and evidence supports this. New Brunswick cannot afford to educate a workforce for another Canadian jurisdiction and New Brunswick tax-payers cannot afford to subsidize the preparation of that workforce.

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.

2013 NANB statistics show:

- 25% (2,079) RNs/NPs are 55 years of age and older.
- 15% (1,290) RNs/NPs are 50-54 years of age.
- 40% (3,369) RNs/NPs will be eligible for retirement within this decade.

The work of the newly established Nursing Collaborative must continue. It must ensure the active involvement of all stakeholders—educators, employers, funders/government and regulatory bodies—to ensure the safety and quality of nursing and health services now and into the future.

Ensure the maintenance of a current, transparent, nursing human resources plan to meet New Brunswick health system needs through the collaborative efforts of nursing employers, educators, regulators, unions and government. ■



NANB Priorities

NB's Political Landscape

Elections NB

www.gnb.ca/elections/index-e.asp

Information for Voters

www.gnb.ca/elections/provincialelections-e.asp#1

2014 Provincial Electoral District Maps and Descriptions

www.gnb.ca/elections/14prov/14provmap-e.asp

Tips on How to Get Involved

Tips on How to Meet a Candidate

Letter to the Candidate

Sample “Access”



VIRTUAL FORUM



AVAILABLE AT WWW.NANB.NB.CA

Leaders: Nursing Voices for Change



In continuing with NANB's theme at the recently hosted Invitational Forum *Leaders: Nursing Voices for Change, Informed Opinions* expert Shari Graydon will lead a Virtual Forum this September to encourage nurses to speak up for change!

**Join the discussion between
September 2 to September 19.
Visit NANB's website to share
your comments.**

Previous Virtual Forums

- RN Rx: Are We There Yet?
- Professional Presence:
Judging the Book and the Cover
- Workplace Bullying: End the Silence

NANB's Invitational Forum



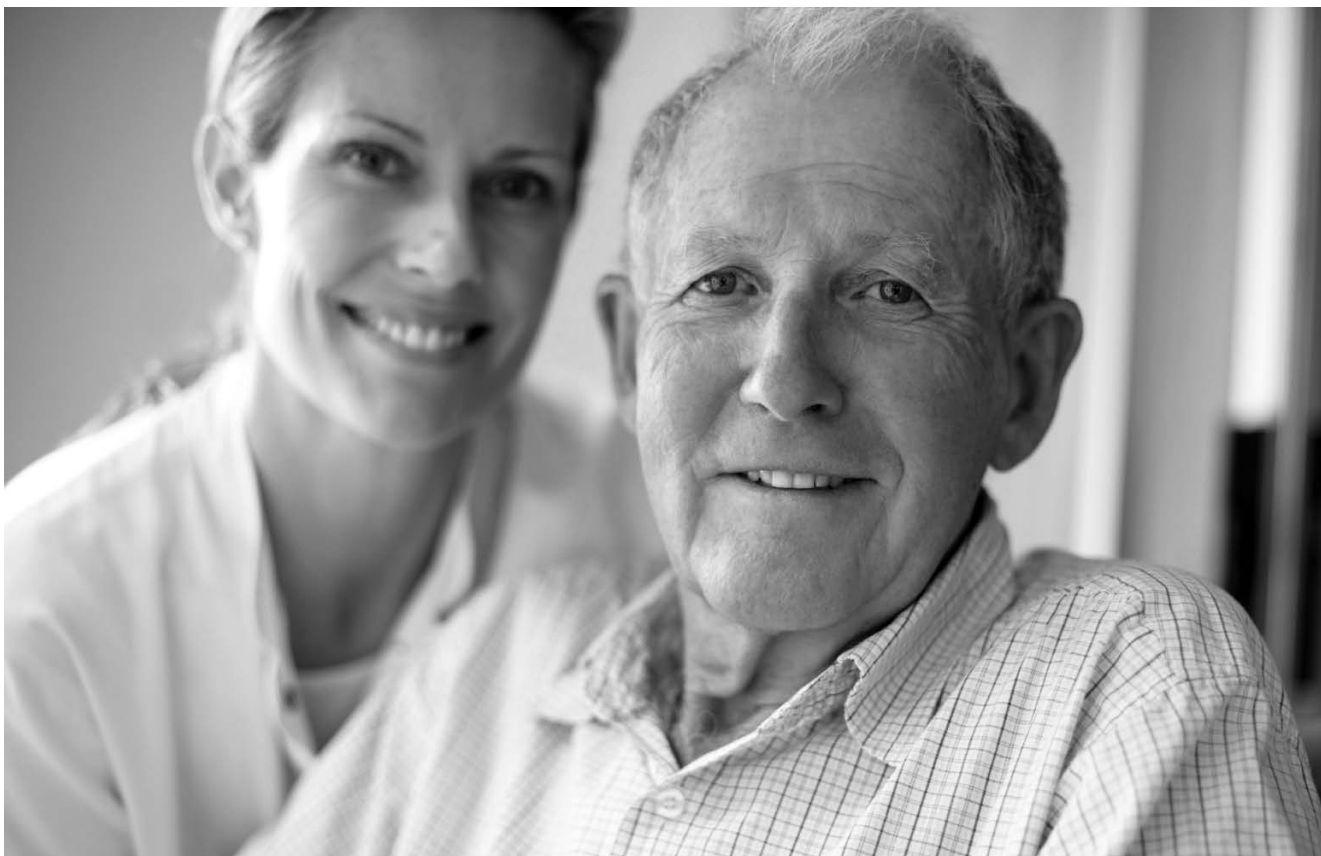
Leaders: Nursing Voices for Change, was held on May 29, 2014, prior to the 98th Annual General Meeting at the Delta Hotel in Fredericton.

Over 125 registered nurses, nurse practitioners and stakeholders joined Shari Graydon of *Informed Opinions* 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 delivered an inspiring call to action for nurse leaders to speak up for change advocating how nurses must

take part in the discussions and planning of these changes.

The Forum opened with a presentation from Ms. Graydon titled *Good Practice: Amplifying Nurses Voices* followed by an overview of NANB's election priorities and political panel with an open mic session. Presentations were video recorded and are now available online at www.nanb.nb.ca.

Attendees' feedback demonstrated a genuine interest in getting involved in September's provincial election recognizing the need for strong, experienced and united voices to truly make an impact and transform our health care system. NANB collected feedback on the priorities presented and sought input on preferred support tools for members. ■



Communities Connecting...Shifting Towards Healthy Aging and Care

A Response to the 2012 Summit

By SUZANNE DUPUIS-BLANCHARD AND JODI HALL

In November 2012, the *Summit for Healthy Aging and Care: Innovating Together* was the start of a meaningful New Brunswick conversation on how we want to experience aging in our province. As presented in the winter 2013 edition of *Info Nursing*, over 300 individuals, ranging in age from 18 to 94 and representing a wide range of stakeholders with various perspectives attended. By coming together, a better understanding of our current reality, the reasons why change is needed and a resolve for action after the summit was achieved. It was felt by the summit planning committee that a mandate was received from those who attended the summit to determine an action plan for what happens next.

Building a Collaborative

After the summit, the planning

committee continued to meet as it felt that it had received a grassroots mandate to create an action plan. The committee wanted to determine if a model exists that allows for multiple stakeholders to come together, identify assets and recognize opportunities to collaborate for the betterment of seniors. The concept of a collaborative was considered and how it could potentially work in the province. The purpose of a collaborative is to create a central focus for the energy being expended by individual stakeholders and organizations working at both the community and provincial level, supporting shared responsibility between individuals, communities and government. This concept serves to harness the collective energy of multiple organizations, government departments, and individuals who are currently working on some

aspect of senior related issues, breaking down silos. The members of the collaborative still exist as individual entities with their own unique mission and vision, but there is an adoption by each organization of the shared philosophy that serves as an anchor point for all members. The shared philosophy is simple and non-divisive by design to create a common anchor point for all stakeholders in the collaborative. The philosophy statement developed by the planning committee was *seniors in New Brunswick experience improved quality of life*. This philosophy serves to convene stakeholders and build a collective intention. This anchor point keeps stakeholders together in the collaborative as it continues to evolve and develop.



A high level collaborative framework was created to serve as a map of how this model could evolve and reflect what was expressed at the summit. It is structured to create a mechanism for sustainable collaboration with multiple stakeholders at both the strategic and community level. Members of the collaborative align around the themes identified during the summit which makes it possible to identify stakeholders with a similar focus. It is anticipated that this would also generate collaboration and sharing of assets to achieve common goals. Assets that are not enough for any one organization to use, take on new life when combined with the assets of other communities or organizations, creating capacity that didn't exist before.

From the summit data, three key themes emerged: caring communities, continuing care, and consultation and contribution. These themes have been imbedded into the framework of the collaborative as the strategic priorities. These strategic priorities and the key result areas, which also emerged from the data gathered at the summit, are important not only for strategic organization, but also for how the collaborative supports work on the ground organized through community based prototypes. A prototype is a community lead initiative based on the unique needs of a given community and works to develop local leadership to support sustainability. A prototype project works to identify the assets of a community and what can be achieved to meet needs of citizens. This allows for the development of interdependent systems to address issues and build opportunities through the sharing of resources.

Communities Connecting Event

As the summit planning committee felt it has received a grassroots mandate to determine an action plan after the summit, and in keeping with a grassroots methodology, the committee felt it would be necessary to go back to the grassroots to present the collaborative concept. It was decided the best way to do this was through a "Maestro-conference" event, which was held on the one year anniversary of the summit. This technology allows for a provincial telephone conference call that can accommodate up to 10,000 callers, and

allows for participants to be moved from one large audience to small call groups of four or five where the participants had small group dialogue on specific topics. The purpose of the event was to share what had been accomplished with key learnings from the summit, and introduce the provincial collaborative concept.

Two calls were held. During the November 6th call, 142 English speaking individuals joined the call. On November 7th, 70 French speaking individuals joined the 120 minutes call for a total participant number of 212. Due to a malfunction in the session recording, participants were asked after the call to complete an on-line survey, call or send an email with comments. In all, 60 responses were documented, representing approximately a 30% response rate.

Participants were asked to respond to two key questions during the call: 1) how can government and communities work together in a balanced approach that supports a healthy aging experience? and, 2) what would enable you personally and /or your organization to take action and be involved in this initiative? From these two questions, responses were organized into those that represent expressed needs and those that express a desired action, either on the part of government, other stakeholders or seniors themselves. The nature of the responses provided was often highly personal, citing many lived experiences. For this reason, a direct response to the question poised was often difficult to ascertain as comments were more generally expressed. As noted above, the responses were expressed as either a need or a desired action. From this, responses to the event discussion questions can be gleaned. In addition, comments were given about the use of the technology and the event design which also was summarized.

A few key understandings emerged from the analysis of the discussions that must be considered as part of any future work for the collaborative, and recommended for any government initiatives: 1) there were expressions of fear or uncertainty about the future as the effects of demographic change are beginning to be felt in some communities more so than others, with the per capita growth in the number of seniors versus youth. This lead to further

expressions of fear and uncertainty as it was felt that no one wants to take on more responsibility; 2) the discussions suggested that there is a disconnect between the expectations of the participants on the calls and government programs and services for the future. If the concept of shared responsibility will become a reality, it will require an open dialogue to create shared expectations for all stakeholders. It was also clear that it is not well understood where Medicare ends and Long Term Care begins and how that relates to payment for services.

Very little feedback was offered directly to the notion of the provincial collaborative, but no opposition was expressed and there was nothing contained in the feedback that could be construed as contrary to this effort. It was noted by several people that they want to be involved and see something begin to happen at the community level.

Next Steps

Since the *Communities Connecting* event, ideas have been surfacing about potential prototypes and there is now a defined group of organizations who have formally expressed membership in the collaborative. With this, the creation of a formal action plan can begin to be developed, for both the structural development of the collaborative and the operational side with prototype initiatives.

Prototypes are designed at the community level with community partners and are viewed as a learning laboratory that is allowed to evolve depending on what need is present in the community and what assets are available. Funding has been secured for the development of a prototype project on transportation in the community of Gagetown. In partnership with collaborative stakeholders and local community gatekeepers, the goal of this first prototype project is twofold: first, to provide transportation to older adults in need, and second, to learn about the development of such a project and the possibility of duplication in another community in need.

Finally, the next steps for the organization of the provincial collaborative are being mapped out and will be shared with all interested stakeholders once again in the near future.



The UNB Faculty of Nursing 19th Annual Research Day Creating a Culture of Scholarship

By LORETTA SECCO

The 19th Annual Research Day: *Creating a Culture of Scholarship*, took place on May 9th, 2014 at the Faculty of Nursing, University of New Brunswick. A mix of graduate students, nursing faculty, and community representatives set the stage for lively discussion and debate. Dr. Shelly Doucet, UNB Saint John and Dr. Lesley Bainbridge, UBC, set the tone for the day with their keynote presentation on the current state of evidence for *Interprofessional Education and Collaboration Practice* and the need for nurse graduates to be prepared to practice within the current health care environment. After the keynote, the scholarship culture was maintained in the concurrent sessions which reflected innovations in research, teaching, health promotion, and strategies to improve the health of high risk and disadvantaged groups. Book company representatives manned displays with the most recent textbooks to support teaching and practice.

Research project posters were

displayed on the MacLaggan Hall walls and were frequented throughout the day. Evidence-based or 'informed' practice was the flavor for most posters and presentations. One poster on *Capacity building: The foundation of sustainable community* relationships was prepared by an undergraduate Bathurst nursing student, Meghan Waugh, and was presented by Patty Deitch, Senior Teaching Associate from the Bathurst site.

Within the morning session presentations, the social issues of both bullying and abuse were prominent among both junior and senior nursing faculty. In fact, several presentations reflected decades of research work by senior nursing faculty such as Dr. Judith MacIntosh and Dr. Judith Wuest, who are both retired Honorary Research Professors. Two past graduate nursing students of Dr. MacIntosh discussed their recent graduate research projects. Serena Jones Charbach presented her



MN thesis work on *Newcomers' experience of workplace bullying in Canada: A grounded theory study* and Dr. Sue O'Donnell presented on the *Use of video format to describe how men survive workplace bullying*. Dr. Kelly Scott Storey presented on the topic: *Women's health & past abuse: Implications for nurses' practice* while her mentor, Dr. Judith Wuest, presented on *Preparing to test an online intervention for Canadian women experiencing violence: The New Brunswick experience*, the result of many years of research in the area.

The value of evidence-based approaches to practice, teaching, and the curriculum were demonstrated. Dr. Krista Wilkins held an all-morning workshop on *An academic-practice partnership for evidence informed oncology nursing practice*. The partnership demonstrated collaboration among educators, researchers, graduate students, and oncology nurses as they uncovered the latest evidence to understand and inform care related to two significant practice issues: cancer-related fatigue and communicating with cancer clients about sexuality. Dr. Loretta Secco and Jennifer Colpitts presented on team research project: *Telephone-based peer support intervention for postpartum depression: Real world implemen-*

tation. Dr. Kathleen Cruttenden presented on her work related to *Participatory research: What makes Fredericton an age-friendly city?* The focus on social justice and disadvantaged populations was also a theme. Some example populations included women who experience intimate partner abuse or violence, women with postpartum depression, employees who experience workplace bullying, lesbian headed stepfamilies, and elderly individuals with dementia.

While the theme of evidence 'informed' practice was dominant during the morning sessions, it persisted throughout the afternoon. Dr. Donna Bulman discussed her teaching innovation and exploration of usefulness of a virtual world community within a graduate nursing course. Dr. Sue O'Donnell summarized evaluation findings from an initiative to improve nursing education: *Student assessment of abilities based learning: What are the SAAYs saying about the UNB Nursing Curriculum?* Dr. Marilyn Hodgins described findings on *Self-management practices of Extra Mural patients living with diabetes* and reported recommendations to improve care and management. Unfortunately, the findings underscored

that many clients failed to achieve recommended best practice diabetes management targets. While most of the presentations were on completed faculty research and education projects, two graduate nursing students in the thesis stream presented their developing qualitative projects. Malory Drost presented on *'The lived experience of intimacy and sexuality in the transition to caregiver for spouses of those with dementia'* and Melissa Hilchey on *'Parents perspectives having a child with an eating disorder'*.

The final session for the day was a workshop/tour of the Joanna Briggs Institute Database, a recent acquisition to the UNB Library. The presenter from Ovid Technologies demonstrated how to find answers and best practice guidelines/updates to your clinical nursing questions. At the end of the day, the first Canadian Association for Nursing Research (CANR) competition prizes (formal certificates and one-year CANR memberships) were awarded to Dr. Tracey Rickards for best abstract for her project *Authenticating family: Re/claiming legitimacy by the lesbian headed stepfamily* and to Dr. Kelly Scott-Storey for her team's poster *Masculinities, lifetime violence and health among men*. ■

Your gateway to knowledge resources.

Keeping you current, credible,
competent and connected.

ARE YOU connected?

...to nursing knowledge





Canadian Nurses
Protective Society

infoLAW®

Legal Status of an Apology

Vol. 21, No. 3,
December 2013

Most Canadian provinces and territories have enacted legislative protection for those who apologize for their actions. British Columbia was the first to bring in an *Apology Act* in 2006, with others following suit quickly afterwards. Some provinces enacted a statute called the *Apology Act*, whereas others amended existing legislation, e.g. an Evidence Act, to include protections for apology. Apology provisions tend to be very brief and do not specify any particular subject matter of apology to which they apply.

The key concepts embedded in the statutory provisions to protect apology are that:

- saying sorry does not constitute an admission of fault or civil liability;
- an apology is inadmissible in any judicial or quasi-judicial court proceeding as evidence of fault or liability; and
- the insurance coverage for the person or entity offering an apology is unaffected by an apology.

For health care professionals, the significance of apology legislation arises when a critical incident occurs. Despite great efforts, patients can be harmed by the provision of health care services. Afterwards, health care providers and administrators must ensure patients are informed of what happened if the incident meets the criteria set out in legislation governing critical incidents or adverse events.

Historically, offering an apology was fraught with difficulty for several reasons, one of which was fear of an inference of legal liability when none was intended or warranted. Nurses and other health care professionals have stated they empathized with their patients very much after a critical incident and wanted to express sympathy but were discouraged from doing so for fear that it would be interpreted as an admission of guilt. Other reasons included fear of loss of insurance coverage or liability protection if an apology was offered and the fact that the persons disclosing to a patient may not be those who were involved in the incident, for example, a hospital administrator apologizing on behalf of a nurse employee. The nurse would then not have any control over what was said. Conversely, if an employee undertook to offer an unauthorized and possibly inappropriate apology, the employer might have been placed in legal jeopardy. Patients had reported that it added insult to injury in the aftermath of a critical incident when no apology was forthcoming; it seemed that no one cared.

A meaningful apology can assist patients, affected families, and health care professionals to heal after the event. There are many ways in which early resolution between parties is encouraged in the justice system. Apology legislation is one such way, and is seen as one element of provincial and territorial patient safety legislation.

Nurses must be mindful that apology legislation does not disentitle a patient from launching a civil action or making a complaint to a regulatory body. The burdens and

**Saying sorry
does not
constitute an
admission of
fault or civil
liability.**



**More than
liability
protection**

standards of proof remain unchanged, as do the legal remedies. Therefore, an admission of fault should be avoided, primarily because:

- experience has shown that the actual cause of an adverse event is often not what it first appears to be and indeed may never be established. By admitting to an error or breach of a practice standard too soon, nurses may be taking responsibility for something that ultimately will be found to have another cause or an unknown cause;
- although an apology may not be admissible as evidence of fault or liability, it could still be admitted as evidence for another purpose, for example, to show what nurses did in response to the adverse event, such that the fact an apology was made would still be before the Court; and
- an apology may be admitted as evidence if the protections for apologies in a particular jurisdiction do not apply to the legal proceeding underway.

Courts and tribunals have considered the effect of legislative provisions protecting apology. When an apology has been made in the course of a legal proceeding covered by that jurisdiction's apology legislation, the apology has been insulated from use as evidence of fault by the party who apologized. However, the fact an apology was offered has been used in some cases as evidence of what the parties did. The fact an apology was made can also be recorded in the written reasons for the legal decision. An example of how a tribunal considers the fact an apology was made comes from a situation in which a patient complained about a registered dietician's care. The tribunal acknowledged the purpose of the provincial *Apology Act* and did not infer guilt from the registered dietician's apology, saying in its decision:

...it is worthy to note that the intent of this Act, at least in part, was to promote the openness of health professionals in dealing with patients or family members. We prefer to view the [registered dietician's] letter in this light rather than as an admission of guilt. In our opinion, the words of the [registered dietician] showed that she acknowledged the seriousness of the situation and expressed remorse "if" she failed to deal with the [patient] in a sensitive manner.¹

Best Practices Regarding Apologies

- the legislative requirements and your employer's framework for critical incident investigations and disclosures should guide your actions during and after an adverse event
- in collaboration with other members of the treatment team, it is part of the nursing role to help your patient understand what is happening to him or her when a critical incident or adverse event is unfolding.² Do not speculate to the patient about information that is unknown to you. Regret or sympathy may be expressed at this time but care providers should refrain from accepting or assigning blame.
- understand the possible implications for yourself prior to apologizing to a patient, if you are asked to do so

Please contact CNPS at 1-800-267-3390 if you have questions and visit our website at www.cnps.ca.

1. *D.P. v. P.B.*, 2011 CanLII 11785 (ON HPARB).

2. *infoLAW*®, Reporting & Disclosure of Adverse Events (Vol. 17, No. 1, October 2008).

Related infoLAWs of interest: Patient Safety, Reporting and Disclosure of Adverse Events.
Available at www.cnps.ca.

THIS PUBLICATION IS FOR INFORMATION PURPOSES ONLY. NOTHING IN THIS PUBLICATION SHOULD BE CONSTRUED AS LEGAL ADVICE FROM ANY LAWYER, CONTRIBUTOR OR THE CNPS®. READERS SHOULD CONSULT LEGAL COUNSEL FOR SPECIFIC ADVICE.

©Canadian Nurses Protective Society

www.cnps.ca 1.800.267.3390 info@cnps.ca

Marihuana for Medical Purposes

Changes to Legislation & Nursing Considerations

By DAWN TORPE

In June of 2013, new regulations for access to medical marihuana entitled *The Marihuana for Medical Purposes Regulations (MMPR)* came into effect. These new regulations replaced the *Marihuana Medical Access Regulations (MMAR)*, first introduced in 2001 to provide reasonable access to marihuana for medical purposes.

Under the MMAR the federal government provided a list of sanctioned medical conditions that would qualify an individual to be in possession of marihuana for therapeutic purposes. Physicians filled out a form confirming their patients' medical conditions and Health Canada issued an authorization to possess marihuana. Federal authorities identified that this created openings for abuse and "had unintended consequences for public health, safety and security, as a result of allowing individuals to produce marihuana in their homes".ⁱ

The new MMPR shifts the responsibility and accountability from federal regulators, to physicians and nurse practitioners, to write "medical documents" similar to prescriptions, authorizing patients to obtain marihuana from a federally licensed provider. The production of medical marihuana will take place in licensed commercial facilities, under secure and sanitary conditions and is no longer permitted in individual residences. Patients submit their "medical document" and a registration form directly to a licensed producer and no longer apply to Health Canada for approval. The licensed producer will fill and ship the patient's supply of medical marihuana based on the daily amount indicated on the

"medical document".

Since the announcement of the new regulations, health care professionals across the country have raised concerns. Both the Canadian Nurses Associationⁱⁱ and the Canadian Medical Associationⁱⁱⁱ have argued that there is a lack of credible scientific information on the indications for marihuana's

Dried marihuana is not an approved drug or medicine in Canada. Health Canada does not endorse the use of marihuana, but the courts have required reasonable access to a legal source when authorized by specified prescribers. Health Canada

therapeutic use and that patient safety is in jeopardy given the lack of information on potency, dosage or drug interactions. Health Canada has stated that "at present, while pointing to some potential benefits, scientific evidence does not establish the safety and efficacy of cannabis to the extent required by the *Food and Drug Regulations* for marketed drugs

in Canada".^{iv}

NANB shares the concerns raised by both CNA and CMA. As the regulatory body for both RNs and NPs it has been actively monitoring the changes in legislation and developing a plan to ensure safety for New Brunswickers. The *Standards of Practice for NPs* dictate that NPs "use an authoritative source of evidence-based drug and therapeutic information when prescribing drugs and other interventions". Given the afore mentioned lack of scientific information regarding marihuana, NANB's Board of Directors has affirmed the Nurse Practitioner Therapeutics Committee's recommendation to restrict NPs from prescribing marihuana.

NANB is aware that RNs in various clinical settings are working with clients who use medical marihuana. NANB recommends that all agencies develop policies to guide the use of medical marihuana in their facilities. NANB has also revised (2013) its *Medication Administration: Practice Standard* and advises nurses that they may assist clients with self-administration when marihuana is prescribed by an authorized prescriber (i.e. physician). This advice is predicated on the assumption that the patient is using the product after discussion with their physician and after having given informed consent. However, given the many unknowns regarding marihuana (e.g. strength, appropriate dose, drug interactions), nurses are unable to safely carry out the medication administration process". In situations where the patient is no longer able to self-administer, RNs must inform the prescribing physician so that



CONGRATULATIONS

Lucille Auffrey

2014 Jeanne Mance Award Recipient



Lucille Auffrey, RN MN, is a consummate nursing leader. Over four plus decades, she played a decisive role in key areas of nursing and the health-care system, capping off a stellar career by repositioning CNA as a strong and widely respected organization.

Her vision for nursing and patient centred care is grounded in her experience as an RN. Throughout her career, she worked to strengthen the profession. And she expanded people's vision to embrace new models and opportunities leading to enhanced responsibility.

Lucille has also shaped policy in health and education. She championed countless strategic initiatives such as NurseONE and the medical-surgical specialty nursing certification program. The awards bestowed upon her, including the Canadian Healthcare Association's Award for Distinguished Service, are testaments to her contributions.

Lucille obtained a bachelor of nursing from the University of New Brunswick and a master's of science in nursing and health studies from the University of Edinburgh. ■

Ever since Janice Shonaman was six years old, she wanted to be a nurse. She would make her dolls the patients in a pretend hospital and dutifully tend to them. Her parents, both teachers, instilled in Janice and her three sisters a love of reading, writing and imagination. At the age of 10, she saw her first suspense movie and another love was born. Now at the age of 49, she has combined all three and achieved a goal of writing and publishing her first book, *The Patient*.

Janice has been a registered nurse in New Brunswick for 30 years. Her career has spanned mental health, geriatrics and for the last 14 years, surgery. She has written numerous poems and short stories and is asked to write special verses for surprise parties, presents and retirements. For years a story of suspense, stalking and fear sat in her mind. Two years ago after working a particularly busy evening shift and too tired to sleep, Janice set her ideas to type. Over the summer it was worked on and reworded until finally it was the story that she imagined for so long. After having her parents be the first critics and receiving their high praise, she found the self-publishing company FriesenPress that would bring her dream to paper.

The Patient follows a tired, burnt-out nurse, Anna, as she struggles to cope on a surgery floor. Tony is a self-loving egotist who requires minor surgery and is placed in her care. His machismo and womanizing are put to the test with

New Brunswick Nurse Blends Love of Nursing with Her Love of Suspense

Anna's no-nonsense approach. After being shown up in front of his friends and the doctor, Tony feels belittled and embarrassed. Slowly his feelings of retaliation and retribution become more than fantasy and reality slips away as revenge takes over.

Janice's experience with mental health and surgery has given her the ability to make the story more realistic and accurate. She received extra help with the pharmacological aspects from her unit's pharmacist. Movies and books

from her past also lead to the ideations and characters including *The Doctor* with William Hurt, 1991 and *Visiting Hours* with Michael Ironside, 1982. But the story line is all hers and for this, she is very proud. Janice is quick to say she has never met a patient such as Tony and never hopes to! It is purely fiction.

The Patient is not a tale for everyone. It is suspenseful and as Janice's mother says, "heavy". Janice sees her readers tucked in bed at night in a darkened room scaring themselves silly. Those who have already purchased the hardcover or paperback, or downloaded the eBook and read it are singing high praises and are begging for a sequel. Some wouldn't put it down until they were done the entire story. Janice couldn't be prouder.

Janice will always have her love of nursing. She continues her surgical nursing practice, just as she always wanted to be in her early years. Taking care of patients hands-on is truly a passion that has never wavered. She mixes professionalism, caring and laughter to give her patients a nurse they can depend on and trust. And for this she is just as proud.

Janice's book can be found on the publisher's site FriesenPress in any form, as well as on Amazon and in eBook at Indigo. Kudos to one of our professional nurses for expanding her career and attaining such an achievement. An achievement encompassing her true loves, writing and a good scare, but most of all her first love, nursing. ■

National Nursing Assessment Service Launched August 12, 2014

Since August 12, 2014, all internationally educated nurses, who had never been registered to practise as a registered nurse in Canada, are required to submit their documents and credentials to the National Nursing Assessment Service (NNAS) for assessment and verification, before applying to become registered to practise with the Nurses Association of New Brunswick (NANB).

The development of the NNAS has been funded by Health Canada to enhance the efficiency, uniformity and timeliness of the assessment of internationally educated nurses (IENs). The project is a joint initiative of the

regulatory bodies of registered nurses, licensed practical nurses and registered psychiatric nurses in all provinces/territories, except Quebec. The NNAS has a 12 member Board of Directors with representation from the three nursing groups. The NANB Executive Director is currently a member of the Board of Directors.

The vision of the NNAS is to provide a single portal of entry for applications for registration from internationally educated nurses (IENs) and to harmonize the application process by centralizing document collection and assessment of applicant files. CGFNS

International is the vendor selected to provide the centralized IEN application and assessment service to the NNAS.

The official launch of the NNAS was August 12, 2014. Applications received by NANB on or after August 12, 2014 have been returned to the applicants with instructions on how to begin their application through NNAS prior to submitting an application to NANB. Applicants who had submitted a completed application to NANB prior to August 12, 2014 were or will be assessed under NANB's previous registration process. ■

CADTH Common Drug Review

By STEPHANIE SMITH

Health Canada

asks: Is it safe?
Does it work?



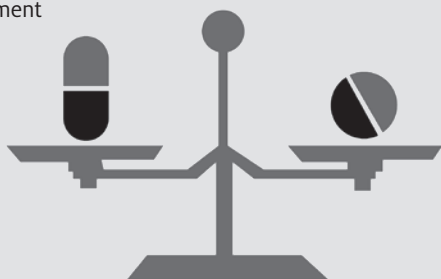
Patented Medicine Prices Review Board

asks: Is the price
excessive compared to
other developed
countries?



CADTH Common Drug Review asks:

How does it compare
to existing treatment
options?



Federal, provincial & territorial drug plans ask:

Can we
afford it?



Within the health care arena, how many examples of federal, provincial, and territorial collaboration can you name? How many of those collaborations have endured for over a decade? One such example is the Canadian Agency for Drugs and Technologies in Health (CADTH) Common Drug Review.

For a new prescription drug to be sold in Canada, it must first be reviewed by Health Canada to ensure that it meets Canadian standards for efficacy, safety and quality of manufacturing. The next step is to consider the relative benefits, safety and cost-effectiveness of this new drug compared to existing treatment options. This is where the CADTH Common Drug Review fits.

On behalf of 18 publicly funded drug

plans, the CADTH Common Drug Review has been providing comparative analysis and making recommendations for the past decade. Independent, high-quality critiques of the clinical and economic data of more than 200 drugs, as compared with existing treatments, are publicly available at www.cadth.ca.

How it works

All publicly funded drug plans (except Quebec), cooperated to build, improve, and fund the CADTH Common Drug Review. If a pharmaceutical or biotech company wants their drug to be considered for inclusion on the publicly funded drug plans formulary, they submit all relevant clinical and economic information to CADTH for

review. Patient groups are invited to provide input in identifying unmet needs of existing options and treatment outcomes of greatest importance to patients.

A review team made up of epidemiologists, pharmacists, physicians, health economists, information specialists, and at least one external physician with specialist expertise in the relevant clinical area, prepare a systematic review of the clinical evidence and a critique of the drug sponsor's economic evaluation.

The reports produced by the review team are discussed by the Canadian Drug Expert Committee (CDEC),

ISMP Canada Safety Bulletin

Volume 14 • Issue 1 • January 28, 2014

Improving Vasopressor Safety

Introduction

Vasopressors are high-alert medications. Although their use is somewhat restricted, they constitute a mainstay of supportive care in adult and pediatric critical care units for diverse indications (including cardiac surgery, organ donation, traumatic brain injury and other neurological emergencies), as well as in emergency departments and perioperative care environments. Vasopressors are often used in the management of hypotension that accompanies circulatory failure, a condition commonly known as shock. These drugs are not curative—rather, they support the patient while definitive therapy takes effect. More specifically, vasopressors are used to raise blood pressure to facilitate adequate tissue perfusion (thus allowing for sufficient supply of oxygen and other nutrients to reach body cells and to remove metabolic wastes) while the underlying cause of the shock is treated. Vasopressors can save lives, but they are also associated with harmful systemic effects.

The medication incident described in this bulletin indicates opportunities for safer use of vasopressors. The measures taken to enhance patient safety in this particular case are shared, and recommendations for system improvements regarding vasopressor-related communication are presented.

Treatment of Shock with Vasopressors

Shock is not a disease, but rather a common pathway of circulatory failure characterized by multiorgan

dysfunction that is associated with a high mortality rate. Although shock and hypotension often coexist and are sometimes mistakenly considered the same problem, they are not synonymous. A low blood pressure value may be normal (and even healthy) in some individuals, but the same blood pressure can lead to tissue hypoperfusion in others. Nonetheless, extremely low blood pressure invariably results in shock.¹

Depending on the cause of the shock, intravenous (IV) fluids, inotropes, and/or vasopressors may be used to support patients.² Vasopressors are medications that induce arterial (and sometimes venous) vasoconstriction, thereby increasing the patient's blood pressure. Some vasopressors also induce stronger and faster cardiac contractions (known as inotropic and chronotropic effects, respectively). Management can be complex and requires consideration of many variables, such as fluid volume status, serum lactate, arterial and venous pH, and the various medications that can affect hemodynamics.

Vasopressors are life-saving medications for many patients, but their associated and numerous harmful systemic effects must also be recognized, including increased myocardial oxygen consumption, intestinal and limb ischemia, modulation of the immune response against infection, and hyperglycemia.^{3,4} Furthermore, vasopressors may mask hypotension, and a clinician's recognition that a patient's condition is deteriorating may be delayed if attention is not paid to vasopressor dosing. Vasopressor use necessitates a

ISMP Canada Safety Bulletin – www.ismp-canada.org/ISMPSafetyBulletins.htm

delicate balance between minimizing the dose (to reduce side effects) and maximizing tissue perfusion (to prevent end organ damage).

Guidelines issued by the Surviving Sepsis Campaign have recommended a minimum mean arterial pressure (MAP)* of 65 mm Hg for patients in septic shock, based on expert opinion.^{5,6} More specific values (i.e., minimum and maximum values) to ensure adequate tissue perfusion without excessive doses of vasopressors are not yet clear, and studies on this topic are in progress.^{7,8}

Medication Incident

A man in his 70s was transferred from a community hospital to the intensive care unit (ICU) of a tertiary care hospital with acute respiratory distress syndrome. He had been admitted to hospital 1 week earlier for community-acquired pneumonia. His condition had deteriorated despite treatment with broad-spectrum IV antibiotics. On arrival, the patient was receiving ventilation through an endotracheal tube. His respiratory rate was rapid, irregular, and poorly coordinated with the respirator. Deep sedation and neuromuscular blockade were required, but these measures resulted in profound hypotension. IV fluids and norepinephrine as continuous IV infusion were ordered by the intensivist. The norepinephrine was to be titrated to maintain MAP of at least 65 mm Hg.

ICU staff were unable to achieve the target MAP despite increasing the doses of norepinephrine during the evening. The resident prescribed continuous IV infusions of vasopressin and epinephrine. Overnight, profound malperfusion occurred, along with multiorgan failure, despite the MAP being on target and even above. On arrival in the morning, the intensivist was surprised that he had not been notified of the situation sooner. The care team realized that they lacked a common understanding of the goals of

vasopressor therapy. Continuing efforts to stabilize the patient's condition were unsuccessful, and he died a few hours later from refractory shock.

Shared Learning

Following the incident, an ICU interdisciplinary team (consisting of nurses, intensivists, and pharmacists) reviewed vasopressor use for 3 consecutive weeks in several ICUs within the organization. The following opportunities for improvements were identified:

- Facilitating a common understanding of acceptable MAP or blood pressure values and the intended plan of care for maximum dose of vasopressors
- Prompting more frequent reassessments of vasopressor therapy, to ensure the drug remains appropriate once the cause of a hypotensive episode has become clear
- Identifying a common approach to assessing vasopressor efficacy and treatment failure

A 1-page form was designed to be completed by the treating ICU team during daily morning rounds for every patient receiving a vasopressor (excerpts shown in Figure 1). The form was approved by the hospital's medication safety committee and had the following 3 objectives:

- To provide explicit vasopressor dosing targets to ensure consistency in understanding among all team members (i.e., distinguishing between target range and minimal threshold)
- To prompt, at a minimum, daily reassessments of the indication for vasopressors
- To identify an easy-to-recognize trigger for notifying the most responsible physician

*MAP is the average pressure exerted on the arteries. The MAP can be calculated from diastolic blood pressure (DBP) and systolic blood pressure (SBP), taking into account the heart rate. For example, when the heart rate is between 60 and 100/min, the left ventricular chamber of the heart is resting and filling with blood (a process known as diastole) for two-thirds of the time; for the remainder of the time, the chamber is contracting and pumping blood (a process known as systole). Therefore, $(2/3 \times \text{DBP}) + (1/3 \times \text{SBP}) = \text{MAP}$. This equation can also be expressed as $[(2 \times \text{DBP}) + (1 \times \text{SBP})] \div 3$. It is important to note that because this formula is based on the heart rate (specifically the left ventricular rate), it is dynamic. Most patients in critical care are attached to heart monitors and have arterial lines that measure and display heart rate and blood pressure, respectively, which allows MAP to be continuously displayed.

Figure 1: Key Components of Piloted Vasopressor Form (used as a communication tool)

Date: _____ Chart #: _____ Usual weight: _____ kg

Intensive care unit: _____

1. Which agent(s)?

☐ Norepinephrine ☐ Dopamine ☐ Vasopressin

☐ Epinephrine ☐ Phenylephrine ☐ Other: _____

2. Which indication?

☐ Septic shock ☐ Hypovolemic shock ☐ Unknown cause shock

☐ Cardiogenic shock ☐ Obstructive shock ☐ Other: _____

3. What is the target blood pressure and the tolerated range?

	Numerical value	Tolerated range		
<input type="checkbox"/> MAP (mmHg):	_____	MIN: _____	MAX: _____	N/A: _____
<input type="checkbox"/> SBP (mmHg):	_____	MIN: _____	MAX: _____	N/A: _____
<input type="checkbox"/> DBP (mmHg):	_____	MIN: _____	MAX: _____	N/A: _____

Target blood pressure rationale (optional): _____

4. What is the threshold dose that should trigger physician reassessment? (see suggestions below)

(Maximum dose should be prescribed in mcg/min and calculated using patient's usual weight)

Norepinephrine or epinephrine > 0.2 mcg/kg/min

Dopamine..... > 20 mcg/kg/min

Vasopressin > 0.04 unit/min

Phenylephrine..... > 0.75 mcg/kg/min

Example of vasopressor prescription:

Norepinephrine 8 mg in 250 mL of NS for IV infusion to maintain MAP of 65 - 70 mmHg). Call MD if the dose reaches 0.2 mcg/kg/min.

Forty-eight clinicians (30 nurses, 8 residents, 4 intensivists, 6 pharmacists) piloted the form and assessed its usefulness. The perception that prescriptions for vasopressors were clear increased from 33% before implementation to 98% following implementation of the form during morning rounds. For 5 (17%) of the 29 consecutive patients requiring

vasopressor therapy (duration ranging 1 to 5 days) for whom the form was used, it was found that the indication for vasopressor use changed over the course of treatment. Use of the form triggered reassessments and also facilitated communication about changes in indication and the required changes in vasopressor therapy to maximize cardiac output.

Recommendations

Important knowledge gaps exist regarding requirements for vasopressors for patients who are in shock, and the results of clinical research currently under way will be instrumental in guiding care.^{7,8} This incident suggests that communication gaps exist among clinicians that may also need to be addressed concurrently with these studies. The following recommendations are suggested to improve communication:

- For written and electronic medication orders, specifying a target MAP or blood pressure range, in addition to the minimum value, can better communicate when vasopressor infusions should be reduced and will limit unnecessary exposure to these potent medications. Some evidence suggests that once vasopressor therapy has been instituted, measured blood pressure values tend to be higher than intended.⁹
- Frequent reassessment of vasopressor therapy by the multidisciplinary team is important to identify whether vasopressors are still required and to establish if a different agent is indicated (e.g., where the indication for a vasopressor has changed). Integrating reassessment into procedures and processes (for example, by using a form) may help to standardize practice.
- Opportunities exist to further empower members of the multidisciplinary team to identify and communicate concerns about the harmful effects of vasopressors. Earlier recognition of complications may improve patient outcomes. Implementing specific triggers, such as a defined vasopressor dose that warrants urgent communication with the most responsible physician, is one approach to consider. For example, patients whose condition deteriorates invariably become resistant to vasopressors; rapidly increasing doses of vasopressors could constitute a sensitive marker of deterioration. Therefore, careful monitoring of doses may help to identify another clinical reason for the worsening hypotension. This underlying cause (e.g., pulmonary embolism, hypovolemia, hemorrhage, myocardial infarction) can then be specifically targeted and treated.

Conclusion

Many healthcare practitioners play an instrumental role in the use of vasopressors. Improving patient care and safety requires a multidisciplinary approach, engaging nurses, physicians, and pharmacists. These recommendations focus on improving communication among team members, reassessing the indication for vasopressor therapy, and monitoring the dose.

Given that vasopressors constitute a mainstay of therapy for many types of patients experiencing hypotension, given their potency and systemic effect profile, and given that patients who receive vasopressors are among the most vulnerable patients in the healthcare system, there is opportunity to enhance patient safety through the learning that has been shared here and the recommendations presented.

Acknowledgements

ISMP Canada gratefully acknowledges the expert review of this bulletin provided by (in alphabetical order):

Neill KJ Adhikari MD MSc, Department of Critical Care Medicine, Sunnybrook Health Sciences Centre and University of Toronto, Toronto, ON; Paul C Hébert MD MHSc FRCPC, Chief, Department of Medicine – Centre hospitalier de l'Université de Montréal (CHUM), Intensivist – CHUM, Researcher – Centre du recherche du CHUM (CRCHUM), Professor – Université de Montréal, Montreal, QC; Salmaan Kanji, Pharm.D., Associate Scientist, The Ottawa Hospital Research Institute and Clinical Pharmacy Specialist, Department of Pharmacy, The Ottawa Hospital, Ottawa, ON; François Lamontagne MD MSc, Centre Hospitalier Universitaire de Sherbrooke and Centre de Recherche Clinique Étienne-Le Bel, Université de Sherbrooke, Sherbrooke, QC; Dan Perri BScPhm MD FRCPC, Divisions of Clinical Pharmacology and Critical Care Medicine, Department of Medicine, McMaster University, Hamilton, ON; Hector Quiroz-Martinez MD, Centre hospitalier universitaire de Sherbrooke and Université de Sherbrooke, Sherbrooke, QC.

References

1. Walley KR. Shock. In: Hall JB, Schmidt GA, Wood LDH, editors. Principles of critical care. 3rd ed. New York (NY): McGraw-Hill Professional; 2005. p. 252-253.
2. Hollenberg SM. Vasoactive drugs in circulatory shock. Am J Respir Crit Care Med. 2011;183(7):847-855.
3. Farand P, Hamel M, Lauzier F, Plante GE, Lesur O. Review article: organ perfusion/permeability-related effects of norepinephrine and vasopressin in sepsis. Can J Anaesth. 2006;53(9):934-946.
4. Singer M. Catecholamine treatment for shock—equally good or bad? Lancet. 2007;370(9588):636-637.
5. Dellinger RP, Levy MM, Rhodes A, Annane D, Gerlach H, Opal SM, et al. Surviving sepsis campaign: international guidelines for management of severe sepsis and septic shock: 2012. Crit Care Med. 2013;41(2):580-637.
6. Hollenberg SM, Ahrens TS, Annane D, Astiz ME, Chalfin DB, Dasta JF, et al. Practice parameters for hemodynamic support of sepsis in adult patients: 2004 update. Crit Care Med. 2004;32(9):1928-1948.
7. ClinicalTrials.gov [database on Internet]. Bethesda (MD): National Institutes of Health (US); 2000 - . Identifier NCT01149278. Assessment of two levels of arterial pressure on survival in patients with septic shock (SEPSISPAM); 2010 Jun 6 [updated 2012 Nov 2; cited 2013 Dec 10]. Available from <http://clinicaltrials.gov/show/NCT01149278>
8. ClinicalTrials.gov [database on Internet]. Bethesda (MD): National Institutes of Health (US); 2000 - . Identifier NCT01800877. Optimal vasopressor titration (OVATION); 2013 Feb 26 [updated 2013 Jun 3; cited 2013 Dec 12]. Available from <http://clinicaltrials.gov/show/NCT01800877>
9. Rivers E, Nguyen B, Havstad S, Ressler J, Muzzin A, Knoblich B, et al. Early goal-directed therapy in the treatment of severe sepsis and septic shock. N Engl J Med. 2001;345(19):1368-1377.

CMIRPS SCDPIM

Canadian Medication Incident Reporting and Prevention System Système canadien de déclaration et de prévention des incidents médicamenteux

The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is a collaborative pan-Canadian program of Health Canada, the Canadian Institute for Health Information (CIHI), the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute (CPSI). The goal of CMIRPS is to reduce and prevent harmful medication incidents in Canada.

HIROC

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

ismp CANADA

The Institute for Safe Medication Practices Canada (ISMP Canada) is an independent national not-for-profit organization committed to the advancement of medication safety in all healthcare settings. ISMP Canada's mandate includes analyzing medication incidents, making recommendations for the prevention of harmful medication incidents, and facilitating quality improvement initiatives.

Report Medication Incidents

(Including near misses)

Online: www.ismp-canada.org/err_index.htm

Phone: 1-866-544-7672

ISMP Canada strives to ensure confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

Sign Up

To receive this publication or other medication safety publications sign up at:

www.ismp-canada.org/subscription.htm

Contact Us

Email: cmirps@ismp-canada.org

Phone: 1-866-544-7672

© 2014 Institute for Safe Medication Practices Canada. Permission is granted to subscribers to use material from the ISMP Canada Safety Bulletin for in-house newsletters or other internal communications only. Reproduction by any other process is prohibited without permission from ISMP Canada in writing.

ISMP Canada Safety Bulletin – Volume 14 • Issue 1 • January 28, 2014

YOU'VE ASKED

As a registered nurse (RN), what do I need to know about handing over clients?

COMMUNICATION BETWEEN RNs who are changing shift or assignment is referred to as “handover of patients” (Alvarado, 2006). The Nurses Association of New Brunswick’s *Standards of Practice for RNs* (2012) state that all RNs must communicate effectively with colleagues. Part of this expectation involves communicating relevant and detailed information to ensure the safe handover of care.

This fundamental component of nursing care is not a new concept. Handover of patients implies that there is sharing or transfer of information and knowledge between RNs. It ensures that patient care continues seamlessly and safely, providing the oncoming RNs with relevant information about the plan of care and the patient’s condition (Petersen, 2013). Inadequate or incorrect information puts patient safety and the continuity of care at risk (Alvarado, 2006). The Registered Nurses Association of Ontario (2014) *Care Transitions Best Practice Guideline* advises that in order “to avoid repetition, duplication or omission of critical client information during information exchanges between settings or health-care providers, discussion and documentation should be streamlined and standardized to ensure clear and accurate transfer of information”. Furthermore, the Accreditation Canada suggest that patient safety can be improved by employing “effective mechanisms for transfer of information at interface points, including shift changes” (Alvarado, 2006).

Depending on the work setting, different reporting mechanisms may be used. The most common modes of handover are bedside, recorded or written and face-to-face reports. Since



Handover Tips

Keep it client centered

Keep it confidential

Use standardized methods

Follow a structured approach

Use time wisely

the primary goal of handover is to communicate important and relevant information about the patient and the plan of care, a combination of verbal and written is often required. The written report ensures information is captured and retained while the verbal communication can offer a “clearer” picture of the patient. RNs should advocate for employer policies on the handover of clients. These policies should outline the modes of handover, the retention and storage of written/recorded communications, etc. A number of studies have demonstrated that communication failure during handover of patients often leads to uncertainty in decisions about patient care, which could lead to patient harm.

For more information about the RN’s responsibility to communicate effectively with all members of the health care team, contact NANB’s Practice Department at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

REFERENCES

- Alvarado, K. and Al. 2006. “Transfer of Accountability: Transforming Shift Handover to Enhance Patient Safety”. *Healthcare Quarterly*, 9(10), 75-79.
- Nurses Association of New Brunswick (2012). *Standards of Practice for Registered Nurses*. Fredericton: Author.
- Peterson, M. and Al. 2013. Risk Management: What makes handover communication effective? *Nursing Management*, 44(1), 15-18.
- Registered Nurses Association of Ontario (2014). *Care Transitions-Clinical Best Practice Guidelines*. Toronto: Author. ■

TD Insurance
Meloche Monnex

What Thieves Don't Want You to Know About Identity Theft

According to the RCMP, identity fraud and credit card fraud are costing Canadians an average of \$1 million every day. But there are steps you can take to reduce your chances of being a victim of this crime. Here's what the RCMP wants you to know — and the thieves don't — about keeping your identity out of criminal hands.

Identity Theft

Identity fraud was once relatively rare; today, it's big-time crime.

"According to PhoneBusters, identity fraud losses in 2006 totalled \$16.4 million and involved 7,884 victims in Canada alone," notes Inspector Barry Baxter, Officer in Charge, Counterfeit and Identity Fraud, Royal Canadian Mounted Police (RCMP), RCMP Commercial Crime Branch.

"The Canadian Bankers Association reports that in 2006 credit card fraud accounted for \$292 million in transactions; debit card fraud resulted in \$94 million," he continues. "On average, identity fraud and credit card fraud cost \$1 million per day."

While the numbers are staggering, you can take steps to protect your identity. Understanding the crime and how thieves operate is a good place to start.

"Identity theft is the process of obtaining another person's personal data or financial information. It's basically stealing," says Inspector Baxter.

What thieves do with your data is known as identity fraud, Inspector Baxter explains, specifically,

"when an individual or individuals represent themselves fraudulently

with that information in order to obtain goods or services."

Four Strategies Identity Thieves Don't Want You to Know About

1. Credit Card Skimming

"Besides stealing your card, credit card thieves can skim or lift the information contained on the magnetic strip found on the back of your credit card," says the Inspector. "This is a high-volume activity and thieves can use that information to order goods and services."

Expert tip: "Always keep your credit card in sight," is the advice from Inspector Baxter. "You can't be too careful. For example, if you're paying for a restaurant meal with your credit card, accompany the wait staff as your card is swiped rather than let them walk away with it."

2. Phishing

"Phishing is an email activity whereby identity thieves pretend to be your bank or financial institution and point you to a fraudulent website to complete an online form with your personal or financial information," he says. These days, phishing scams look quite real and may include a URL, look and logo very similar to those used by your bank. Once you fill out the online form with your personal and financial information, you've given the thieves exactly what they want.

Expert tip: Never trust an email message that prompts you for personal or financial information — even if it looks like the real deal. Report the receipt of such email to your financial institution.

3. Malicious software or "malware"

"Cyber predators or hackers are

known to create codes that infiltrate your computer," says Inspector Baxter. Malicious software can be transmitted via viruses, worms, spyware, trojan horse programs and adware. By opening an email, accessing a website, or downloading games that are infected, your everyday computer activity (such as entering a password or your credit card information when making online purchases) can be intercepted.

Expert tip: "When making online purchases, make sure you're familiar with the company and that the site is on a secure server — usually differentiated by 'https' (rather than 'http') in the URL," he says. You should also keep your operating system and software up to date so that your computer is protected with the latest anti-virus, anti-spyware, anti-adware programs and firewalls.

4. Dumpster Diving

It's not uncommon for identity thieves to go through garbage with the hope of finding an envelope or letter with your personal information. Thieves could even use your phone book, which may include the names, addresses and perhaps birth dates of your friends and family.

Expert tip: Don't let personal information slip into your trash. Since even junk mail can include your personal information, Inspector Baxter stresses that everything with any personal information should be shredded before being thrown out or recycled.

Three Deterrents

Serious crimes require serious protection. Here are Inspector Baxter's top three ways to protect your identity:

Carry a "safe wallet." "Only carry



TD Insurance

Meloche Monnex

what you need for the day in your wallet or purse,” he advises. “Store the social insurance card, passport, birth certificate and credit cards you aren’t using in a safe place rather than carry them with you.”

Safeguard your PIN. “Identity thieves are technology savvy and use pinhole or spy cameras to capture your PIN,” he warns. “Shield your PIN whenever you’re entering it. You can’t be too careful with this.” Also, never share your PIN with anyone.

Check your credit profile. “Every six months or so, do a credit check on yourself,” he advises. You may be surprised to find that you’ve been a victim without knowing it. Also, check every entry on your credit card

and bank statements and notify your bank immediately if something looks suspicious. Your credit history is available through Equifax Canada or TransUnion Canada.

Read the RCMP’s Scams and Fraud guide for in-depth information on what you can do to thwart identity theft and fraud.

Identity Plus Solution®

Stop identity thieves in their tracks. Our Identity Plus Solution, a new protection that can be added to your home insurance policy, puts the power of a team of specialists behind protecting your identity. Identity-theft case management experts will help you until your identity is

restored—no matter how long it takes.

With Identity Plus Solution:

- A special case manager is assigned to your file.
- Authorities, credit bureaus, creditors and businesses are contacted.
- Related costs are covered, including legal fees, lost wages, certified mail and more.
- Your identity is restored to its pre-theft state.

**One phone call does it all:
1-877-536-7755.**

CADTH Common Drug Review *continued from page 32*

comprised of highly qualified health care experts and public members from across Canada, which provides advice and formulary listing recommendations. Each publicly funded drug plan then uses this information to make their jurisdictional listing decision.

Contribution by Specialists

The diversity of drugs being examined during any period is vast. For example, right now, CADTH is reviewing drugs to manage chronic obstructive pulmonary

disease, heart failure, ulcerative colitis, schizophrenia, vitreomacular adhesion, chronic migraine, Parkinson disease, growth hormone deficiency in adults and children, Turner Syndrome, and polyarticular juvenile idiopathic arthritis. To be able to identify relevant comparators and fully appreciate the clinical considerations in these diverse fields, CADTH relies on the support of clinical experts from across Canada. Experts in the fields of health economics or review methodology are invited to participate as required. If you are interested in becoming involved, please contact CADTH.

For more details on the CADTH

Common Drug Review, including a short video and infographics, visit our website at www.cadth.ca/en/cadth/cdr-10th, or please contact Stephanie Smith, CADTH Liaison Officer for New Brunswick, at 506-457-4948 or stephanies@cadth.ca.

The Canadian Agency for Drugs and Technologies in Health (CADTH) is an independent, not-for-profit producer and broker of health technology assessments. Federal, provincial, and territorial health care decision-makers rely on our evidence-based information to make informed decisions about the effectiveness and efficiency of drugs and other health technologies. ■

Be in the know

Provide your email address to NANB at nanb@nanb.nb.ca and receive electronic communications including our E-bulletin, *The Virtual Flame*.

The Virtual Flame 
YOUR NANB E-NEWSLETTER

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.

SEPTEMBER 17, 2014

CNPS Webinar: *Legal Issues for New Grads*

- » www.cnps.ca/index.php?m=234&page=22&lang=en

SEPTEMBER 19, 2014

New Brunswick Gerontological Nursing Association General Meeting and Educational Session

- Moncton, NB
- » Dawn.Fenton@HorizonNB.ca

SEPTEMBER 21-23, 2014

Canadian Association of Critical Care Nurses Dynamics Conference

- Quebec City, QC
- » www.caccn.ca/en/events/dynamics%202014/conference_information.html

SEPTEMBER 23-26, 2014

5th Conference on Recent Advances in the Prevention and Management of Childhood and Adolescent Obesity: *Time to Focus on Strengths: Addressing Obesity in Indigenous Youth*

- Winnipeg, MB
- » <http://interprofessional.ubc.ca/Obesity2014/default.asp>

SEPTEMBER 25, 2014

NANB Webinar: *When Meeting Standards Becomes a Challenge-Working with Limited Resources and Resolving Professional Practice Problems*

- » www.nanb.nb.ca/index.php/publications/briefs-presentations

SEPTEMBER 26, 2014

NB Lung Association: *New Directions in Respiratory Disease*

- Moncton, NB
- » www.nb.lung.ca/symposium/

SEPTEMBER 26, 2014

NCLEX 2014 Regional Workshop for Canadian Educators

- Halifax, NS
- » www.nanb.nb.ca/downloads/NCLEX%20Regional%20Workshop%20poster.pdf

SEPTEMBER 27, 2014

CFPNA 2014 National Conference & AGM: *Notice to Expert: The Journey*

- Calgary, AB
- » www.regonline.com/Register/Checkin.aspx?EventID=1540393

SEPTEMBER 30, 2014

Workplace Wellness Solutions Conference

- Saint John, NB
- » www.wwsconference.ca/

OCTOBER 2-4, 2014

2014 CSGNA National Conference

- Niagara Falls, ON
- » www.csgna.com/en/CSGNA%202014%20National%20conference/2014_csgna_national_conference.html

OCTOBER 4-5, 2014

Aboriginal Nurses Association of Canada A.N.A.C. 2014 National Forum: *Bridging Nursing Knowledge from Research to Practice: Honouring Indigenous Wisdom*

- Winnipeg, MB
- » www.anac.on.ca/conferences.php

OCTOBER 6, 2014

Canadian Association of Neonatal Nurses: *Late Preterm Infant—The Great Pretender!*

- Toronto, ON
- » www.neonatalcann.ca/SitePages/EventDetails.aspx?itmID=26

OCTOBER 15-17, 2014

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » www.nanb.nb.ca

OCTOBER 16-17, 2014

Suicide Prevention, Intervention and Postvention Strategies

- Halifax, NS
- » www.ctrinstitute.com/wkshops?field_province_state_value=8&field_city_value=&field_workshop_type_target_id=256

OCTOBER 22-24, 2014

National Conference on Intimate Partner Violence: *Learning and Innovating Together*

- Fredericton, NB
- » www.unb.ca/fredericton/arts/centres/mmfc/news/

OCTOBER 23-25, 2014

Canadian Association of Perinatal and Women's Health Nurses CAPWHN 4th National Conference: *Expanding Horizons, Grounding Practice*

- Regina, SK
- » www.capwhn.ca/en/capwhn/About_CAPWHN_p3185.html

OCTOBER 25-28, 2014

Canadian Council of Cardiovascular Nurses Annual General Meeting and Scientific Sessions

- Vancouver, BC
- » www.cccn.ca/content.php?doc=18

OCTOBER 26-29, 2014

Canadian Association of Nurses in Oncology Conference: *Patient Engagement*

- Quebec City, QC
- » www.cano-acio.ca/registration-2

OCT 29–NOV 1, 2014

Critical Care Canada Forum

- Toronto, ON
- » www.criticalcarecanada.com/

OCTOBER 30, 2014

NANB Webinar: *FAQs from RNs working in Nursing Homes*

- » www.nanb.nb.ca/index.php/publications/briefs-presentations

OCT 30–NOV 2, 2014

A Joint Education Meeting: Canadian Association of Wound Care and Canadian Association for Enterostomal Therapy Action 2014—*Skin Health for Canada*

- Toronto, ON
- » <http://cawc.net/en/index.php/conference/abstracts/>

DECEMBER 4, 2014

NANB Webinar: *Problematic Substance Use—Still an Important Issue*

- » www.nanb.nb.ca/index.php/publications/briefs-presentations

Boardroom Notes

continued from page 9

Resolution to the CNA Annual Meeting

The Board of Directors submitted a resolution to the CNA for consideration at its Annual Meeting on June 16, 2014. The resolution requests that CNA continue to advocate for a comprehensive and universal, public pharmacare program that ensures all Canadians have equitable access to essential Pharmaceuticals.

Presentation

NB Health Council: My Community at a Glance

Stéphane Robichaud, Chief Executive Officer of the New Brunswick Health Council, gave a presentation to the Board of Directors on the recently launched community profiles entitled “My Community at a Glance”.

Government Relations

The Board hosted an MLA Breakfast on Wednesday April 9, 2014 earlier than originally planned due to the early closure of the Legislature with the upcoming provincial election scheduled for September 22, 2014. Over 35 Members of the Legislature (MLAs) joined NANB’s Board of Directors and nursing staff providing the Association

an opportunity to promote NANB’s regulatory role and meet our strategic plan’s objectives.

Next Meeting

The next Board of Directors meeting will be held at the NANB Headquarters on October 15–17, 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

- President, *Darline Cogswell*
- President-Elect, *Brenda Kinney*
- Director, Region 1, *Chantal Saumure*
- Director, Region 2, *Jillian Lawson*
- Director, Region 3, *Amy McLeod*
- Director, Region 4, *Josée Soucy*
- Director, Region 5, *Linda LePage-LeClair*
- Director, Region 6, *Annie Boudreau*
- Director, Region 7, *Rhonda Shaddick*
- Public Director, *Fernande Chouinard*
- Public Director, *Wayne Trail*
- Public Director, *Edward Dubé*

Invitational Forum

Leaders: Nursing Voices for Change

NANB hosted an invitational forum on May 29, 2014, prior to the 98th Annual General Meeting at the Delta Hotel in Fredericton. Over 125 registered nurses,

nurse practitioners and stakeholders joined Shari Graydon of *Informed Opinions* 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 delivered an inspiring call to action for nurse leaders to speak up for change, advocating how nurses must take part in the discussions and planning of these changes.

Presentations can be accessed via NANB’s website (www.nanb.nb.ca).

98th AGM: May 29, 2014

The 98th Annual General Meeting was a short business meeting which occurred on May 29, 2014 at the Delta Hotel, Fredericton. An overview of the Auditor’s Report and highlights of activities current and future were presented.

The following resolution was presented and approved by membership.

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.

The 2013 Annual Report including the 2013 Auditor’s Report are available on the NANB website: www.nanb.nb.ca. ■

CONDITIONAL REGISTRATION

In a decision dated January 16, 2014, the NANB Review Committee ordered that the suspension imposed on the registration of registrant number 026741 be lifted immediately. The Review Committee further ordered that conditions be imposed on the registrant's registration.

REGISTRATION SUSPENDED

On January 21, 2014, the NANB Complaints Committee suspended the registration of registrant number 028629 pending the outcome of a hearing before the Discipline Committee.

REGISTRATION REVOKED

In accordance with a decision of the NANB Discipline Committee dated January 27, 2009, the registration of Tamara Mary-Ann Adele Landry, registration number 023616, is revoked effective January 28, 2014.

REGISTRATION SUSPENDED

On February 7, 2014, the NANB Complaints Committee suspended the registration of registrant number 022093 pending the outcome of a hearing before the Review Committee.

REGISTRATION SUSPENDED

On February 7, 2014, the NANB Complaints Committee suspended the registration of registrant number 024993 pending the outcome of a hearing before the Review Committee.

SUSPENSION CONTINUED

On February 20, 2014, the NANB Review Committee found Penny Jean Dempsey (née Blodgett), registration number 016562, to be responsible for her conduct, acts and omissions in her nursing practice and demonstrated professional misconduct, incompetence, a lack of judgement, critical thinking and communication. The Committee also found that the member failed to adhere to the standards of nursing practice and the Code of Ethics and demonstrated a disregard for the safety and welfare of patients.

The Review Committee ordered that the suspension member's registration be continued for a minimum 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 she pay costs to NANB in the amount of \$1,000 within 12 months of returning to the active practice of nursing.

REGISTRATION REVOKED

On March 25, 2014, the NANB Review Committee found Maria Loreto Evangelista Gurion Simeon (née Gurion), registration number 026081, to be responsible for her conduct, acts and omissions in her nursing practice and that she demonstrated incompetence, dishonesty, professional misconduct, conduct unbecoming a member and a disregard for the welfare and safety of patients.

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 Committee's order. The Committee also ordered that she pay costs to NANB in the amount of \$1,500.

REGISTRATION REVOKED

On April 3, 2014, the NANB Review Committee found Elaine Frances Skov-Nielsen (née Carr), registration number 017947, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing and that the member demonstrated dishonesty, professional misconduct, conduct unbecoming a member and a disregard for the welfare and safety of patients.

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 not be eligible to apply for reinstatement for a minimum of one year from the date of the Committee's order and until she presents sufficient evidence that she is fit to return to the practice of nursing in

a safe manner. 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 SUSPENDED

On April 30, 2014, the NANB Complaints Committee suspended the registration of registrant number 027937 pending the outcome of a hearing before the Review Committee.

CONDITIONS LIFTED

The conditions imposed on the registration of registrant number 023808, have been fulfilled and are hereby lifted effective June 12, 2014.

CONDITIONAL REGISTRATION

In a decision dated June 11, 2014, the NANB Review Committee ordered that the suspension imposed on the registration of registrant number 027964 be lifted immediately. The Review Committee further ordered that conditions be imposed on the registrant's registration.

REGISTRATION REVOKED

In a decision dated June 24, 2014, the Review Committee accepted a Submission from Christine Anne Johnson, registration number 027318, in which she admits to serious deficiencies regarding her competence and safety to practise nursing. The member also admitted to suffering from an ailment that negatively affected her ability to practise nursing and rendered her unable to safely work as a nurse at the time of the complaint.

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 \$1,000.

Meet Jennifer Whitehead

Manager of Communications and
Government Relations



ALWAYS CHANGING...

**“To Improve is to Change,
To Perfect is to Change Often”**

Winston Churchill

What role does the Communications Department play to support NANB's mission?

NANB's role as the regulator is to protect the public and support nurses by promoting and maintaining nursing standards and promoting healthy public policy. Promotion occurs through strategic communications to support the Board of Directors, Executive Office, as well as the Regulatory and Practice Departments. Communications is key to branding, marketing and the delivery of consistent messaging.

How does the Communications Department support nurses?

The Communications Department is continually revisiting, reviewing and implementing tools to support nurses in their practice in collaboration with all NANB departments. NANB offers a variety of support to nurses including: a public website housing all publications,

standards and documents; an electronic newsletter; professional journal; e-learning modules; webinars; chapters; workplace representative network; interest groups; member surveys... and more.

What responsibilities fall within the Communications Department?

In addition to being responsible for all communications distributed externally to both nurses and the public, the Communications Department handles media relations, government relations and special events (i.e. National Nursing Week, promotional campaigns, marketing campaigns etc.).

As technology evolves, how has the Communications Department adapted?

To improve our outreach as nurses transition to the “virtual world” and to be an environmentally friendly organization, NANB has adopted a

paperless policy where possible. NANB communicates primarily through direct email. The Association introduced online registration renewal, online board elections, online surveys, paperless board packages, distributes an electronic newsletter, provides e-learning and webinar educational support, and has entered the social media world.

We do however, still publish our journal *Info Nursing* and our Annual Report which are both archived and available electronically on NANB's website at www.nanb.nb.ca.

What new tools are being considered within the Communications Department?

The Communications Department is currently working on NANB's social media presence, improvements to the existing website, implementation of an



intranet site for the office, and increasing the electronic newsletter distribution.

With a provincial election on September 22, 2014, what Government Relations support is the Communications Department offering nurses?

For decades, the NANB has developed priority documents and participated in both provincial and federal elections by highlighting health priorities in the public's interest. The Board of Directors has identified priorities for the upcoming election to be distributed to all party leaders and candidates and is available on the NANB website (www.nanb.nb.ca). Recognizing we are the largest group of health professionals with a strong and experienced voice, the Association has also developed a broader election strategy that includes providing messaging, resources and support tools for nurses. In addition to meeting with

leaders of all five political parties and candidates at their request, the Communications Department has created a page on the website dedicated to this year's provincial election. Nurses will benefit from Elections NB resources, party platforms, tips on how to get involved, tips on how to meet a candidate and a sample letter to the candidate.

Given the upcoming provincial election, what advice would you give a nurse looking to meet with their local candidate(s)?

Be confident. Be prepared. Be realistic. All candidates will benefit from your expertise, you are the professional. Decide which priorities are most important and why. Recognize whoever forms government, there is only so much they can do. Your 'asks' should be reasonable and supported by facts that benefit the public's interest.

How has your background in Communications and Government Relations prepared you for the role as Manager?

Fortunately, I have had diverse communications and government relations experience throughout my career. I was employed in various capacities for two Members of Parliament providing an opportunity to understand the complexities of government and the parliamentary process. Following my career on Parliament Hill, I joined a local communications firm with the responsibility of managing public relations and public affairs clientele. Both opportunities provided a great foundation for joining the NANB in 2008. I am honoured to be a part of the team, working alongside a group of health professionals with the same goals of supporting nurses and enhancing health services for all New Brunswickers.

Marihuana for Medical Purposes
continued from page 29

alternatives for symptom control can be identified.

The use of marihuana for medical purposes is a practice that requires more research and active monitoring to ensure public safety. In March of this year the federal Minister of Health, Rona Ambrose, directed Health Canada to work with the medical and scientific community to produce guidelines to help support treatment decisions. In June, the federal government suggested amendments to the MMPR to enable sharing of information between licenced marihuana producers and regulatory bodies. This information will support the regulatory bodies' monitoring of their members prescribing practices of medical marihuana. NANB is actively monitoring developments in this portfolio and evaluating information to help support RNs working with clients using marihuana and to consider

if changes to restrictions for NPs becomes warranted.

REFERENCES
.....

i

Health Canada. *Changes to the Reporting Requirement in the Marihuana for Medical Purposes Regulations*. Media Release: March 14, 2014. Retrieved May 30, 2014 from www.hc-sc.gc.ca/dhp-mps/marihuana/changesmmp-rchangementsrmmf-eng.php

ii

Canadian Nurses Association. (2013). CNA response to proposed regulation on access to marihuana for medical purposes. Retrieved May 30, 2014 from www.cnps.ca/upload-files/pdf_english/CNA_Medical_Marihuana_Regulatory_Reform_28Feb2013.pdf

iii

Canadian Medical Association. (2013). Response: Health Canada's medical marihuana regulatory proposal. Retrieved May 30, 2014 from www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Submissions/2013/

iv

Health Canada. (2007). Daily Amount Fact Sheet. Retrieved May 30, 2014 from www.hc-sc.gc.ca/dhp-mps/marihuana/med/daily-quotidienne-eng.php

v

Nurses Association of New Brunswick. (2013). *Medication Administration: Practice Standard*. Fredericton: Author

vi

Health Canada. (2014). Government of Canada announces new steps to help the medical community with marijuana for medical purposes. Retrieved May 20, 2014 from <http://news.gc.ca/web/article-en.do?nid=832889>

vii

Health Canada. Regulations Amending the Narcotic Control Regulations and the Marihuana for Medical Purposes Regulations (Communication of Information). Retrieved July 31, 2014 from www.gazette.gc.ca/rp-pr/p1/2014/2014-06-14/html/reg1-eng.php

NANB Board of Directors Build Relationships with MLAs



On April 9, 2014, NANB's Board of Directors and nursing staff hosted an MLA Breakfast welcoming 35 elected representatives with an objective to highlight NANB's regulatory responsibility. This informal meeting provided an opportunity to communicate our mandate legislated by the *Nurses Act* to: protect the public and support nursing practice; recognize the value of self-regulation brings to the province and people of New Brunswick; and further understand NANB's role in promoting healthy public policy in the public interest.

The Board proudly recognized the impact of this initiative to enhance MLAs understanding of the Association's role surrounded by Premier David Alward, Leader of the Official Opposition Brian Gallant, Minister of Health Ted Flemming, and Health Critic Donald Arseneault, to name just a few.

You've paid your dues.
Start paying less with TD Insurance.



You could WIN

\$60,000 cash
to build your
dream kitchen!*

Professionals can save more.

At TD Insurance, we recognize all the time and effort you put into getting where you are. That's why, as a **Nurses Association of New Brunswick** member, you have access to our TD Insurance Meloche Monnex program which offers preferred group rates and various additional discounts. You'll also benefit from our highly personalized service and great protection that suits your needs. Get a quote today and see how much you could save.

Request a quote today

1-866-269-1371

melochemonnex.com/nanb

Insurance program recommended by



HOME | AUTO | TRAVEL



The TD Insurance Meloche Monnex home and auto insurance program is underwritten by SECURITY NATIONAL INSURANCE COMPANY. The program is distributed by Meloche Monnex Insurance and Financial Services Inc. in Quebec and by Meloche Monnex Financial Services Inc. in the rest of Canada. For Quebec residents: We are located at 50 Place Crémazie, Montreal (Quebec) H2P 1B6.

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 Primum 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.

©The TD logo and other trade-marks are the property of The Toronto-Dominion Bank.